



Taking Care of Our Patients, Our Teams, and Ourselves: Trauma-Informed Practices to Address Stress Related to COVID-19

Transcript

March 25, 2020

Tanya Schwartz: Good afternoon, and thank you for joining today's ACEs Aware webinar. My name is Tanya Schwartz, and I'm with Harbage Consulting. We are very proud to be supporting the Department of Health Care Services and the office of the California Surgeon General on the ACEs Aware initiative.

Tanya Schwartz: Today's webinar is on Taking Care of Our Patients, Our Teams, and Ourselves: Trauma-Informed Practices to Address Stress Related to COVID-19. This is the second in a series of educational webinars that will offer practical information to help providers and their teams support patients who have experienced adverse childhood experiences and toxic stress.

Tanya Schwartz: I'm going to start with some quick housekeeping items and a soundcheck. If you can hear me okay, please click the raise your hand icon on the right-hand panel. Okay, I think we're good. Thank you. We wouldn't want to do a webinar where you can't hear us. If we run into any technical difficulties and get disconnected for any reason, please dial back into the webinar using the same link and call-in number, and we'll be with you as soon as we resolve the issues.

Tanya Schwartz: I want to let everyone know that everybody is muted, but you can submit questions at any time during the presentation using the chat feature on the go-to panel on the right-hand side. Please submit questions as they come up because we will be taking them in the middle of the presentation.

Tanya Schwartz: Finally, this webinar is being recorded, so a recording, the transcript, and the presentation slides will all be available on [ACESAware.org](https://www.acesaware.org). Next slide please, Lilly.

Tanya Schwartz: We have a great set of speakers today who have extensive experience providing trauma-informed care, including Dr. Eddy Machtinger, a primary care internal medicine doctor who cares for women living with HIV, Dr. Alicia Lieberman, a



child and family psychologist, and Dr. Brigid McCaw, a clinical advisor to the ACEs Aware initiative. Next slide.

Tanya Schwartz: On today's webinar, we're going to cover how ACEs Aware is working to support providers and their teams who are on the front lines of helping patients during the COVID-19 pandemic by providing stress management support. Then, Dr. Machtinger and Dr. Lieberman will talk about trauma-informed practices to address stress related to COVID-19. We'll then have question and answer, so at that point, we'll take some questions from you all. Again, please type them in as they come up. We will conclude with Dr. McCaw who will talk about tools and resources for providers. Next slide please.

Tanya Schwartz: We recognize that this is a really uncertain time for all of us, and that you, as healthcare providers who are trusted by your patients, have a really critical role to play in helping patients manage their anxiety and stress related to COVID-19. The ACEs Aware initiative was established to change and save lives by helping providers understand the approach of trauma-informed care and how to take action to mitigate the impacts of toxic stress.

Tanya Schwartz: This mission is even more important today than ever before. We want you providers to know that ACEs Aware is here to support you, your teams, and those on the front lines of administering care and interventions as California addresses the stress-related impacts and health impacts of COVID-19. We know that stress levels are high right now for all of us. We also know that stress compromises our immune systems, and that an overactive stress response is not healthy for us mentally or physically. Therefore, it's really critical that we support our patients, our teams, and ourselves to help regulate the stress response system.

Tanya Schwartz: I want to be very clear that ACEs Aware and this webinar will not advise on treatment for COVID-19. For the latest information on COVID-19 in California, please visit [COVID19.CA.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19.aspx). Providers should connect with their local Department of Public Health for information on COVID-19 treatment. Next slide please.

Tanya Schwartz: We've been receiving a lot of questions from providers about what they can be doing to help their patients, and themselves, and their teams get through these stressful times. ACEs Aware is putting together information and resources to provide support at this time.



Tanya Schwartz: Today's webinar is the first of these activities related to COVID-19, but we will provide management resources for providers, their teams, and their patients. These are now posted on ACEsAware.org, and we'll tell you about those a little later. We're also putting together general resources that providers can share with your patients about buffering toxic stress. Finally, we're sharing information through the ACEs Aware listserv and on social media, so we hope that you will follow us there and help us spread information and tools and resources that providers can use to support themselves and their patients. Next slide.

Tanya Schwartz: With that, I'm going to turn it over to Dr. Machtinger. Please proceed.

Dr. Machtinger: Thank you, Tanya. I'd like to start by acknowledging this moment that we're all experiencing, and how unprecedented and scary it is for us as healthcare workers, as leaders, as parents and caregivers, and as individual human beings, who are ourselves vulnerable to this virus. When we were writing this talk, Alicia and I realized that this moment allows us, really requires us, to communicate in open, honest, and vulnerable ways with you all today, with each other, and with our patients. To be human.

Dr. Machtinger: In many ways, medicine has trained this out of us. We're taught to fix things, and it's pretty obvious that we can't right now. So, what we're proposing to you today is that we be guiding in our care of patients and our interactions with each other with a shared sense of vulnerability, compassion, and love. It's not that that's easy, but these instincts are inside of us and why most of us chose to work in healthcare in the first place. For patients, connecting with them authentically in this way, may be the most important healing we can do right now. For us, allowing our care to be guided by a shared sense of vulnerability, concern, and love can feel liberating and sustaining in the midst of a really uncertain and stressful time.

Dr. Machtinger: In our short talk, Alicia and I hope to convey three things to you. Next slide. That social distancing can and should become physical distancing that includes social and emotional embracing. That it's possible and helpful to talk and listen openly to our patients, each other, and our families, even when what's being expressed is fear. And that tele-medicine can be surprisingly intimate, connecting and healing, especially if you reach out to patients proactively.



Dr. Machtinger: Alicia is a world renowned trauma psychologist. We wanted to start with her so that we can all share an understanding of how trauma impacts all of us, and then use that framework to help guide our care of patients, each other, and ourselves. So, I'll end the talk by translating this into a practical approach to connecting with patients by tele-medicine. I give you Alicia.

Dr. Lieberman: Thank you, Eddy. The next slide please. Thank you for your kind words, Eddy. You are reminding me of something that Robert Pynoos, a pediatrician and psychiatrist who introduced me to the work of trauma, told me, which is that there is no such thing as a trauma expert. Trauma is bigger than all of us which is why we all need each other now, at this time, because coronavirus has been an equalizer. At least in some ways, an equalizer, and we all need each other to cope with the feelings that we have in response.

Dr. Lieberman: I am a psychologist as Eddy said, but I'm also the grandma of two small children. One of them is turning two months old today, who live across the country with their mom and dad. We are using FaceTime to bridge the physical distance and engage in social and emotional embracing. We're grateful for this connection, but they worry about us, and we worry about them. This worry about each other is a communal feeling across the entire country now.

Dr. Lieberman: I am from Paraguay, and as an immigrant, Jewish, Latina, I am very aware that our many diverse cultural backgrounds influence how we, and our patients, experience the world and communicate with each other. For the past 25 years, I've directed the UCSF, Child Trauma Research Program at San Francisco General Hospital where we treat many traumatized children, aged birth to five, and their families. Many of them immigrants, most of them from underserved backgrounds. We see that parents often repeat with their children the traumatic events that happened to them while growing up. I want to bring this perspective today because COVID-19 is really awakening traumatic reminders in many of us and in the families we work with. That often makes it difficult for parents to protect themselves and their children.

Dr. Lieberman: In our work, as Eddy said, we find that when we listen with compassion to the ACEs in these parents lives, they gain a new empathy for their young children, and they are able to stop the transmission of trauma from one generation to the next. Coronavirus is a new ACE for a lot of us. We speak a lot about it, but that what often remains unspoken in the effort to cope and to help, is the fear that



we experience and the emotional exhaustion that we can feel when we are driven to act without connection to our feelings.

Dr. Lieberman: Our work shows us that when we give ourselves permission to feel our deepest fears and give words to it with someone we trust, like our doctor, what we call speaking the unspeakable, that can heal trauma and promote health in all of us, healthcare providers and patients alike. As Eddy said, as we present today together, Eddy will describe how he uses this approach in his meetings with patients, and Dr. Brigid McCaw will share with you specific resources that elaborate on these themes. Next slide please.

Dr. Lieberman: I want to start with a framework showing that some form of stress is part and parcel of everyday life. Normative, developmentally appropriate stress helps all the emotional muscles become strong. For example, children become stressed when they first start school, but this stress helps them grow in essential ways when we help them with it. The stress we're all experiencing in response to COVID-19 is not normative, but it is appropriate to a dangerous situation because we need to anticipate threats to our safety, change our behavior, and adapt to rapidly changing conditions. Right now, those who are situationally stressed can be a danger to themselves and others because they don't recognize realistic threat.

Dr. Lieberman: At the extreme end of this continuum of situational stress is traumatic stress which is the response to a catastrophic event that happened in spite of our best efforts at protection. Across this continuum, we need to validate for each other the legitimacy of our stress and rely on each other for mutual soothing and co-regulation of stress at the level of families, communities, and organizations because we are all social creatures. None of us can do this alone. New slide please.

Dr. Lieberman: What is specific about trauma is that it shatters our expectations of safety both individually and collectively. It happens suddenly, and it overpowers the coping mechanisms that we use to create order, predictability, and control. In the moment of traumatic stress, we respond automatically from our limbic system without advanced planning or logical thinking, with reactions that increase our chances of immediate survival.

Dr. Lieberman: Fight, flight, and freeze are the classic responses to danger that are very effective to protect us in the moment, but when danger become chronic, the



same responses can lose their efficacy because it takes too much energy to be constantly on alert and ready to respond. We'll become exhausted and we can lose our capacity to differentiate between real and perceived danger. When that happens, our reactions can become distorted.

Dr. Lieberman: Adaptive fight distorted into frequent irritability and aggression. Adaptive flight can become chronic emotional avoidance. Adaptive freezing can turn into emotional numbness. All of it, in order to protect ourselves from being overwhelmed by feelings of helplessness and fear. Remembering that anger and withdrawal can be signs that we are on overdrive, can help us put these responses in perspective, forgive ourselves and each other, and seek ways of controlling and coping with these emotions. Next slide please.

Dr. Lieberman: A particular event can be traumatic for one person, but not for another person depending on their capacities to respond to danger. The wave on the left can be an exciting challenge for an experienced surfer, but it can be lethal for an average swimmer. The wave on the right can be an exciting challenge for an average swimmer, but can be lethal for a young child. However, above a certain threshold of danger, most people find the event potentially traumatic. For example, lets says COVID-19 is affecting all of us, but still, some people have more resources than others to protect themselves because of structural inequities like racism and a lack of a safety net.

Dr. Lieberman: A single traumatic event like COVID-19 can create collateral trauma, like lack of access to medical care, loss of income, and unemployment, with ripple effects that have dangerous sequela for physical and mental health. We need to ask our colleagues, supervisees, and patients about their specific circumstances to learn how the virus is affecting them specifically, and to offer a helpful response that is realistically tailored to their situation.

Dr. Lieberman: Eddy, do you have something from your own practice that you would like to say to that?

Dr. Machtinger: What comes to mind is that most of my patients are very low income, so their specific circumstances often include living in close quarters with large families or in hotels with shared bathrooms. This informs the information I provide them about protecting themselves from COVID which, for them, is really going to be hard. I don't want to tell them to do something that I know is impossible. It's about being open to creativity and compromise. Many of my patients also have



lifelong histories of trauma and use substances to cope with it. I know that this is a particularly stressful time for them, so if I have a close relationship and a trusting relationship with them, I'll check in with ways about how I can help them with their anxiety and sleep, and ideally, about how they can use more safely.

Dr. Lieberman: Thank you, Eddy. Could we go to the next slide please. This brings us to the question of traumatic triggers which are reminders that a traumatic event can happen at any moment. For example, if we get a headache or start to cough, we can instantly take it as a sign that we became infected and begin to worry without being able to stop. We and our patients are surrounded by traumatic triggers, and how respond makes a big difference in our quality of life and the quality of the healthcare we provide.

Dr. Lieberman: Step one is practicing how to identify the traumatic trigger and put it in context. For example, I have a headache, but I've been cooped up in front of the computer screen all day, and I am exhausted. Then, we might go for a little walk. That self-awareness and taking of perspective can help center us so that we become more emotionally present when we see our next patient. We can create a calming atmosphere that has beneficial ripples through the systems where we work. Eddy?

Dr. Machtinger: It's interesting right now. I think we're all triggered, and providers... I think we all know this. I'm seeing people able to be compassionate with patients who may be really demanding or scared, and with coworkers who have a short fuse and maybe bark at them. I think many of us are coping with our own fears by being particularly compassionate with others. It's really sweet. My hope is that when COVID dies down that we can keep this perspective, the perspective that most difficult interactions we have in clinic, like people being demanding, or agitated, or even yelling at us, are traumatized people who are triggered. Understanding that allows us not to take it personally and to react compassionately.

Dr. Lieberman: It'd be wonderful if we increase our baseline for kindness in a permanent way from practicing it at this time. That can take us to slide 15 please which talks about stress living in the body. The question of stress and triggers at home is something that many people are talking to us about, parents in particular, including healthcare providers who are working from home or who must leave



their children at home in order to report to work. Many of them find themselves stressed out by their children's behavior. They tell us that the children talk too loud, that they run around, that they complain, that they ask for things that the parents can't give them. This is because the current situation is triggering for children, too. They show us their worries through their bodies, and their stress compounds their parents' stress.

Dr. Lieberman: One mother, for example, told me over Zoom that her five year old son, Kevin, really annoyed her by playing again and again that he had the virus and died, lying on the floor stiffly and closing his eyes. This just terrified her, and she responded by yelling at him and telling him to stop, but he did not stop. As we talked, I asked her what he might be trying to tell her. She realized that he might be showing her that he was scared of dying from the virus.

Dr. Lieberman: While we spoke, Kevin came up to the camera and cuddled against her, and she asked him, "Are you scared that the virus will kill you?" Kevin nodded his head and said very seriously, "I am concerned." The mother whispered to me, "I didn't even know he knew the word concerned." Then, she answered him that very few people die from the virus, that children don't usually get sick with it, and described everything that they were doing to stay safe, like washing their hands and not going to preschool. "Ah," said Kevin, and then skipped away. The mom told me the next week that his play about dying had almost disappeared.

Dr. Lieberman: We see this kind of improvement routinely when parents make an effort to understand and respond protectively to their children's fears, even when the children are very, very young. Do you see that, Eddy?

Dr. Machtinger: First, I think Kevin's mom is doing an amazing job.

Dr. Lieberman: Yes, she is.

Dr. Machtinger: Kevin is super lucky. In my practice, I'm seeing almost the exact opposite. A cavalier attitude towards the virus and death in some of my patients. I think this comes from being totally overwhelmed by their baseline life, which is already chaotic, and now this. With them, I try to use humor or I talk about something else for a little while so they're less overwhelmed and less likely to totally disassociate. I ask very concrete questions about how I can be helpful.



Dr. Machtinger: Then, ever since my residency, I have a rule with all of my patients to say something nice to them at least once during an encounter. The other day on video, it was, "That's a totally amazing tracksuit," because it was. Then, regardless of what you accomplish in your visit with them, the interaction is at least positive for both of us. The next time, they'd be maybe more comfortable revealing themselves and it's something troubling or important that we should talk about.

Dr. Lieberman: That is a reminder of something that I also learned which is to always try to end a session in a note of hope and in a positive note. This slide tells us that the scene with Kevin is a great example that naming our worries relieves stress and fear, but we don't react only to the current situation. All of us bring our entire past to how we respond to present stressors which is why what you are saying, Eddy, of ending with a positive response is so important as a relief for people. That they are not defined by their painful circumstances. This is what we call the triangle that links our ACEs, what happened to us in the past, with our current distress because understanding that connection between what happened to us and how we feel in the moment, in turn, helps us figure out solutions towards health and well-being.

Dr. Machtinger: Two things. It makes me remember that most people, when they're coming into clinic, don't really expect to be listened to and liked and loved. I think most people come fearful that they won't be. I think that when we can show them that we like them and love them and play with them and be humans with them, I think it's enormously reassuring, especially to patients that have had really experiences with the system. I guess, in general, the whole talk and what you're saying is why I'm such a huge fan of trauma-informed care and resiliency as grounding philosophies for me as a provider, knowing who I am and what I'm doing in these interactions.

Dr. Machtinger: Understanding what you're saying about the impacts of trauma on health and behavior demystifies the patient in front of me. Why that person is struggling to lose weight despite diabetes or stop smoking, despite serious lung disease. Why people struggle with depression or substance abuse despite these supposedly effective therapies we're offering them. Knowing that they're conditions are rooted in trauma helps me be more patient and compassionate, and I work really hard with them to de-stigmatize coping behaviors because they almost always find these behaviors shameful.



Dr. Machtinger: From there, I can collaborate with them to identify ways to be healthy and safe. Sometimes that's just treating nightmares with Prazosin or about smoking less or drinking less. I think, back to just being positive. At least I aspire to make sure that the care we provide isn't inadvertently re-traumatizing by treating people in a judgmental or authoritarian way. With many people, that goes a really long way.

Dr. Lieberman: You are talking about how we talk and listen to each other and to patients, and reminding us that shame is a universal response to trauma, and that patients are often ashamed to disclose health conditions because they fear their doctor's disapproval. Research shows that when health providers showed empathy by saying, as you are telling us, Eddy, "I care about you. I am in this with you." When they respond to their patients concerns instead of dismissing those concerns, the providers themselves, months later report they're feeling less emotionally exhausted and more connected with their patients.

Dr. Machtinger: This totally resonates with me for so many reasons. I wonder how we can all be more of a confidant with our patients than someone who tells them things they already know and can't possibly do, like prescribing physical therapy for somebody who has struggled with their body for so long that they can't possibly do exercises alone at home. What I find is that the things that emerge from these trusting, playful, and loving relationship, or even moments when people can feel comfortable enough to reveal themselves, is that things come up that are far more important to their health than what was on your agenda. They're not taking the medicines you prescribed them, or are drinking way more than you ever knew. Just that liberation from your checklist and that moment to give them space to feel comfortable and talk is just so much more enjoyable for all of us.

Dr. Lieberman: In that sense, what you are saying is that self-care is patient care. Just as stress is contagious and trauma is disorganizing, loving care is also contagious.

Dr. Machtinger: I practice the way I do because it's the type of care that I personally need and have benefited from. The more I practice this way, the more I understand what good care feels like. Then, I seek out that care for myself, where I can reveal myself and not feel ashamed about the ways that I'm coping. I have confidants in my doctor and my therapist. They are confidants to me. I can be open with them. I can say that I'm doing really pretty well emotionally right now in my life,



and that was not preordained or always the case and is due, in large part, to these relationships and relationships with colleagues like you.

Dr. Lieberman: That is so mutual, and what you are telling us that post-trauma growth happens. None of us would choose this moment, which is the topic of the next slide please. None of us would choose this moment, but at the same time, we need to remember that the world has always been full of danger and our efforts to fend off danger are always imperfect at best. There is a growing body of research showing that for many people, the experience of trauma led them to an emotional growth and spiritual growth.

Dr. Lieberman: They discovered that after the disorganization, anguish, and rage sweeps subsided, they found themselves connecting with deeper values and reorganizing their priorities to live in greater accordance with those values. These principles of trauma-informed care are what you are talking about, Eddy, so I am turning it over to you now. Thank you very much.

Dr. Machtinger: Thank you so much, Alicia. On this next slide, I would just like to say that I am Ernie hiding behind Alicia. I'm going to introduce myself and then translate the understanding about trauma that Alicia just described into a set of principles and practices that can guide our work right now.

Dr. Machtinger: For the past 20 years, I have been a primary care doctor for women living with HIV at UCSF. The clinic I work in was co-founded at the height of the early AIDS epidemic by an amazing nurse practitioner and activist named Susan Shea who hired me and continues to be my mentor. I now co-direct the clinic with one of our amazing social workers. I have a husband who is a teacher in a public elementary school. We have a 25 year old son, and I have a 98 year old father living in Los Angeles which has been really painful for me because I am separated from him indefinitely. I'm a risk to him because I'm still seeing patients in clinic who can't be evaluated using tele-medicine, and I may need to work in the hospital across the street as cases increase.

Dr. Machtinger: I was an AIDS activist in the early part of the epidemic and went to medical school specifically to become an AIDS doctor. Most of what I've learned about trauma has come from caring with patients who have a disease that was initially mocked and tragically mismanaged by our federal leaders, and, for the first 15 years of the epidemic, didn't have any effective treatments. I also lived through that time as a young gay man. Our response to the crisis then can be an



excellent guide to responding now. Despite the lack of federal leadership then, the response then was co-led by AIDS activists in partnership with doctors and nurses, and it was incredibly inspirational to me, and ultimately successful.

Dr. Machtinger: The model of care for people living with HIV that emerged from that crisis is called the Ryan White interdisciplinary system of primary care. It's specifically funded by Congress to this day. That model was developed prior to us having any medication to treat the disease. At its core, the model sees patients as people, not as viruses, and does anything and everything possible to help them survive. When that's not possible, helps them live and die with love and in community. The Congressional funding requires social workers, nurses, case managers, and community organizations to be integrated into the clinic and be equals on a care team.

Dr. Machtinger: This model, the Ryan White model, is still the best care I've ever seen this country provide. Its structure and perspective really is trauma-informed care at its best before we had a name for it. It's not surprising that many of the most credible public health leaders for COVID right now are AIDS scientists and doctors from early in the epidemic.

Dr. Machtinger: For better or worse, we know a lot about how stressful and traumatic experiences affect us emotionally and physically. There are a set of principles that we've developed from this experience that I have found to be incredibly helpful when caring for patients who are experiencing or have experienced significant trauma. These same principles can help sustain us and healthy working and loving relationships with our colleagues and teams and in caring for our families and ourselves.

Dr. Machtinger: On the next slide, the core principles of trauma and resilience-informed care are essentially the North Star that can guide us right now in the care of our patients and ourselves during this stressful time that is COVID. They are being guided in our resources and time by a commitment to equity, understanding and addressing any impediments, the physical and emotional safety of our patients, creating and sustaining a sense of authentic connection with our patients, even by phone, helping patients identify and promote their own strengths and empowerment, and fostering trustworthiness and transparency in how we interact with patients in the information we share and the decisions we make.



Dr. Machtinger: Ultimately, these principle inform the two key rules that I think we're called on to play right now. The first is obvious, doing our best to protect our patients from COVID and to treat them if they get sick. Our second role, I think is really less obvious, but no less important. That is to protect our patients from the psychological and physical health impacts of COVID-related stress. We know that major crises, like the 2008 financial crisis or Katrina or the tsunami in Japan, significantly increase psychological illnesses like depression, and substance use, and suicide, and physical illnesses like heart attacks and strokes. All of these impacts are felt disproportionately by lower income and marginalized populations who already bear a huge brunt of trauma.

Dr. Machtinger: The concern here is that there will be a second wave of illness and death after COVID is contained. One of the most important roles for us to play now is to help buffer patients from COVID-related stress and its impact on chronic health, especially among marginalized populations who will be the most susceptible to it.

Dr. Machtinger: I'd like to end a little less theoretically by describing what this looks like in the context of tele-health. You can go on to the next slide. Our clinic that I work in is used to being super high-touch. Many of our patients come to clinic every week. Some of them only come here and stay home in isolation. We have a therapy dog, we have chair massage, but I have been surprised how effective these telephone and tele-health encounters can be.

Dr. Machtinger: Spending 15 minutes on the phone with a patient has felt really intimate. The patients, they seems less activated and stressed when they don't have to travel to clinic and deal with a lot of people. My video visits have often been the first time I've seen inside my patients' homes or met their pets and partners. One caveat is that I already have connections with these people, and I doubt tele-medicine can replace in-person connection, but it's much more powerful than I would have imagined.

Dr. Machtinger: My tele-health calls go something like this. "How are you doing in this crazy new world of ours? What do you know about protecting yourself from the virus, and what are you able to actually do?" Then, I work with the reality they present and their risk-tolerance to support them. I praise them for what they are accomplishing. Then, something like, "How are you feeling? How do you feel the stress is affecting you? How can I be helpful? Does any of this stress make your



other conditions worse, or make it harder for you to take your medicines? Maybe we can review them, and I can see if you need any refills?" Basically, it's a check-in and I leave some space for them to talk.

Dr. Machtinger: Then, I end each of these calls by reviewing the COVID hotline number and giving it to them, that we have at UCSF, that helps patients access COVID screening and testing. I imagine my institutions or cities have a similar number. Then, I let them know that we're still here for them as long as this lasts, and how to get in touch with the clinic and with me. That can all be done in 10 or 15 minutes. Regular, proactive contact can be anxiety reducing and healing, even by phone or video, particularly for vulnerable populations.

Dr. Machtinger: I really believe the most powerful and meaningful role that we may all play in this epidemic or this pandemic will be to help our patients reduce complications from COVID related stress. I think, looking at the time, we were going to pause here for a moment and take a few questions before Brigid shares a number of practical resources with you to have now and then to have on the ACEs Aware website.

Tanya Schwartz: Yes, thanks. We've received a number of questions. We've gotten a bunch of questions from providers who work with high-risk, vulnerable populations that already experience daily stressors. For example, individuals experiencing homelessness, individuals experiencing domestic violence. The question is whether there are any specific strategies or resources that providers can use to support these populations.

Dr. Machtinger: Alicia, do you want to try that?

Dr. Lieberman: The very fact that they are telling us on the phone or on Zoom about these events in their lives gives us a port of entry to ask about the specifics of the domestic violence, for example, or the specifics of the homelessness. I think part of the reason that it's difficult to answer a question like homelessness or domestic violence as a generic question is because so much depends on the specificity of the situation.

Dr. Lieberman: Shelters, for example, might not be available right now. What we have done, because there has been an increase in domestic violence, has been to ask, and this seems a little daring, but it has worked in some situations, whether we can engage the partner in a conversation, given that they are living together, where



we normalize the fact that everybody is so on overdrive as a result of stress, and one tends to react with anger and aggression to even minor provocations. What we're finding is that often, individual therapy becomes family therapy in the circumstances, and it can become an opportunity to create a safer environment for children and families.

Dr. Machtinger: The only thing I would add is, and Brigid's going to share some resources that have numbers, and they'll be number on ACEs Aware to domestic violence agencies that can partner with you. You can link patients to their services because they're working now, too.

Dr. Machtinger: From the perspective of a primary care provider, I just want to say that often times people are worried about opening up a can of worms that they can't respond to. All I can say to that is, the worms are there, and knowing doesn't mean that you have to solve everything right then and there. It doesn't mean you're totally responsible for the outcomes, but knowing will allow you to deal with what is possibly the most threatening thing to their life, and to think creatively with them and your resources on how to protect them.

Tanya Schwartz: Thank you. One other question. How can providers practice self-care when we're working from home and speaking with multiple clients a day?

Dr. Lieberman: Eddy, you want to give it a try?

Dr. Machtinger: I'll just say two things. One is, I think it took me a while to find my footing, and I'm still trying to find my footing in terms of what my meaningful role is in this moment. I kept trying on all these different hats. I was going to develop the immunocompromise protocol for COVID screening at UCSF, and for oncology, and all these different ideas. I think finding this place, which is understanding that there's this whole other possible second wave of COVID-related deaths and I'm going to really work on figuring out how to prevent that and help my patients prevent that, has felt releasing.

Dr. Machtinger: I think all of us have to come up with some acceptance of our compromises. If we have kids at home, those kids are going to need us right now, and it's okay to not be the super doctor or nurse and do everything if taking care of your kids is right in front of you.



- Dr. Machtinger: Then, the other thing is being able to connect with colleagues that you love. Writing this talk with Alicia was intentional. I want to be around Alicia. She can make me cry, she is very loving, literally. That is really helpful, and I think we all know how those colleagues are. I would say reach out to them and share with them and be open and vulnerable with them.
- Dr. Lieberman: Don't forget the blessing of a cup of tea in between patients, or going around your living room for a little walk, or doing some flexing of your muscles, or some squats, anything that works for you.
- Tanya Schwartz: Great, thank you. With that, I'm going to turn it over to Dr. Brigid McCaw.
- Dr. McCaw: Thank you very much, Eddy and Alicia, for that very thoughtful and thought-provoking presentation. Next slide. My role is to share with all of you some resources that we hope will support you in doing your work. As you heard from Tanya at the beginning, we are developing COVID-19 stress management resources that are specific for this time, but I want to remind us that we actually, on the ACEs Aware website, have resources to help patients buffer and increase their protective factors. These are ones that are absolutely relevant for us as well, supportive relationship, physical activity, sleep, nutrition, mindfulness.
- Dr. McCaw: I want us to remember that these very basic fundamental responses have strong evidence of benefit. Coming soon will be some resources for you on helping to manage the health conditions that can be exacerbated by the stress of the COVID epidemic. Next slide.
- Dr. McCaw: Here is where you can find that ACEs Aware stress management resource list that has been developed. It is on ACEs Aware, it is under the section on heal, and it has a couple of different parts. One part is resources for providers on mental health and psychosocial support considerations. Another portion is on workforce and organizational resilience. A final part is information that providers can share with patients. The very first link, as you can see here, is to the California site, [COVID19.CA.gov](https://www.covid19.ca.gov), and to the CDC. Next slide please.
- Dr. McCaw: The CDC site can give you the most current update on guidance and resources. Under that resources for providers, we've included some things that maybe are not as obvious. This briefing note on addressing mental health and psychosocial



aspects of COVID was developed by the Inter-Agency Standing Committee. Next slide please. I'd like to show you what some of the links are on that site.

Dr. McCaw: We know that the stress from this epidemic is going to have additional impact on those who have special vulnerabilities which includes the elderly, people with disabilities, children, those with chronic medical conditions, including a mental illness. For those of us who are providers, being able to understand what people in these groups may be facing will help us offer better care. I'm going to show you a couple of the examples of the links here, so next slide please.

Dr. McCaw: This shows some of the considerations for older adults. Next slide. This shows consideration that can be used for helping children. The next slide shows useful messages for helping all of us working in the COVID-19 response, and particularly messages that you can offer as a leader in your clinic. Next slide.

Dr. McCaw: In the same section, on resources for providers on mental health and psychosocial support, we have a link to the Center for the Study of Traumatic Stress. This has excellent information, as you can see on the slide here, for sustaining the well-being of healthcare personnel, and also the psychosocial effects of quarantine. This can be very useful for us to understand and think about for patients that we're advising that are really struggling with being at home and isolated. There are also some links that help with really thinking about the trauma-informed response or work settings and how to build organizational resilience during this period of time.

Dr. McCaw: The final section that we have are resources that you can share with patients. I'd like to show you the first one here, helping children cope with stress during the COVID outbreak. Next slide please. This is something that you can share with parents. It's also something that could be put up and posted for staff or in waiting areas. What we've tried to do is come up with a range of very practical kinds of tools that are available for you to use. Next slide.

Dr. McCaw: We've included some specific resources for vulnerable groups that are likely to experience exacerbations related to the stress of the COVID environment. This is one from the National Alliance on Mental Illness. For those of our patients who are living with a mental illness, having resources for themselves and for their families can be very useful. This site is extremely practical and offers really good information that's both, I think, anxiety-reducing and also gives some additional tools that will empower our patients and their families. Next slide.



Dr. McCaw: This really speaks to the point that the questioner presented, which is that another group of vulnerable patients during this period, are those who have a history of trauma and those who are currently in families and are experiencing abuse. We know that family violence often increases during periods of stress, dislocation, epidemic, and environmental disasters. Futures Without Violence has created a site here that can be offered as a resource for survivors during the time of increased isolation and social distancing, so that they can come up with tools and ways of being saver.

Dr. McCaw: The next slide shows us crisis resources that I put together, partly from the Futures Without Violence, that you can have handy. This site, which has online links on ACEs Aware, also can be printed off as a PDF. The resource sheet will be available as a PDF or you can go to it directly. If you have it as a PDF, you can have it near your phone so that you're able to give people hotlines. Particularly, I'd like to call attention to the National Parent Helpline. We know how much of a struggle this can be for people who are parenting under pressure and who may have other issues that are going on, economic ones and also a history of their own ACEs.

Dr. McCaw: Then, finally, I'd like to show, as a reminder, the next slide, which are the general resources that we have in response to ACEs that are absolutely appropriate for buffering the toxic kinds of stresses that are underway right now. Being able to offer patients a self-care tool will help them enhance a feeling of empowerment, and also the tools that will be protective and give them some tips about things that they can use. Following up on Eddy's comment that part of what we want to do is relieve anxiety and stress and offer positive input, but also with the attention to wanting to prevent that second wave of illness and death due to the stress from this current epidemic.

Dr. McCaw: I want to thank all of you for joining us today, and encourage you to explore the site, and pass this on over to Tanya to bring us to a close.

Tanya Schwartz: Great, thank you Dr. McCaw and thank you Dr. Machtinger and Dr. Lieberman. We really appreciate your presentations today. As I mentioned, this is the second in a series of educational webinars. We hope you'll tune in on the last Wednesday of each month from 12 to one. You can register for the webinars and find recording of previous webinars at [ACEsAware.org](https://www.ACEsAware.org). A recording of this



webinar, as well as a transcript and the slides, will be posted on the website.
Next slide please.

Tanya Schwartz:

Again, for the latest information on COVID-19 in California, please visit [COVID19.CA.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19.aspx). Providers should connect with their local Department of Public Health for information on COVID-19 treatment. Thank you all for joining. Be sure to visit [ACEsAware.org](https://www.acesaware.org) and follow us on social media, and thank you for everything you are doing. Stay safe everyone. Take care.