Navigator Training: Helping Patient Families get to the Right Resources at the Right Time

National Pediatric Practice Community on Adverse Childhood Experiences

An initiative of Center for Youth Wellness
Hello, and Welcome- from Texas!

Training Objectives:
- Review of Science behind Adverse Childhood Experiences and Toxic Stress
- Discuss Rationale for ACE screening
- Provide examples of conversation starters related to trauma, and ACE’s
- Review Maslow’s Hierarchy of Needs
- Review Prochaska’s Readiness to Change theory
- Discuss Motivational Interviewing Techniques
- Provide Patient Assessment Examples to identify patient willingness and need priorities
Adverse Childhood Experiences, potentially traumatic events occurring before age 18.

- **Abuse**
  - Physical
  - Emotional

- **Neglect**
  - Physical
  - Emotional

- **Household instability**
  - Mental Illness
  - Mother treated violently
  - Incarcerated Relative
  - Substance Abuse
  - Divorce
ACEs are common

- Nearly 2 out of 3 adults have at least one ACE

- Nearly half of children (34.8 million) have at least one ACE

Source: CDC-Kaiser ACE Study (1998)

Dose Response Relationship associated with ACEs in childhood/adolescence

- Growth delay
- Cognitive delay
- Sleep disruption

- Asthma
- Infection
- Learning difficulties
- Behavioral problems

- Obesity
- Violence
- Bullying
- Smoking
- Teen pregnancy

Some individuals experience toxic stress as a result of negative experiences
Key Concepts to Address with Patients and Families about ACEs and Toxic Stress

- ACEs are common
- More ACEs means increase in the chance of toxic stress
- ACEs accumulate over time (we can’t unexperience something)
- ACEs without protective factors at key developmental ages can increase risk of toxic stress
- Toxic Stress can bring illness—physically and mentally
Just starting the conversation about ACEs can be hard!
“When I first heard of ACEs I didn’t understand them. We always have to have a fancy name for something in the medical field don’t we?

So, ACEs are really difficult or stressful times in our lives. There are some examples on this sheet.”
Using Patient Education materials as conversation starters….

“Having a lot of stress over a long time, can make people sick.

Do you think this could be happening in your family?

We want to help.”
A few theories (*yawn*) that can help you understand what a patient needs and what they are ready to do about their needs....
Maslow’s Hierarchy of Needs

- **physiological needs**: breathing, food, water, shelter, clothing, sleep
- **safety and security**: health, employment, property, family and social stability
- **love and belonging**: friendship, family, intimacy, sense of connection
- **self-esteem**: confidence, achievement, respect of others, the need to be a unique individual
- **self-actualization**: morality, creativity, spontaneity, acceptance, experience purpose, meaning and inner potential
Matching the right resource to the right need is key.....

Basic needs are often met with tangible resources- food voucher, shelter slot, bus card.

Psychological Needs are often met by services- Social Worker consult...but family must be willing and ready to accept these resources.
Prochaska (1998) Readiness to Change

The Stages of Behavior Change:

- **Pre-Contemplation**: unaware of the problem
- **Contemplation**: aware of the problem and of the desired behavior change
- **Preparation**: intends to take action
- **Action**: practices the desired behavior
- **Maintenance**: works to sustain the behavior change
Motivational Interviewing

"Motivational Interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change." Miller & Rollnick, 2013

Meeting the patient where they are.

Scott Glassman, PsyD, Brief Motivational Interviewing in Medical Homes: Applications and Best Practices; PCMH World Congress, 2017.
## OARS Framework of Motivational Interviewing

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<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>Purpose</th>
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| **O** Open Questions | • Ask the patient open-ended questions  
• Allow the patient to reflect and elaborate in response to questions  
• Let the patient do most of the talking | • Establish a safe environment, and build a trusting and respectful relationship  
• Explore, clarify, and gain an understanding of the patient's world  
• Learn about the patient's past experiences, feelings, thoughts, beliefs, and behaviors  
• Gather information |
| **A** Affirmations | • Recognize and reinforce success  
• Express a positive statement about what the patient has already done or a personal strength or ability  
• Show empathy for the patient's situation | • Build rapport and affirm exploration into the patient's world  
• Affirm the patient's past decisions, abilities, and healthy behaviors  
• Build the patient's confidence and self-efficacy |
| **R** Reflective Listening | • Mirror what the patient is saying  
• Rephrase what the patient says in your own words | • Reflect the patient's thoughts, feelings, and behaviors  
• Demonstrate to the patient that you're listening and trying to understand his or her situation  
• Offer the patient the opportunity to "hear" his or her own words, feelings, and behaviors reflected back to him or her |
| **S** Summarizing | • Apply reflective listening when closing the conversation or transitioning to a different part of the conversation  
• Paraphrase and/or pull out key points from the conversation | • Keep the patient and care team “on the same page”  
• Close the conversation with a plan of action  
• Help the patient see the bigger picture  
• Highlight the most important elements of the conversation |

From The Advisory Board 2015: Motivational Interviewing 101
Let's PRACTICE
Conversation starters when you get told a patients has a “Positive ACE” ……

“When you filled out this questionnaire you marked you have been through some difficult things. (Pause) Many people in our community have been through a lot” (if you feel ok, and it is true, you can say, even me/or even people in my family).

“Can you tell me what is causing your family stress, so that I can know how to help you in the best way possible? “

“What is the most important thing to you that I can help with today?”

*What are some ways you have opened the conversations that works well?*
### Section 1. At any point since your child was born...

- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that she might be physically hurt
- Someone touched your child’s private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect them
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

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### Section 2. At any point since your child was born...

- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, gender identity, place of birth, physical and intellectual disability, or religion

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### Section 3. Check any symptoms your child has had recently

- [x] Frequent Abdominal Pain
- [ ] Peeing/Pooping in Pants/clothes
- [ ] Frequent headaches/migraines
- [ ] Difficulty sleeping or nightmares
- [ ] Self-Harms or Cutting
What are we gonna do???

• If the patient doesn’t seem receptive start with using handouts to talk about ACEs or Toxic Stress
• Will admit there is stress but are having a hard time opening up… Use Marlow’s Hierarchy
• Willing to tell you the problem, but don’t know if they are open to services….Use your OARS
Things to keep in mind....

• Don’t be afraid to ask What the Patient is Most Concerned about....

• Give advice only with permission

• Use your OARS (open ended questions, active listening, reflective statements, summarizing)

• Use not only the verbal summary of patient’s plan, but also put it in writing! (people are at least 5x more likely to follow through when plan is written)
1. Awareness: The first step in self-care involves a check of your body and mind.

2. Balance: This includes your personal and family life and your work life. You will be more productive when you make time to rest and relax.

3. Connection: Build supportive relationships with people in all areas of your life, including community, friends, work, and family. Connections help you find a balance and give you a safe place to process feelings you may be having.

4. Debrief: Discuss challenging cases and support each other in learning to use the tool as one additional resource in helping your patients.

5. EAP: If you are experiencing long-term stress, anxiety or symptoms of burnout, you can access your Employee Assistance Program.

Remember this work can Trigger Us, make sure you are taking care of yourself.....