

Building Trauma-Informed Connections to Patients via Telehealth During COVID-19

California ACEs Aware Initiative

April 29, 2020

ACEs Aware Mission

To change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress.



ACEs Aware is here to support providers, their teams, and their patients on managing COVID-19-related stress and anxiety.

Today's Presenters

Tanya Schwartz, MSW, MPP

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Pediatrician & Director – Center for Child and Community Health, UCSF Benioff Children's Hospital Oakland

Co-Investigator, Pediatric ACEs Screening and Resilience Study (PEARLS), Bay Area Research Consortium

Erika Roshanravan, MD

Family Medicine Physician – CommuniCare Health Centers, Woodland, CA

Lisa James

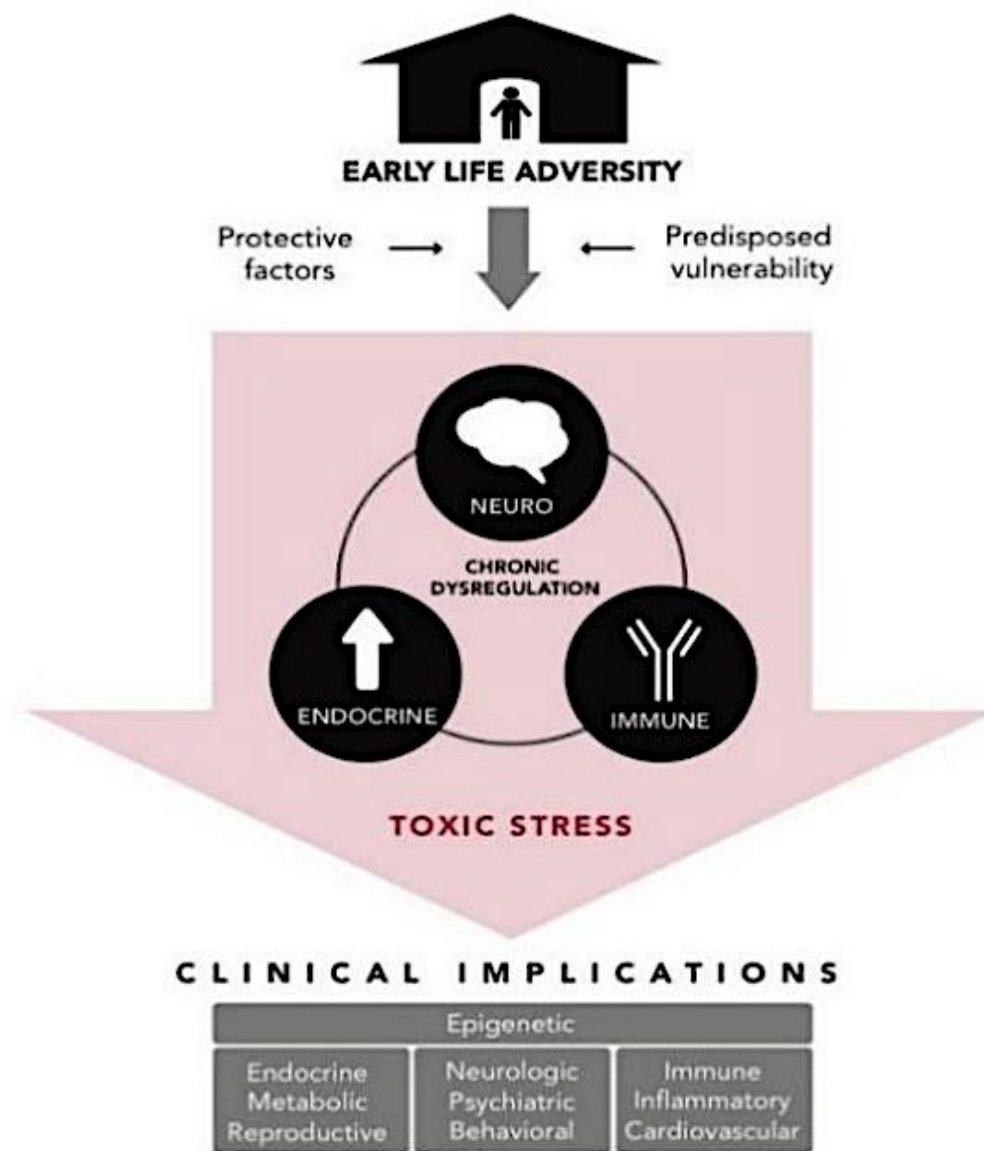
Director of Health – Futures Without Violence



Agenda

1. The secondary health impacts of the COVID-19 emergency
2. Benefits of the trauma-informed approach via telehealth - pediatrician and family medicine physician perspectives
3. Addressing domestic violence via telehealth
4. California Surgeon General's Stress Relief Playbooks

The Science of ACEs & Toxic Stress



The Secondary Health Impacts of COVID-19

The COVID-19 emergency is increasing stress and anxiety, which without buffering may result in:

- Increased prevalence of Adverse Childhood Experiences (ACEs) in children
- Toxic stress physiology and symptomology
- Negative mental and physical health outcomes
 - Also impacted by disruptions to access to care and health maintenance activities

The Role of Health Care Providers

1. Learn the science & assess for toxic stress physiology & symptomology
2. Provide trauma-informed care
3. Address health concerns & manage chronic conditions
4. Educate patients on stress busters
5. Help patients identify their strengths & coping strategies





ACES Aware-Providing Trauma Informed Care During Telehealth

April 29, 2020

Dayna Long, M.D

Director, Center for Child and
Community Health

UCSF Benioff Children's Hospital
Oakland



From Trauma
Transformed

We acknowledge that we are in the midst of unprecedented times.

We acknowledge that we are each holding a multitude of feelings, responsibilities, fear, and joys - at the same time.

We acknowledge that there are many responses to stress and uncertainty - each of them valid.

We acknowledge that there is no better opportunity to practice compassion and collective care than right now. This is the work.

We acknowledge the critical need for reflection, inquiry and prioritization of the most critical needs.



As health care providers, we are committed to serving our families and getting through this pandemic together

Agenda

1. Why Stay Connected to Families
2. Practice Transformation
3. Telemedicine Experience
4. Anticipatory Guidance for Families



Disparities and COVID-19

- The preexisting inequities that disadvantage African Americans makes them more susceptible to severe illness, or even death, due to COVID-19.
- Majority African American counties have 3 times the rate of infections and nearly 6 times the rate of deaths as majority white counties.



4 Reasons Coronavirus is Hitting Black Communities So Hard, The Washington Post
April 10, 2020

Disparities and COVID-19

- Higher rates of underlying health conditions (hypertension, asthma, etc.) coronavirus exacerbates the challenges
- People of people are more likely to work in essential jobs that put workers in close contact with others who might be in poor health and that make engaging in social distancing more difficult.
- Inadequate information/lack of trust/mixed messages
- Determinants of health-people of color are also more likely than white Americans to live in poverty, which is associated with stressors such as food insecurity and unsafe and crowded housing

4 Reasons Coronavirus is Hitting Black Communities So Hard, The Washington Post April 10, 2020

Demographics of COVID-19

| Race/Ethnicity | No. Cases | Percent Cases | No. Deaths | Percent Deaths | Percent CA population |
|-------------------------------------|-----------|---------------|------------|----------------|-----------------------|
| Latino | 12092 | 43.9 | 502 | 32.6 | 38.9 |
| White | 7739 | 28.1 | 536 | 34.8 | 36.6 |
| Asian | 3438 | 12.5 | 266 | 17.3 | 15.4 |
| African American/Black | 1839 | 6.7 | 170 | 11 | 6.0 |
| Multi-Race | 225 | 0.8 | 4 | 0.3 | 2.2 |
| American Indian or Alaska Native | 58 | 0.2 | 7 | 0.5 | 0.5 |
| Native Hawaiian or Pacific Islander | 359 | 1.3 | 17 | 1.1 | 0.3 |
| Other | 1824 | 6.6 | 40 | 2.6 | 0 |
| Total with data | 27574 | 100 | 1542 | 100 | 100 |

Primary Care New Normal

- Leadership
 - Aligned
 - Evidence-based Fluidity
- Communication
 - Daily huddles morning & evening
 - Constant Contact



Primary Care Telehealth Transformation

- The FQHC previously had limited infrastructure for telehealth and quickly mobilized to have fully functional telehealth schedules
- All staff trained, piloted and are now fully implementing telehealth
- Access to care has been maintained for our patients

Team Based Care

- FIND Navigation program using community health workers
- Support with activities, educational support as well as getting families food, helping with housing, unemployment applications and addressing other unmet basic needs.
- Linking to technology including emails, MyChart (EMR), internet



Centering Connecting Collaborating



Telehealth Self Reflections

- Intense
- Mutuality of Relationships
- Listen
- Education



Focus: Buffers and Protective Factors

- Caregiver resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional resilience of children



Education

NOTE

- ☐ **N**ote caregiver-child relationship and strengths
- ☐ **O**ffer Science
- ☐ **T**ools
- ☐ **E**mpowerment





Re-regulation:



Safety:
Routines

Connection:
Relationship

Purpose

California Surgeon General's Playbook: Stress Relief during COVID-19

Our Tools

1. Supportive Relationships
2. Exercise Daily
3. Healthy Sleep
4. Nutrition
5. Mental and Behavioral Health Support
6. Mindfulness, Meditation and Prayer

<https://covid19.ca.gov/manage-stress-for-health/>



Stress Busting at Home

1. Awareness-How Stress is Showing up in Our Body
2. Make a Plan For You
3. Work Your Program



Stress Busting at Home

Things to Embrace

- Each Other
- Deep Breaths
- Hydration
- Play
- Asking for Help and a Moment

Things to Limit

- News
- Substances
- High-Sugar Food
- High-Fat Foods

Tips for Caregivers to Support Children

- **Talk with your child or teen** about the COVID-19 outbreak.
- **Answer questions** and **share facts about COVID-19** in a way that your child or teen can understand.
- **Reassure your child or teen** that you are doing what you can to keep them safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- **Be a role model.** Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.


<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

AFTER THE STORM

by Kadir Nelson

“a celebration of the
strength of the human spirit”





Building Trauma-Informed Connections via Telehealth During COVID-19: A Family Physician's Perspective

Erika Roshanravan, MD

Family Physician, CommuniCare
Health Centers, Woodland CA



MVT = Most Valuable Tools



- *Giving patients control/ patient communication:* Agenda setting, Motivational Interviewing, End-of-life discussions, basic CBT skills
- *Self-care:* Mindfulness-based stress reduction, Medical improvisation, Writing
- *Introduction to ACEs* and teaching Positive Discipline tools during well-child checks to help break the cycle of family violence





Transition to Telehealth



Being Present, Building Trust

Under usual circumstances:

1. Take a couple breaths while sanitizing hands before entering the room.
2. Sit down with patient. Turn your body to patient.
3. Share control of the visit agenda.
(Agenda setting)
4. Share control over plan.
(Motivational Interviewing)



Being Present, Building Trust Virtually



1. Take a couple breaths before calling.
2. Virtual “sit-down”: “Is this still an okay time to talk?”
3. Share control of the visit agenda: “Before we start, is there something else you would like to talk about today? – Something else?” (Agenda Setting)
4. Share control over plan. (Motivational Interviewing)

⇒ *Many aspects not all that different than in person.*

⇒ *Giving patient control over visit agenda and plan particularly empowering and reassuring during this time of great uncertainty and loss of control.*

Telehealth Removes Barriers

- Telehealth can remove certain barriers to care, e.g. transportation, childcare, work obligations
- *Also: Mask wearing of both clinician and patient during in-person visits does not particularly enhance patient connections...*

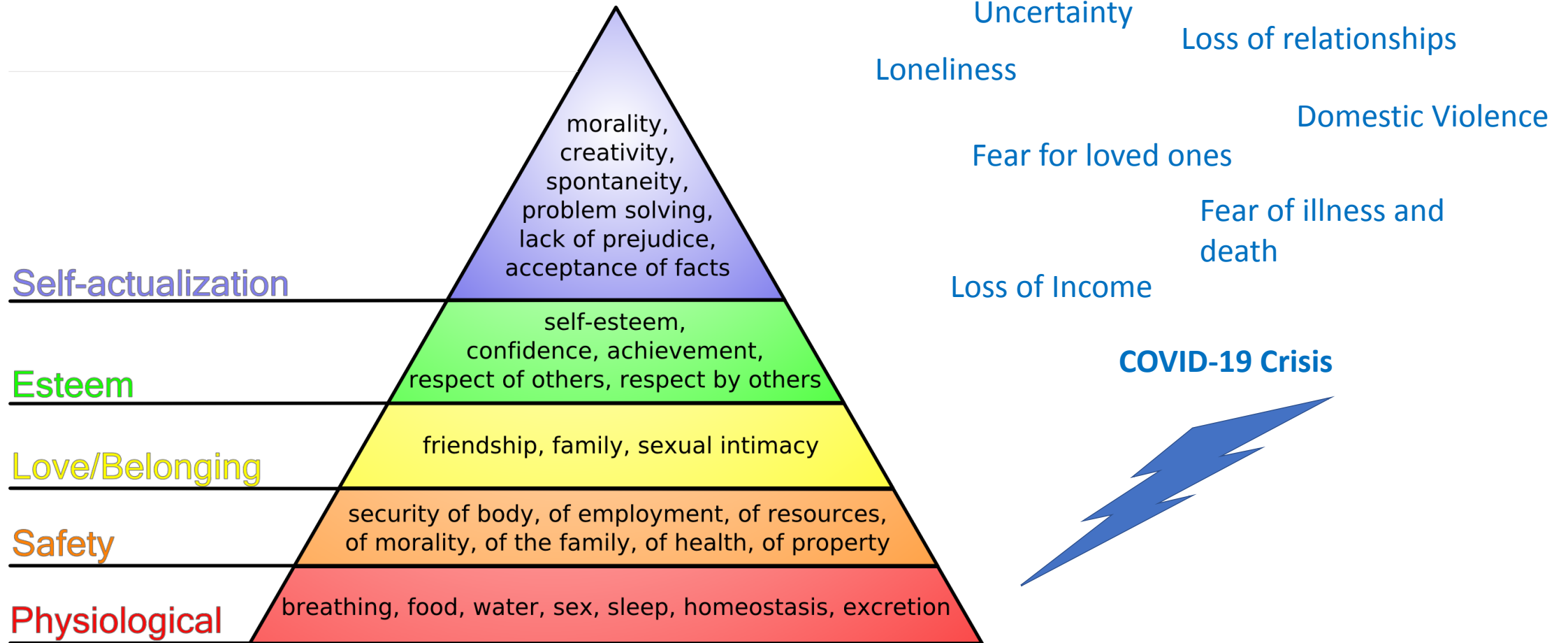




Ask Directly

- How are you and your family dealing with the shelter-at-home situation?
- Are you safe?
- How is your mood?
- Do you have enough food?

Maslow Hierarchy of Needs





Involve The Team and The Community

- Food Bank
- School lunch distribution centers
- County Housing Plan
- DV support organizations
- Legal Aid
- INTEGRATED BEHAVIORAL HEALTH

Active Outreach

- Identify patients with prior mental health conditions and risk factors, including substance use, homelessness, domestic violence, and trauma history
- Integrated Behavioral Health Clinician calls each patient to check in and offer counseling and primary care services
- Separate outreach for patients with chronic conditions who have not been seen in 3 months



Primary Care: Unique Position In This Crisis

- Prevent a secondary wave of morbidity and mortality from preventable and treatable illnesses when care is not delayed.
- We know these patients and families!
 - ⇒Connections during virtual visits are all that much easier.
 - ⇒We can identify who might be struggling and actively reach out
- Be a calming, caring presence and reliable source of information for our patients and our communities => reduce stress => reduce conflict



Resources

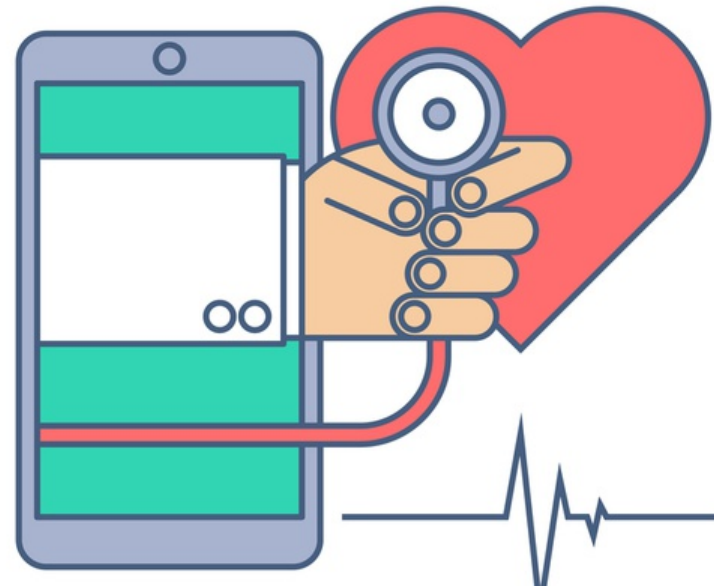
- Agenda-setting revisited: When and how do primary-care physicians solicit patients' additional concerns? (Heritage et al. 2016) <https://www.ncbi.nlm.nih.gov/pubmed/26733124>
- Strategies and Tools To Teach Patient-Centered Interactions, including Patient-Centered Observation Form (includes agenda setting, shared decision making, and many other tools) (Mauksch L 2018): <https://resourcelibrary.stfm.org/viewdocument/strategies-and-tools-to-teach-patie-3>
- SAMHSA Resources & Webinar links to learn/ improve Motivational Interviewing: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
- Motivational Interviewing Reminder Card (“cheat sheet”): <https://www.centerforebp.case.edu/client-files/pdf/miremindercard.pdf>
- Positive Discipline during pediatric office visits: <https://pediatrics.aappublications.org/content/142/6/e20183112#sec-16>; Handouts: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Connected-Kids.aspx>
- Medical Improvisation: <https://www.medicalimprov.org>
- What is Mindfulness-Based Stress Reduction (MBSR)? <https://www.institute-for-mindfulness.org/offer/mbsr/what-is-mbsr>
- Train New Trainers In Primary Care Psychiatry Fellowship, UC Davis/ UC Irvine Departments of Psychiatry. Open to MD/ DOs, NPs, PAs. Scholarships available for those working in underserved settings. <http://www.psychiatry.uci.edu/fellowship/train-new-trainers-primary-care-psychiatry.asp>

Addressing Domestic Violence using Telehealth During the Covid-19 Pandemic

Lisa James, MA

Futures Without Violence

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Health providers can be a lifeline

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You may be:

- the first responders for families experiencing IPV
- the only other person your patient is allowed to speak to
- the only kind word heard
- the only access to information on help and safety



Learn More

National Domestic Violence Hotline

1-800-799-SAFE (7233);
TTY 1-800-787-3224

Child Abuse Hotline

1-800-422-4453

Sexual Assault Hotline

1-800-656-4673 (HOPE)

StrongHearts Native Helpline

1-844-762-8483;
<https://www.strongheartshelpline.org/get-help/>

Childhelp National Child Abuse Hotline

1-800-422-4453
<https://www.childhelp.org/hotline/>

National Suicide Prevention Lifeline

1-800-273-8255; <https://suicidepreventionlifeline.org/talk-to-someone-now/>

Substance Abuse and Mental Health

National Helpline: 1-800-662-HELP (5347)

Changing Minds

www.ChangingMinds.org

Futures Without Violence

www.FuturesWithoutViolence.org

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Considerations for addressing IPV during telehealth visits

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Person who uses violence may:

- Listen to phone call/video chat, and monitor numbers dialed
- Read texts, impersonate the IPV survivor in texts in order to gain access to PHI, appointment times, or other sensitive information
- Read emails or social media posts: many IPV survivors describe having no access to digital (or other) privacy.



Screening for IPV during telehealth visits may put survivors at risk for retaliation

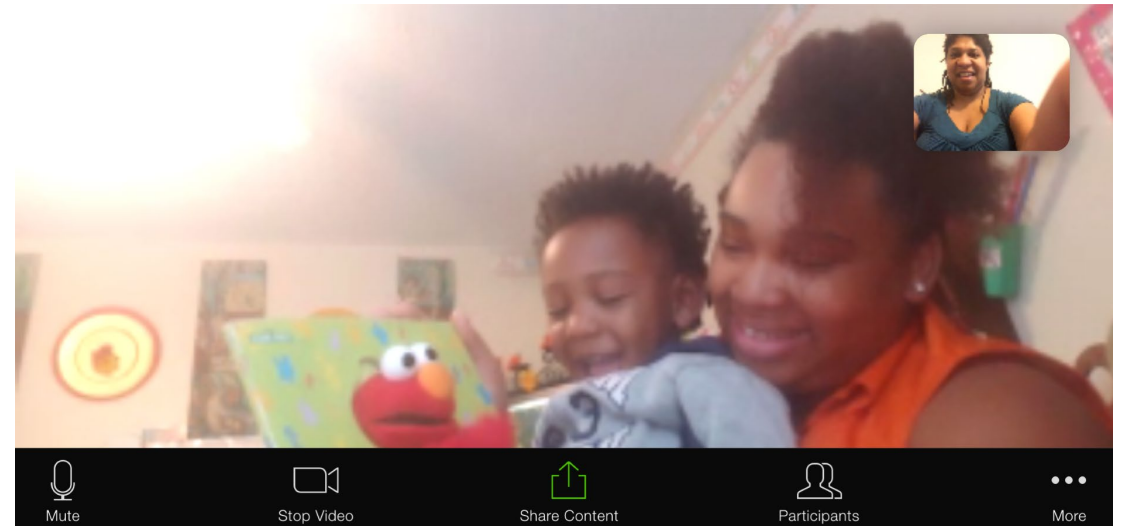


Universal education is recommended

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Offer Universal education about IPV and where to get help:

- All patients receive information regardless if the patient feels safe to disclose
- Critical for patients who may have a long history of distrust in systems responses
- Encourages patient to share resources for friends and family members
- Improves access to advocacy
- Shares power between provider and patient

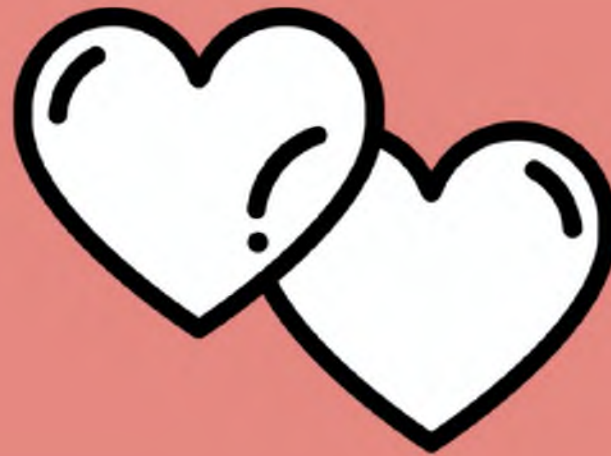




The Science of Helping Out

During a crisis, the people who cope best are those who help others.

Universal Education + altruism =
survivor strength





Can we talk privately?

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Establish who is in the room

- “Is this still a good time to talk?”
- “Do you have a private space where we can talk?”

Offer suggestions for gaining privacy for the conversation.

- For example, take the call in their car, bathroom, garage and other private places; or reschedule the chat for a more convenient time for privacy.
- **If older children present:** Or “do the kids have a headset they can use while we are talking”
- Trust your intuitions about the “right time” to discuss.





Disclose any limits of confidentiality

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“Your medical information is confidential, that doesn’t change just because you’re not in a clinic setting”

“I will not share anything we talk about here outside of with the care team unless you tell me that you or your children are being hurt or you are going to hurt yourself - that I have to report”



Shifting the conversation toward COVID-19

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“I know with COVID it’s a hard time for all of us.”

“The stress can be overwhelming. We are all worried about how we are going to feed our families, pay bills. Everyone is on top of each other in the house.”

“How has it been for you?”

Acknowledge what you hear.

“That sounds so hard/complicated.”





Universal education about IPV

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“Because of the stress, we are sharing information about resources that are available. For example, we may experience stress in our relationships including increased fighting or harm, and that can affect our health. There is free, confidential help available if you or someone you know someone who is being hurt in their relationship.

Would it be okay if I sent you some resources for you to share? I will also send information on support around parenting, access to food and stress.

How are things going in your relationship?



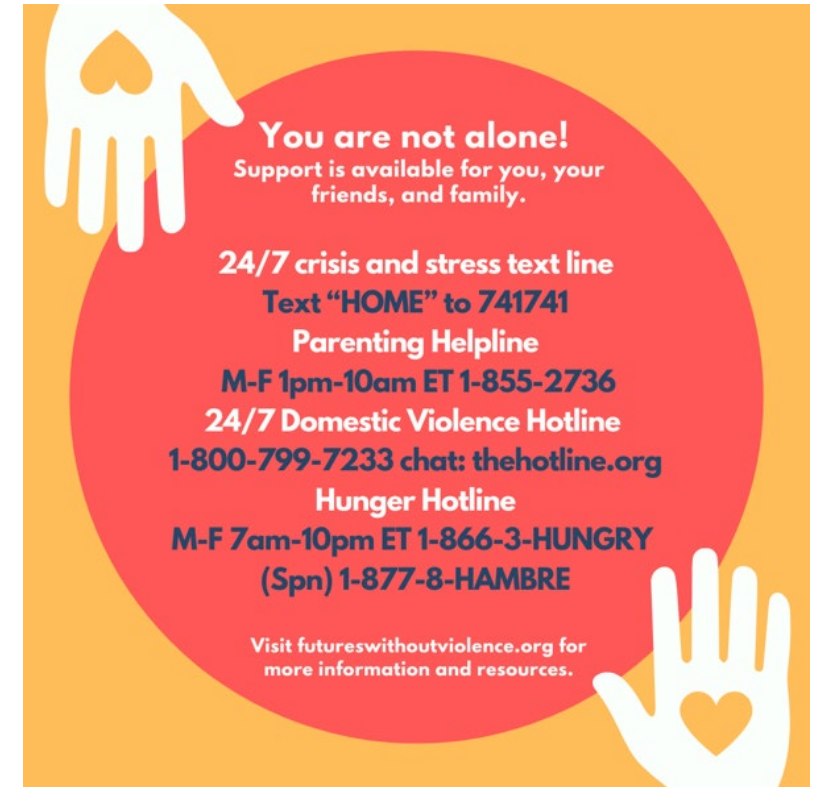
What to do with no disclosure

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If patients says things are fine and they do not want info:

“I am glad to hear that, if anything should change, I will always have the numbers handy if you know someone who needs them.” See if they want the information for friends and family.

If they say yes they will share the information:
“Thanks so much, and if something like this were ever an issue for you, we can help.”



Safety is the first priority

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Ask if they can receive a text?

If not, ask them if they can write them down and share with others as needed...

If conducting visit via computer – entering into chat can be a safe option

Offering resources in a virtual waiting room



Disclosures happen!

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Even with universal education patients may disclose abuse.

- Offer supportive messages
- Tell patient they can change the subject if they no longer can talk safely
- Consider partner interference when offering coping strategies and stress busters

Things to say to people who have experienced harm:

| | | |
|--|---|-------------------------------------|
| I believe you. | I am so sorry this is happening to you. | Thank you for sharing this. |
| I don't even know what to say right now, but I am so glad you told me. | You don't deserve this. | Thank you for telling me. |
| It's not your fault. | You are not alone. | You get to choose what you do next. |

Team Based Care: Leverage community partners

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DV resources available in your community and consider them part of your team!

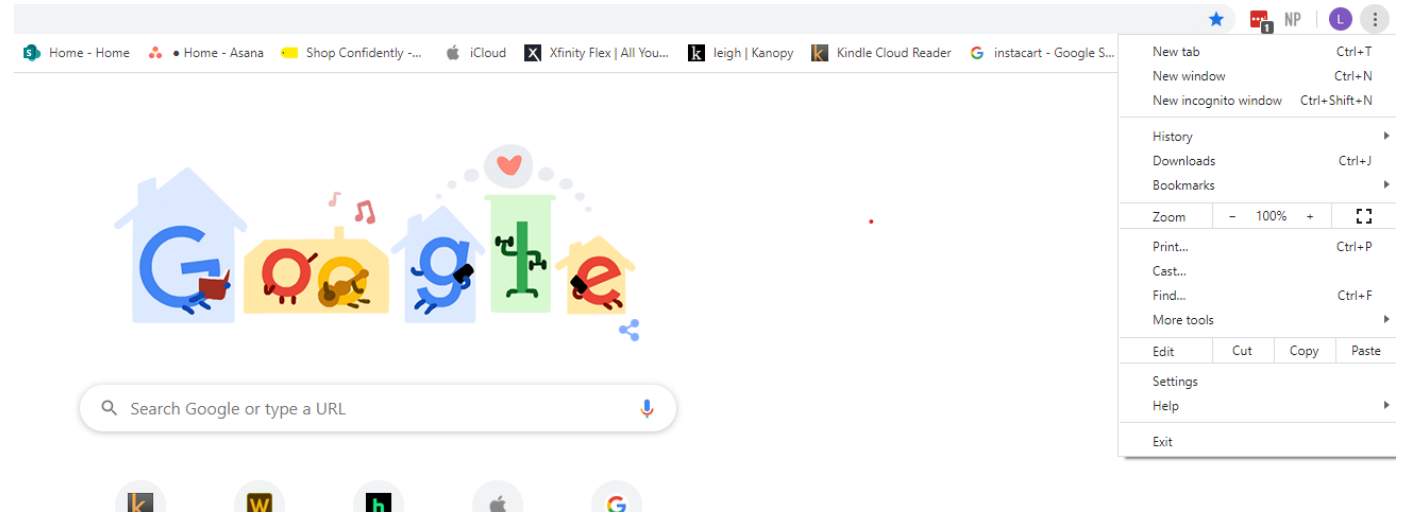
- Find your state coalition at the National Coalition against Domestic Violence to identify your local DV advocacy programs closest to you.
- The National Domestic Violence Hotline chat live, call, advocates speak over 22 languages, problem solve/safer plan, Deaf hotline with video or text chat for survivors.
- Offer to connect the patient right there with an advocate if needed by patching them into a call

Tips for maintaining confidentiality

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Offer patient these tips:

- Delete recent phone calls from phone
- Delete texts from phone
- Clear browsing data/history from phone or computer
- Contacts - store hotline or special numbers under a different name— like the name of a grocery store, a typical thing you use.
- Managed by the Safety Net Project at the National Network to End Domestic Violence (NNEDV), TechSafety discusses technology, privacy, and safety in the context of intimate partner violence, sexual assault, and violence against women.



Important takeaways

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- Making sure *every* patient has knowledge about where to seek help for domestic violence and other needs
- Make a warm referral if needed
- And know they have your support and understanding.
- This is the most crucial link your action may save lives.



Thank you!

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Resources For Providers:

- Tip sheet for telehealth and IPV
- Tips for responding to disclosures
- DV and Child abuse reporting considerations
- lpvhealth.org
- <http://promising.futureswithoutviolence.org/>

Resources/Tools for patients if safe to send:

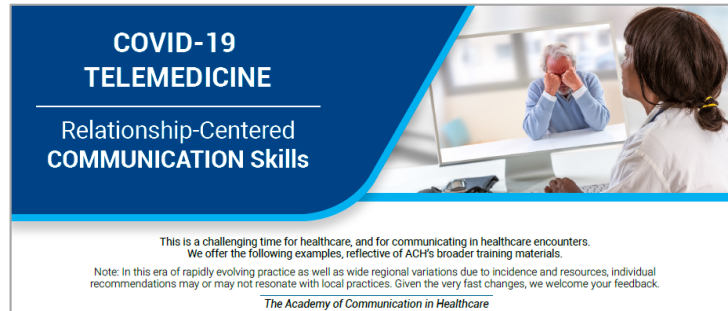
- Gestures Brochure
- Safety cards
- Ways to help adults and children living with DV heal
- https://www.futureswithoutviolence.org/wp-content/uploads/Futures_Resources-updated.pdf

Lisa James: ljames@futureswithoutviolence.org

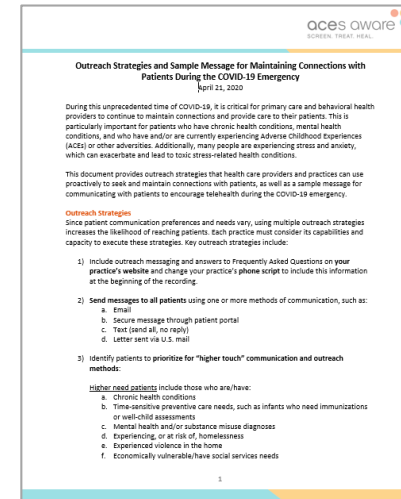
Thank you to Dr. Leigh Kimburg, Rebecca Levenson and Leigh Hofheimer for contributions



Resources

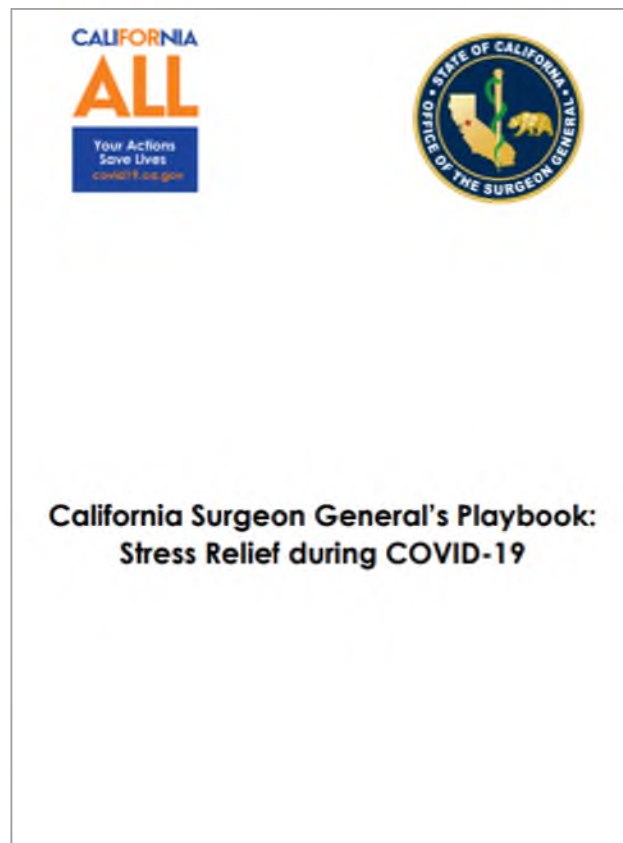


Academy of Communication in Healthcare COVID-19 Telemedicine: Relationship-Centered Communication Skills



ACEs Aware Outreach Strategies & Sample Message for Maintaining Connections with Patients During the COVID-19 Emergency

Find additional resources on managing stress at ACEsAware.org/covid19



<https://covid19.ca.gov/manage-stress-for-health/>

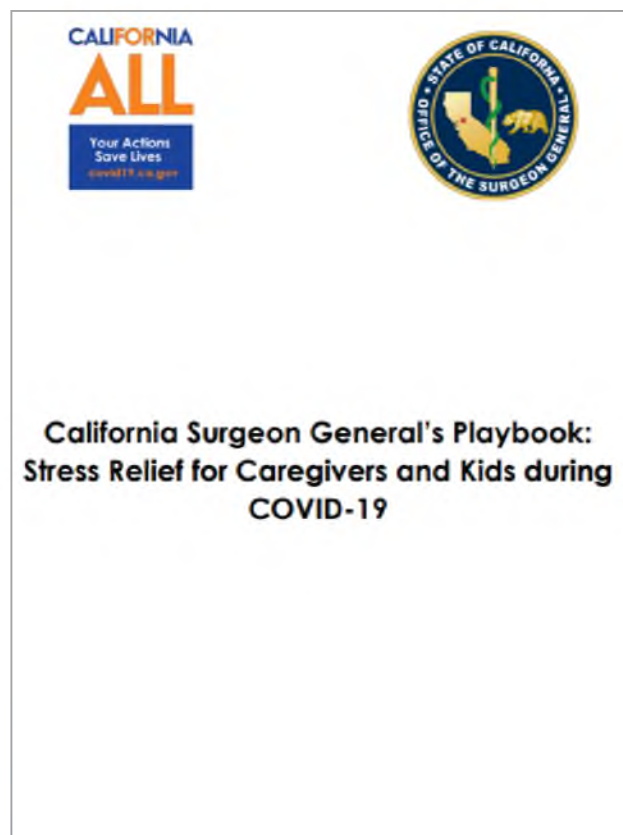
Self-Care Template for Adults

Here are some goals you can set to support your health. [Check the goals that you are choosing for yourself or write in others that will work for you in each category!]

- ☐ **Self-Care Planning.** I've set a goal of...
 - ☐ Building my stress busting routine
 - ☐ Limiting screen/news time to less than __ hours per day
 - ☐ Making a plan for what to do when I'm feeling stressed out, angry, or overwhelmed
 - ☐ Planning with my partner, friends, or family to get support when I need it
 - ☐ Identifying my strengths and learning more about building resilience
 - ☐ Calling **211** if I need help meeting basic needs such as food and shelter
 - ☐ Create your own goal: _____

- ☐ **Supportive relationships.** I've set a goal of...
 - ☐ Spending more high-quality time together with loved ones, such as:
 - ☐ Having regular meals together with my household or virtually with those outside my household.
 - ☐ Having regular "no electronics" time for us to talk and connect with each other
 - ☐ Making time to call or video chat with friends and family to maintain a healthy support system for myself
 - ☐ Connecting regularly with members of my community to build social connections
 - ☐ Asking for help if I feel physically or emotionally unsafe in my relationships
 - ☐ The National Domestic Violence hotline is **800-799-SAFE (7233)**
 - ☐ The National Sexual Assault hotline is **800-656-HOPE (4673)**
 - ☐ To reach a crisis text line, **text HOME to 741-741**
 - ☐ Create your own goal: _____





<https://covid19.ca.gov/manage-stress-for-health/>

Self-Care Template for Parents/Caregivers to Fill Out with Kids

- ☐ **Nutrition.** We've set a goal of...
 - ☐ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
 - ☐ Drinking water instead of juice or soda
 - ☐ Eating at least 5 vegetables and/or fruits every day
 - ☐ Choosing whole wheat bread and brown rice instead of white bread or rice
 - ☐ Limiting high sugar and/or high fat foods
 - ☐ Create your own goal: _____

- ☐ **Sleep.** We've set a goal of...
 - ☐ Turning off screens 30 minutes before bedtime
 - ☐ Helping my child go to bed at the same time every night
 - ☐ Making a routine of reading a book to my child before bed (or, if older, letting my child read to me)
 - ☐ Creating a calm place for sleep
 - ☐ Using mindfulness or other stress reduction tools if worry is keeping my child up at night
 - ☐ Create your own goal: _____

- ☐ **Mindfulness.** We've set a goal of...
 - ☐ Taking moments throughout the day to notice how we're feeling, both physically and emotionally
 - ☐ Talking about or writing out a list of five or more things we are all grateful for each day
 - ☐ Practicing mindful breathing or other calming technique(s) during stressful situations
 - ☐ Creating a regular routine of prayer, meditation, and/or yoga
 - ☐ Downloading a mindfulness app and doing a mindfulness activity every day
 - ☐ Create your own goal: _____



California & COVID-19 Treatment Information

- Latest information in California: [COVID19.ca.gov](https://www.covid19.ca.gov).
- Clinical information on COVID-19 for health care providers: contact your local Department of Public Health or visit the [California Department of Public Health COVID-19 web page](#).
- CDC COVID-19 information: [CDC COVID-19 Information for Healthcare Professionals](#).

Upcoming Webinars

The Last Wednesday of Each Month from 12-1 p.m. PT

Topics To be Announced

- May 27th 12 – 1 p.m. PDT
- June 24th 12 – 1 p.m. PDT

Register for Webinars and Find Webinar Recordings at:

www.acesaware.org/educational-events



For information, resources, and to follow
ACEs Aware on social media, visit

www.ACEsAware.org



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