



**Montefiore**  
THE UNIVERSITY HOSPITAL

 **EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Montefiore Site Visit Center for Care Innovations



**Montefiore**  
THE UNIVERSITY HOSPITAL

 **EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Overview of Montefiore's Trauma Informed Care (T.I.C.) Program

# Our Community & Work Force\*



## Economic Indicators

- 30% live at or below the poverty line
- 40% of children are at or below poverty
- 12.2% unemployment rate in 2013
- 17% uninsured in 2013

## High Burden of Chronic Disease

- 13% have diabetes
- 68% are overweight or obese
- 42% of children are overweight or obese
- 18% have asthma

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
of Yeshiva University

Source: U.S. Census, U.S. Department of Labor, New York State Department of Health, NYC Department of Education









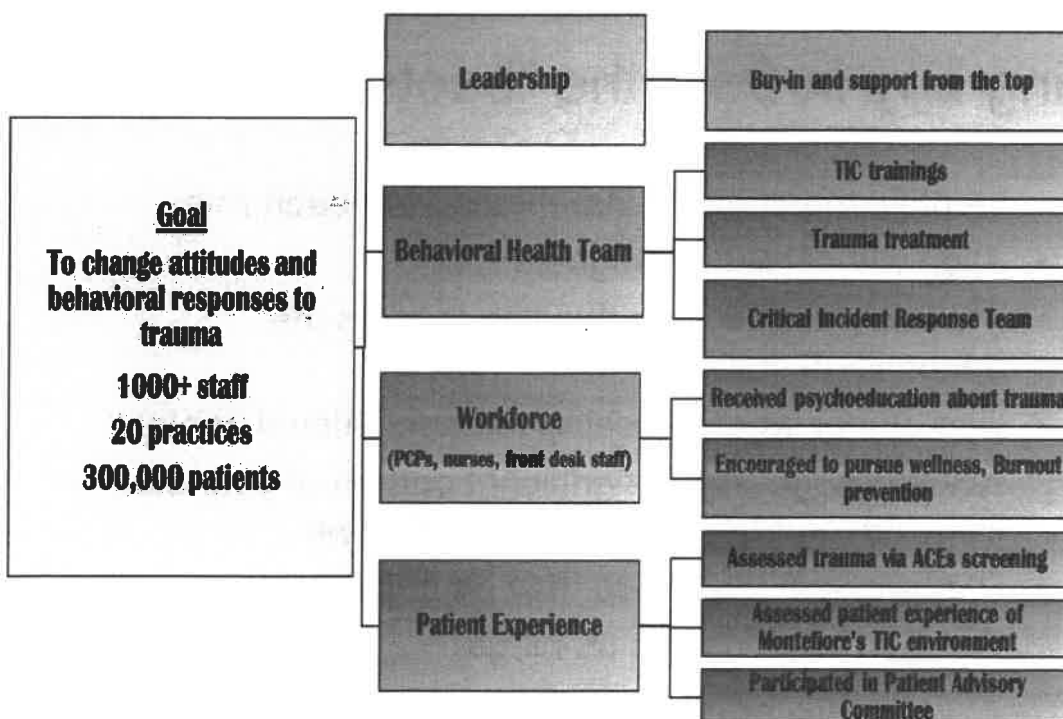
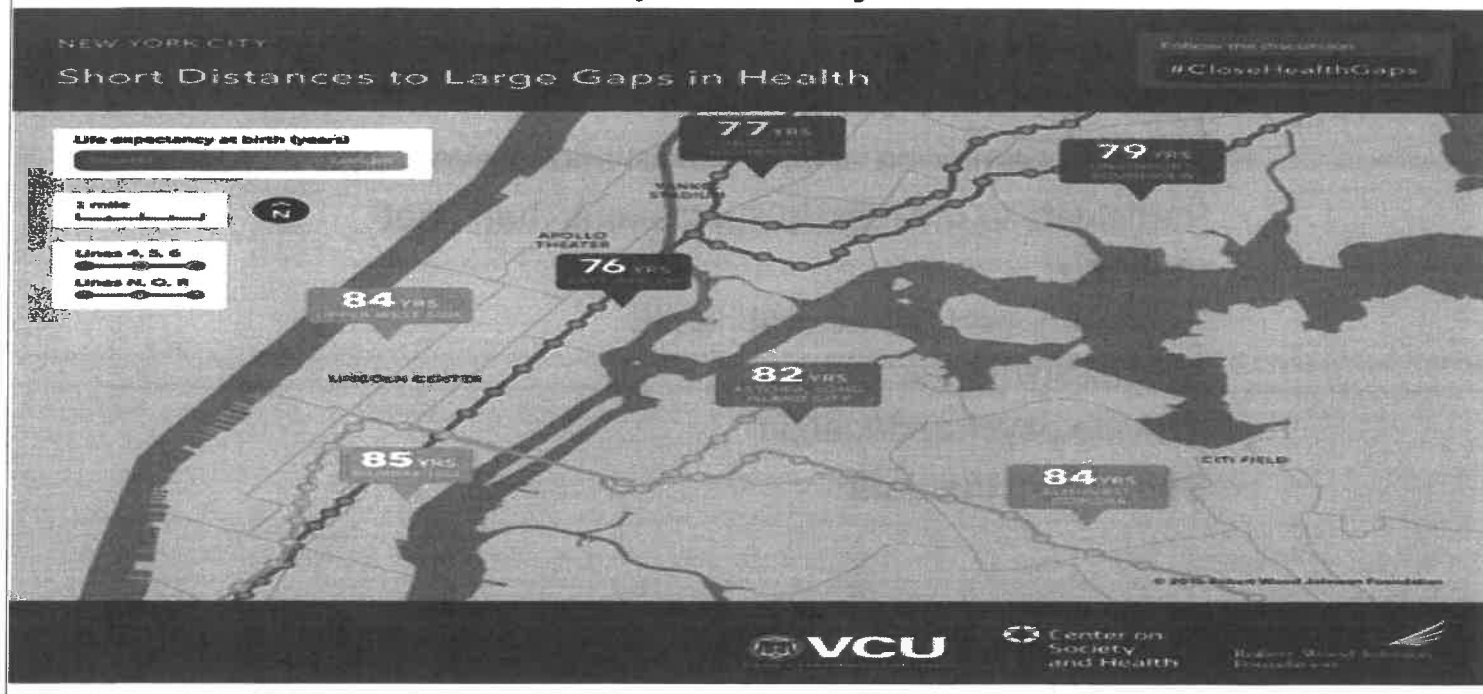








# Location and life expectancy



## Essential strategies to create buy-in from leadership

- Obtain patient testimonials
- Identify champions at every level and in every role
- Participate in multidisciplinary teams that meet regularly
- Use integrated behavioral health specialists/resources
- Provide psychoeducation
- Show them the data

## Creating buy-in from the “boots on the ground”

- Identify and confirm champions from each role
- Align with larger clinic goals
- Provide multiple opportunities to learn the educational content
- Use humor when teaching the educational content
- Acknowledge that a significant portion of your staff likely have trauma histories of their own
- Prepare staff the topics may be triggering
- Conduct role-specific trainings

# How we arrived at TIC at MMG?

- Patients have trauma
- Staff have trauma
- We need to screen, screen, screen



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Overview of TIC Topics

Module 1:      Introducing TIC – Understanding of  
Stress & Trauma

Module 2:      Manifestations of Trauma

Module 3:      Screening for trauma: ACEs

Module 4:      Burnout, Secondary traumatization,  
Vicarious trauma

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Abbreviated – Module #1

1. Experiential Activity focused on clinical experiences
2. General education about trauma
3. Presentation of vignette



**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Abbreviated – Module #1

### Vignette: The Robinson Family



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Abbreviated – Module #2

- Trauma triggers and beliefs
- What happens when traumatic beliefs are triggered?
- What to do if you are having a difficult patient interaction?
- Organizational trauma
- Critical Incident Management

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Abbreviated – Module #2

### Trauma Trigger



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Why is anger a common response to trauma?

- Anger can be helpful
- Anger can mobilize attention, thought, brain energy, and action toward survival



## What to do if you are having a difficult patient interaction?

### Remember PEARLS...

- **Partnership:** "Let's work together."
- **Empathy:** "That sounds frustrating."
- **Apology:** "I am sorry that happened."
- **Respect:** "You have gone through a lot."
- **Legitimization:** "I understand why you're upset."
- **Support:** "Let's see what we can do."

## Working with trauma is triggering



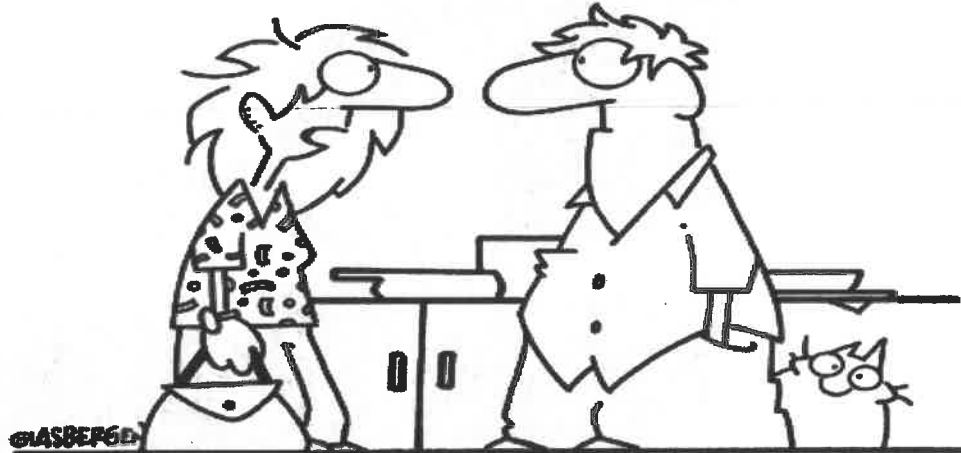
## Counting your personal ACEs

- Research shows more than 60% of helping professionals have trauma history of their own, which may be why they chose this field of work.



## Abbreviated – Module #3

© 2007 by Randy Glasbergen.  
www.glasbergen.com



**"I was so tired at work, the other nurses had to revive me with C.P.R. — Coffee, Pepsi, and Redbull!"**

**EINSTEIN**  
Einstein College of Medicine  
OF YERUSHA UNIVERSITY

## From Burnout to Vicarious Traumatization



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YERUSHA UNIVERSITY



## Abbreviated – Module #3

How do we deal with  
compassion fatigue  
and vicarious trauma  
at work?



### The Avoider (moving away)

#### The Avoider

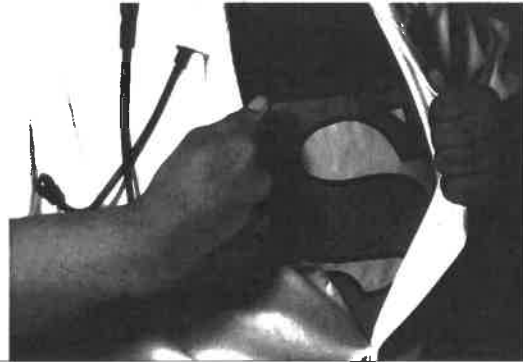
- Withdraw
- Refers patient elsewhere
- Silence patients/colleagues
- Humor?



## **Abbreviated – Module #3**

### **The Superhero/Enabler**

- Exaggerated sense of responsibility
- Excessive advocacy
- Over-sharing



## **Abbreviated – Module #3**

### **The Critic**

- Anger and irritability
- Heated arguments
- Sarcastic remarks



# What do you do when you are impacted by compassion fatigue or vicarious trauma?

The Avoider



The Superhero

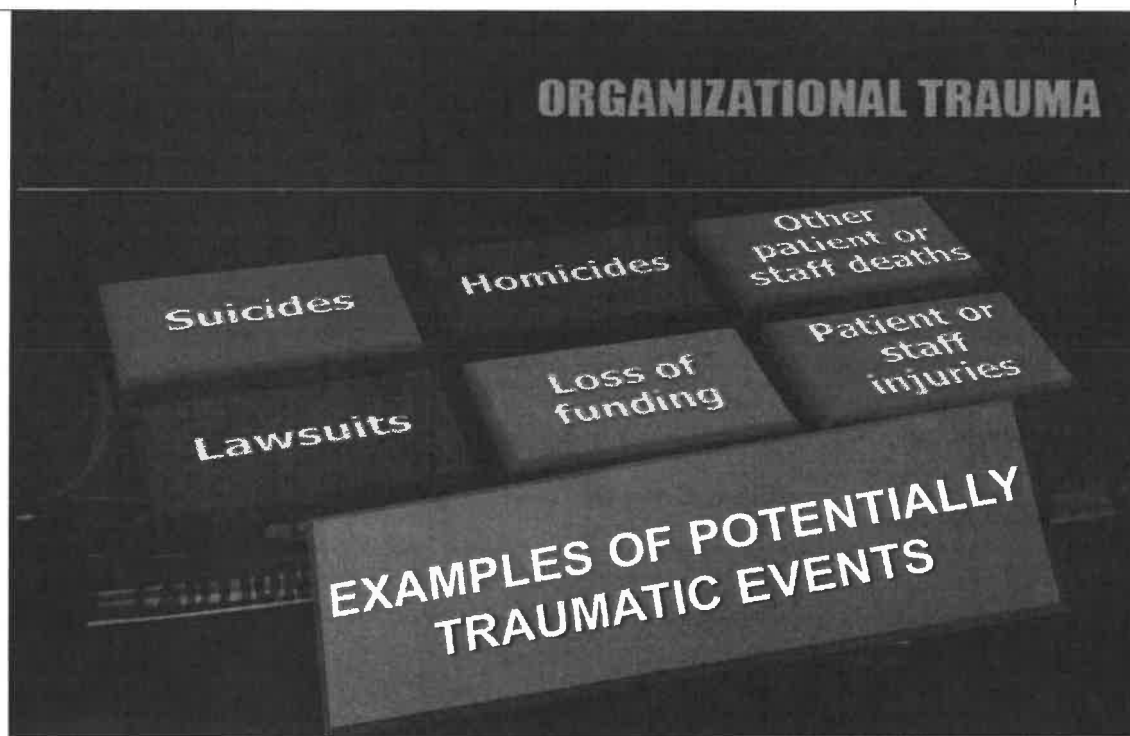


The Critic



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

-- Naomi Rachel Remen



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Critical Incident Management (CIM)

**Alissa Mallow, DSW, LCSW**  
**Director, Social Work**

# Critical Incident Management

- Exposure to traumatic events can cause a heightened 'emotional state' or 'crisis' which generates emotional turmoil
- Evidence Based Practice Model – International Critical Incident Stress Foundation
- Designed to assist individuals exposed traumatic critical incidents helping to prevent post-traumatic stress
- Crisis reactions can be lessened and rapid return to adaptive function can be achieved if appropriately trained crisis interventionists utilize this EBP model

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YENESSA UNIVERSITY

# Critical Incident Management at MMG

- The violent and unexpected death of an associate employed at the site
- A mass casualty event that the center responds to
- Violence of catastrophic nature in the center either by a patient or an associate which results in life-threatening harm and/or death to a patient or associate

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YENESSA UNIVERSITY

# Elements of CIM

- Small group Crisis Management Briefing (CMB)
- Rest, Information, Transition Services (RITS)
- Defusing
- Debriefing

## BUILDING THE TEAM

- Open call for volunteers
- Interviews with Incident Commander and (two) Incident Managers
- Asked a series of questions consistent with CISM literature.
- Questions included:
  - How would you describe yourself?
  - How come you interested in being part of the CIM Team?
  - Have you ever responded to event or been part of a CIM Team?
    - What was the event?
    - What was that like for you?
  - Have you ever been diagnosed with Acute or Post-Traumatic Stress?
    - Acute or Post-Traumatic Stress Disorder?
  - If yes – how will being on this type of team impact you?
  - What do you do to self-care?
  - Will you deploy at a moment's notice?



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## ACEs, Workflows and Social Determinants of Health

**Miguelina Germán, Ph.D.**  
Director, Pediatric Behavioral Health Services

### Abbreviated – Module #4– Universal ACEs screening

- We have 300,000 patients in our system.
- How can we feasibly screen so many patients in a universal way?
- We decided to involve our whole clinic team (front desk staff, nursing, PCP) and not have the BH specialists do it.
- QUESTION: Can this work?

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

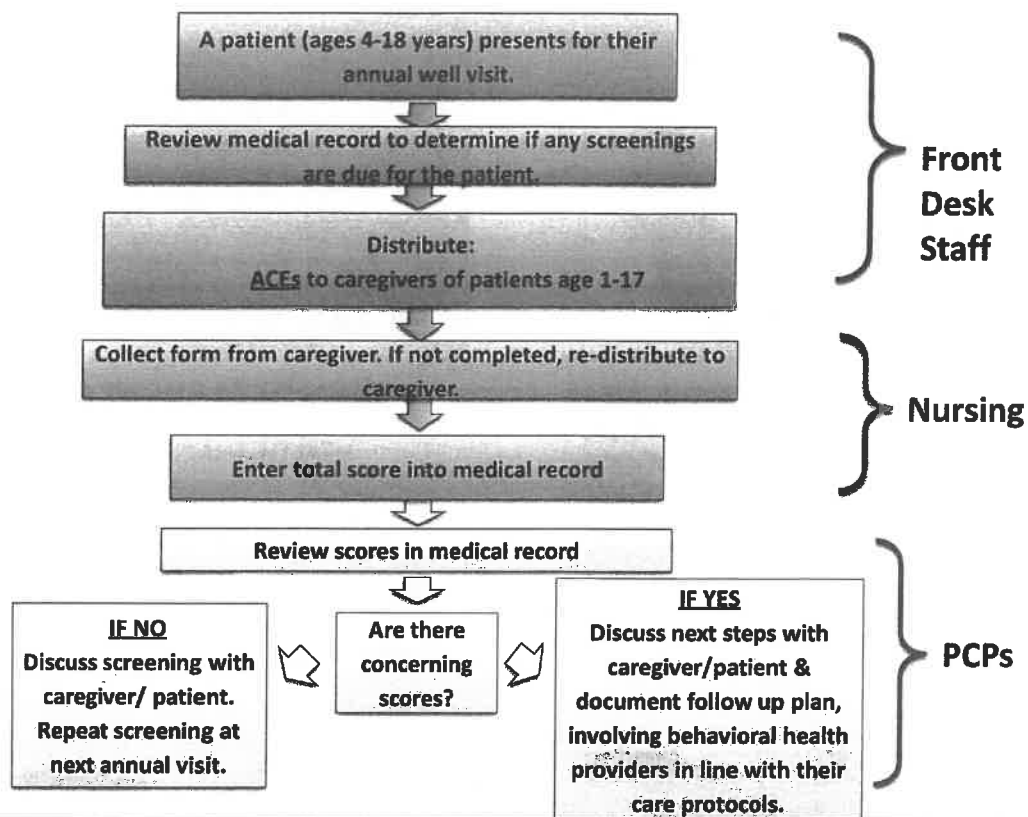
# Typical barriers to trauma screening in healthcare

- Typical barriers to trauma screening
  - Anxiety about patients who score positive and disclose details about their trauma (Pandora's box)
  - Patients will be “traumatized” when screened
  - Concerns that trauma screening will result in needing to call Child Protective Services
  - Screening fatigue

# Tips to address these barriers

- Pandora's box
  - Screen by asking patients to report the total number (not the specific experiences)
  - Having behavioral health referrals available
- Patients will be “re-traumatized”
  - Research has indicated that this is a MYTH
- Child Protective Services
  - Screening does not replace clinical best practice
- Fatigue
  - Build in wellness and burnout prevention activities and incentives





# Montefiore



**Congratulations on the birth of your baby!**

Dear Parent,

At Montefiore we care about your child's health, both physical and emotional, and we want to make sure that your child receives the best quality of care.

Studies have shown that the more stressful events you experience as a kid the more likely you are to have long-term physical health problems as an adult such as diabetes, high blood pressure, heart disease. As the number of the stressful events you were exposed to increases, your child's risk for these health problems increases as well. At Montefiore, we have the opportunity to identify these risks so that we can help prevent or lower the risk for health problems for your child.

That's why it's so important to answer this questionnaire honestly, even though these are personal questions. Answering this questionnaire is completely optional. We would like you to answer the following questions based on your life experiences before the age of 18 and then answer the same questions for your child.

You will also find a parental well-being screening in this packet. Please answer the questions honestly as your mental health is extremely important to you and your baby's development.

Your answers will be kept confidential. Please feel free to ask any questions.

Thank you,

The Montefiore Medical Group Team



**EN MONTEFIORE, NOS IMPORTA  
SU SALUD EMOCIONAL Y FÍSICA.  
LE PREGUNTAMOS A **TODOS...****

sobre el estrés y el trauma porque sabemos  
que las experiencias estresantes pueden afectar  
la salud y el bienestar de los niños.

Entender su experiencia y de su hijo nos ayuda  
a proveer a su hijo la mejor atención. Pregúntele  
a su médico acerca del programa BHIP, para  
conectarse con ayuda, hoy.

Adapted from:  
CENTER FOR  
**YOUTH @ WELLNESS**  
Health begins with hope



**Montefiore  
DOING MORE**



**AT MONTEFIORE, WE CARE ABOUT  
YOUR EMOTIONAL AND PHYSICAL  
HEALTH, THAT'S WHY WE ASK  
**EVERYONE...****

about exposure to stress and trauma because we know  
that some life events can have an impact on the health  
and wellbeing of your child.

Understanding what you and your child have experienced  
is part of giving your child the **BEST** care. Ask your doctor  
about BHIP, a program that will connect you with help, today.

Adapted from:  
CENTER FOR  
**YOUTH @ WELLNESS**  
Health begins with hope



**Montefiore  
DOING MORE**



**AT MONTEFIORE, WE CARE ABOUT  
YOUR EMOTIONAL AND PHYSICAL  
HEALTH, THAT'S WHY WE ASK  
**EVERYONE...****

about exposure to stress and trauma because we know  
that some life events can have an impact on the health  
and wellbeing of people.

Understanding what you have experienced is part of  
giving you the **BEST** care. Ask your doctor about BHIP,  
a program that will connect you with help, today.

Adapted from:  
CENTER FOR  
**YOUTH @ WELLNESS**  
Health begins with hope



**Montefiore  
DOING MORE**



**EN MONTEFIORE, NOS IMPORTA  
SU SALUD EMOCIONAL Y FÍSICA.  
LE PREGUNTAMOS A **TODOS...****

sobre el estrés y el trauma porque sabemos  
que las experiencias estresantes pueden afectar  
la salud y el bienestar de una persona.

Entender su experiencia nos ayuda a  
proveer la mejor atención. Pregúntele a su  
médico acerca del programa BHIP, para  
conectarse con ayuda, hoy.

Adapted from:  
CENTER FOR  
**YOUTH @ WELLNESS**  
Health begins with hope



**Montefiore  
DOING MORE**

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

**While YOU were growing up, during your first 18 years of life:**

1. Were your parents ever separated or divorced?
2. Was anyone you lived with depressed or mentally ill, or did they attempt suicide?
3. Did you live with anyone who was a problem drinker, alcoholic or used street drugs?
4. Did anyone you lived with go to prison?
5. Was your mother or step-mother pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, had something thrown at her, repeatedly hit for at least a few minutes, or ever threatened or hurt by a knife or a gun?
6. While you were growing up, did you sometimes not have enough to eat, wear dirty clothes, not have anyone take you to the doctor, or were your parents too drunk or high to take care of you?
7. Did a parent or adult in your home swear at you, insult you, or put you down or act in a way that made you afraid you might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?
9. Did a parent, adult, or someone at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
10. While you were growing up, did you feel as if there was NO ONE who made you feel special or loved, or that your family was NOT a source of strength, support and protection for you?



Total Number of Parent "YES" Answers Here: \_\_\_\_\_

Please read the questions below. We want to know the TOTAL number of times you answer YES, but we don't need to know which questions you answered YES to. Each time you answer YES, place a line through one of the circles below. When the questionnaire is complete, count up the number of circles you have crossed out.

**Since your CHILD was born:**

1. Have you and your partner separated or divorced?
2. Has your child lived with anyone who was depressed or mentally ill, or who attempted suicide?
3. Has your child lived with anyone who was a problem drinker or used street drugs?
4. Has your child lived with anyone who has been to prison?
5. Has your child ever witnessed anyone in the home (parents or adults) push, grab, slap, or throw things at each other and/or witnessed anyone kick, bite, hit with a fist, or hit each other with something hard, or ever witness people threatening each other with a weapon, such as a knife or a gun?
6. Since your child was born, have there been times when your child has not had enough to eat, has not had anyone take him/her to the doctor, or have any of his/her caregivers been too drunk or high to take care of him/her?
7. Since your child was born, has a parent or other adult in your home sworn at, insulted, or put your child down or acted in a way that made your child afraid that he/she might be physically hurt?
8. Did a parent or other adult in your home push, grab, slap, or throw something at your child, or ever hit him/her so hard that she /he had marks or was injured?
9. Did a parent, adult, or someone at least 5 years older than your child ever touch your child sexually or try to make your child touch them sexually?
10. Since your child was born, do you feel as if there has NOT been anyone in his/her family who makes him/her feel special, or that you or his other caregivers have NOT been able to be a source of strength, support or protection for your child?



Total Number of Child "YES" Answers Here: \_\_\_\_\_

## What to say when...

### **A patient asks why they're getting the ACEs screen**

- "Studies have shown that what happens to us when we were children can affect our health as adults. It is optional to complete."
- "This is a new questionnaire that we're giving to all of our patients to help us better understand your health better. Even if we've known you for a long time, this is a new effort to get to know you better."
- "Montefiore cares about your physical and emotional health and this is another one of the ways that we can get to know your whole health."

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

## What to say when...

### **A patient is distressed (agitated or sad)**

- "I am sorry that reading them upset you. I understand these questions are very personal."
- "This is completely optional, and you do not have to fill this out."
- "Would you feel more comfortable talking to your doctor about this?"

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

# **What to do if the patient becomes disruptive...**

***If the patient continues to cry or they are disrupting the waiting room:***

- Contact your BHIP provider
- If patient is not in a private area already, ask a co-worker (PSR, Nurse, Site Manager) if they can help you find a private area for the patient to calm down

# **What to say when...**

**A patient discloses individual ACEs or specific details**

- “Thank you for sharing that with me. We have someone on our team who specializes in helping people who’ve gone through similar situations. Would you be interested in talking to them?”
- “I’m so sorry that happened to you. We have someone on our team who specializes in helping people who’ve gone through similar situations. Would you be interested in talking to them?”
- “It sounds like you’ve gone through a lot. We have someone on our team who specializes in helping people who’ve gone through similar situations. Would you be interested in talking to them?”

# What to say when...

## Discussing a potential referral to BHIP

- "As your doctor I would really like for us to work together to make sure all of your needs are being met."
- "We have someone on our team who specializes in helping people who've gone through similar situations. Would you be interested in talking to them?"
- "I understand that it can be very difficult to share this information with someone. Do you feel that what happened to you has caused stress with relationships, work, or your health? If so, I would like to connect you with someone who can help."
- "Many of my patients with similar experiences have found it really helpful to meet with him/her, who works right here in the office. Would you like for me to see if he/she is available for an introduction?"

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

# ACEs Screening Initiative

- **Our goal is to implement system-wide ACEs screening.**
  - Out of 7 Family practices, **7** are currently screening for ACEs
  - Out of 13 pediatrics practices, **11** are currently screening for ACEs
  - Out of 13 internal medicine practices, **6** are currently screening for ACEs

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

Is ACEs screening helping us identify patients at risk that other behavioral health measures are not already identifying?



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## Evaluation of ACEs

- Sample
  - 21,000+ ACEs screens given in MMG practices between September 2016 and August 2017 for patients 1 year and older (including adults)
  - Other behavioral health screens given to this patient sample in the same time period
- Analytic Method
  - Each screen (ACEs and other BH screens) were dichotomized into “positive” or “negative” according to clinical cutoffs

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

# Evaluation of ACEs

- Analytic Method
  - Using chi-square tests, we identified the proportion of patients who were “positive” on the ACEs screen, but “not positive” on the other behavioral health screens.
- For example, a patient who was given the ACEs and the PHQ-2 at the same visit and scored a 4 or higher on the ACEs but a 0 on the PHQ-2

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

## ACEs Project Results Summary: ADULT PATIENTS

Research Question: How does ACEs compare to other behavioral health screen?

*Table 1. Summary of ACEs Percent Match with other Behavioral Health Screens*

### Internal Medicine – Universally Administered

Screener		ACEs	
		Positive	Not Positive
5Q PHQ2	Positive	33.3% (n = 62)	66.7% (n = 124)
	Not Positive	9.3% (n = 340)	90.7% (n = 3334)
5Q GAD2	Positive	30.5% (n = 62)	69.5% (n = 141)
	Not Positive	8.2% (n = 235)	91.8% (n = 2638)
5Q ALCOHOL	Positive	16.3% (n = 47)	83.7% (n = 242)
	Not Positive	8.8% (n = 228)	91.2% (n = 2351)



### ACEs Project Results Summary: ADULT PATIENTS

Research Question: How does ACEs compare to other behavioral health screen?

Table 1. Summary of ACEs Percent Match with other Behavioral Health Screens

#### Family Medicine – Universally Administered

Screener		ACEs	
		Positive	Not Positive
5Q PHQ2	Positive	48.1% (n = 39)	51.9% (n = 42)
	Not Positive	19.1% (n = 221)	80.9% (n = 892)
5Q GAD2	Positive	49.1% (n = 26)	50.9% (n = 27)
	Not Positive	17.7% (n = 106)	82.3% (n = 492)
5Q ALCOHOL	Positive	31% (n = 9)	69% (n = 20)
	Not Positive	19.6% (n = 50)	80.4% (n = 205)

### ACEs Project Results Summary: PEDIATRIC PATIENTS – Universally Administered

Research Question: How does ACEs compare to other behavioral health screen?

Table 1. Summary of ACEs Percent Match with other Behavioral Health Screens

Screener		ACEs (positive = 4+)	
		Positive	Not Positive
ASQ 3	Positive	1.3% (n = 4)	98.7% (n = 295)
	Not Positive	0.5% (n = 8)	99.5% (n = 1537)
ASQ:SE 24	Positive	0.9% (n = 2)	99.1% (n = 225)
	Not Positive	0.6% (n = 9)	99.4% (n = 1514)
ASQ:SE 36	Positive	1.7% (n = 5)	98.3% (n = 286)
	Not Positive	0.4% (n = 5)	99.6% (n = 1232)
PSC-17	Positive	7.6% (n = 28)	92.4% (n = 341)
	Not Positive	2.7% (n = 293)	97.3% (n = 10,732)

# Initial Conclusions

- With adult patients in IM and FM practices, ACEs screening is identifying a group of patients that the other BH screens are not identifying.
- With pediatric patients, this is not the case.
- And this led us to ask...

## **ACEs Project Results Summary: PEDIATRIC PATIENTS – Universally Administered**

Research Question: How does ACEs compare to other behavioral health screen?

*Table 1. Summary of ACEs Percent Match with other Behavioral Health Screens*

Screeners		ACEs (positive = 2+)	
		Positive	Not Positive
ASQ 12	Positive	11.4% (n = 20)	93.3% (n = 279)
	Not Positive	3.2% (n = 50)	96.8% (n = 1495)
ASQ 24	Positive	7% (n = 16)	93% (n = 211)
	Not Positive	5.4% (n = 82)	94.6% (n = 1441)
ASQ 36	Positive	13.4% (n = 39)	86.6% (n = 252)
	Not Positive	5.8% (n = 72)	94.2% (n = 1165)
PSC-17	Positive	27.6% (n = 102)	72.4% (n = 267)
	Not Positive	12.4% (n = 1369)	87.6% (n = 9656)

## Recommendations

- Adult patients
  - Practices can feel confident continuing to screen adults universally at health maintenance visits
- Pediatric patients
  - TIC team plans to conduct two types of PDSAs at FCC and CHCC:
    - test lowering the cutoff to 2 ACEs
    - screening parents in addition to child

## Lessons Learned: ACEs

- Have to do a PDSA in each type of practice
- Have to do a PDSA in each population/department/specialty
- Understand the electronic medical records experience of each type of provider and specialty
- Have everyone do their own ACEs so they can engage their avoidance and discomfort, so when patients are uncomfortable they know how to navigate it

## Lessons Learned

- Universal ACES screening can identify children at risk within primary care
- Interdisciplinary collaboration is critical
- Parents are likely under reporting
- Be mindful of how & where you ask parents to complete the screen
- Keep asking the questions

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## T.I.C. Train the Trainer, Reducing Bias, & Continued Growth

**Dana E Crawford, PhD**  
Director of the T.I.C. Program

# Goals

- Infuse culture
- Sustain and onboard new team members
- Infuse resiliency
- Evaluation

## Overview of TIC Topics

*multiculturalism  
infused  
throughout*

- Module 1: Introducing TIC – Understanding of Stress & Trauma
- Module 2: Manifestations of Trauma
- Module 3: Screening for trauma: ACEs
- Module 4: Burnout, Secondary traumatization, Vicarious trauma



What about culture?

Culture is the silent  
participant in every  
interaction

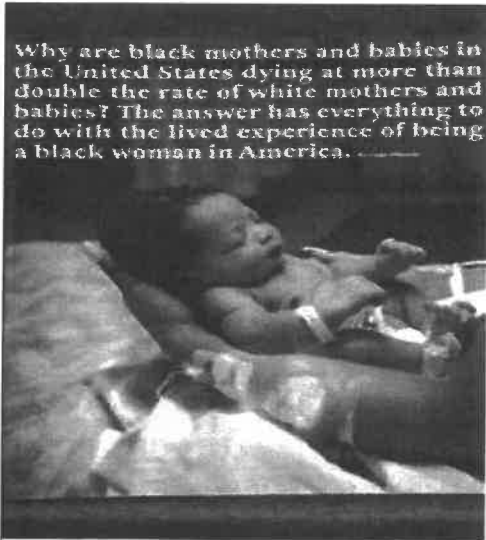
12 year and culture

## Culture guides...

- If we survive being born
- Where we are born
- What relationships we have
- Our education
- Our employment
- Our health
- Our finances
- Our lives



Why are black mothers and babies in the United States dying at more than double the rate of white mothers and babies? The answer has everything to do with the lived experience of being a black woman in America.



## Racism killing Black Women and Babies

# Overview of TIC Topics

Module 1: Introducing TIC – Understanding of Stress, Trauma & Cultural Bias, Prejudice and Racism

Module 2: Manifestations of Trauma & Cultural Biases

Module 3: Burnout, Secondary traumatization, Vicarious trauma & coping with institutionalized biases

Module 4: Screening for trauma: ACEs & Exploring intersections of trauma and culture

Module 5: Culture awareness, ACEs & TIC experiential learning

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY

## TIC while reducing cultural bias

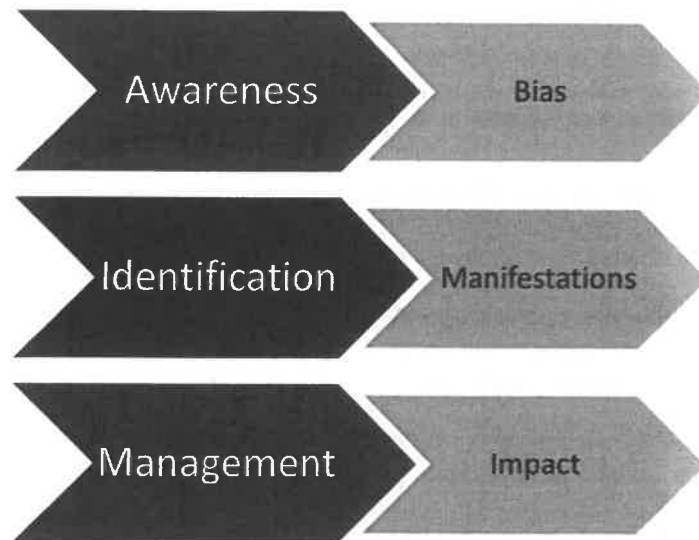
- Shared Language
- Foundational understanding of trauma and healing
- Understanding of the nature and impact of trauma
- Understanding racial and cultural disparities and insidious trauma

**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YESHIVA UNIVERSITY



# Crawford Bias Reduction Training (CBRT)



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YERUSHKA UNIVERSITY

## Vignette: The Robinson Family

The Robinson Family

- **Lisa 35 y/o**
- **Jared 36 y/o**
- **Michael 4 y/o**
- **Gabby 2 y/o**

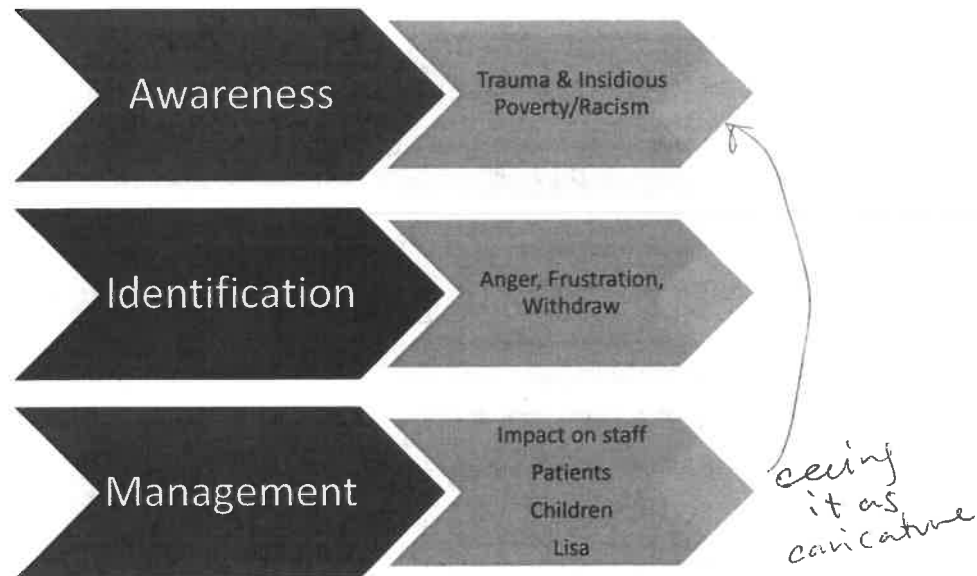
**What is wrong with her?**



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF YERUSHKA UNIVERSITY

# Crawford Bias Reduction Training (CBRT)



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

## What happened to her?

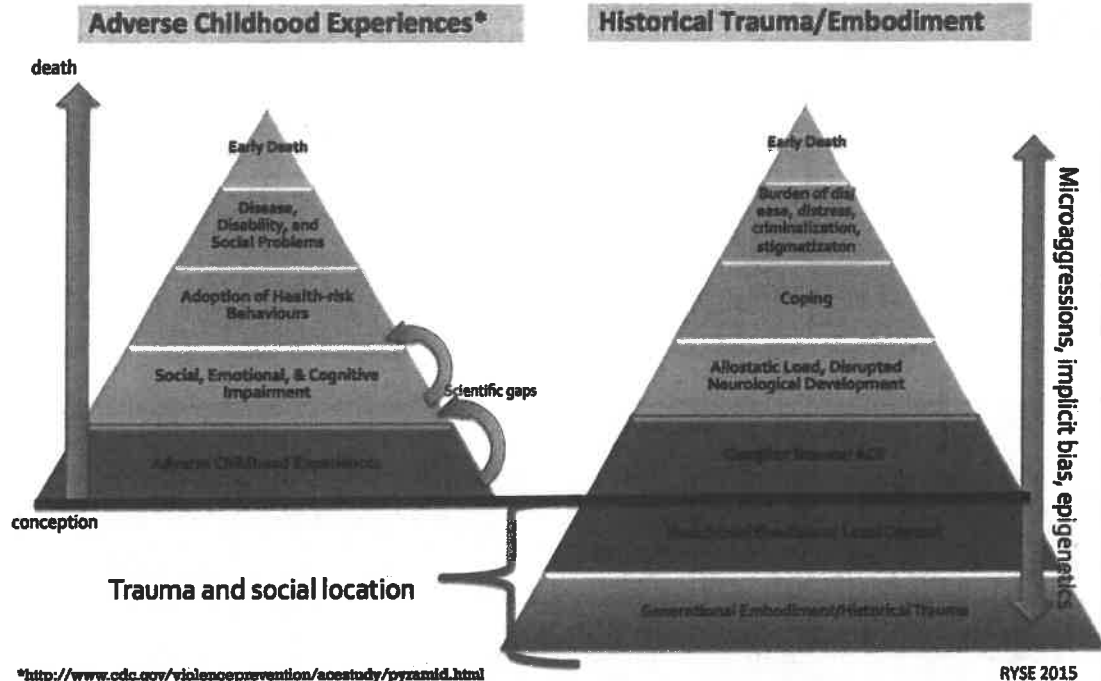
- Provides context
- Fosters compassion
- Helps us see strengths in the face of adversity
- Helps us respond more effectively



**Montefiore**  
THE UNIVERSITY HOSPITAL

**EINSTEIN**  
Albert Einstein College of Medicine  
OF Yeshiva University

# Trauma and Social Location



epigenetics → gg daughters of Holocaust survivors

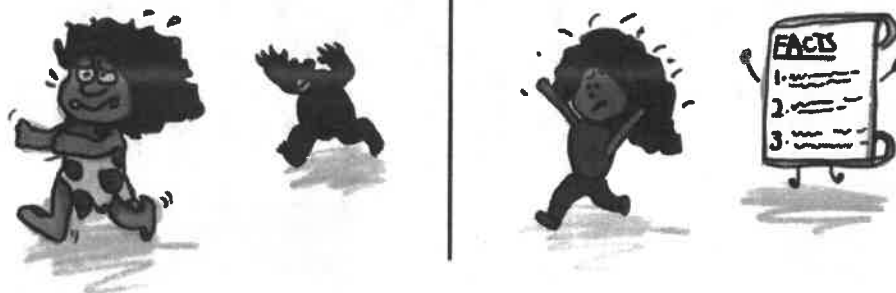
Privilege

White privilege  
**doesn't** mean your life  
 hasn't been hard;  
 it means that your skin  
 color isn't one of the  
 things making it **harder**.

"Getting together with a group of friends, burning crosses, or killing people is NOT racism, <sup>implicit</sup> bias or prejudice, it's psychosis"

## BIAS, PREJUDICE, RACISM & YOUR BRAIN

Your brain equates



Your brain's primary goal is self-protection. (Illustration: Lakshmi Mani)

# TRIGGERS

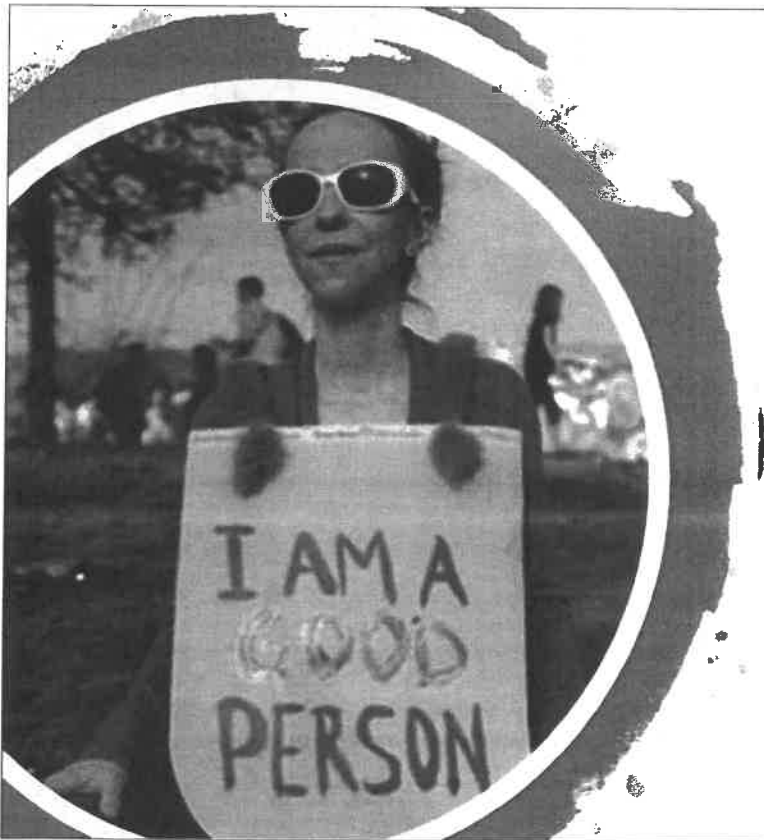
Patients and/or their families

Colleagues

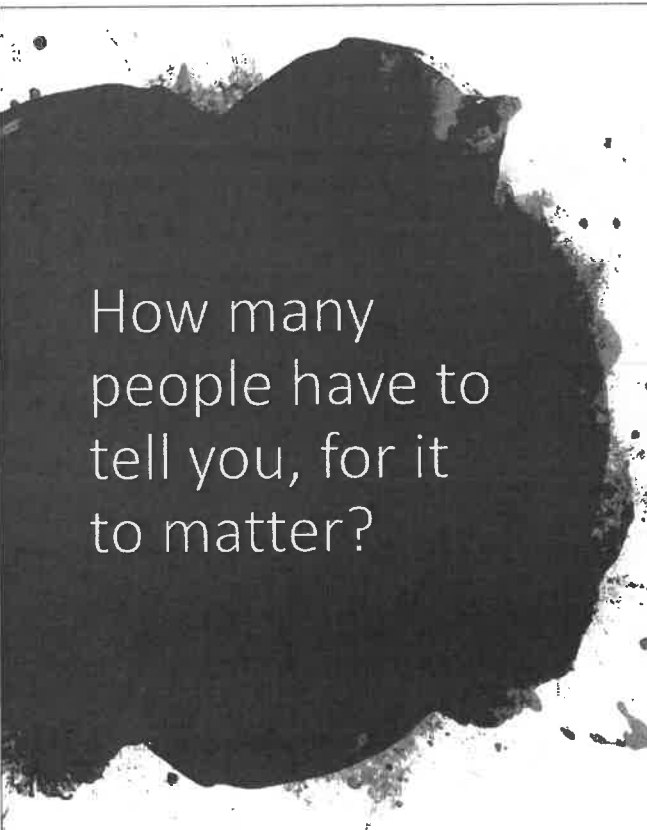
Administration

Supervisors

Supervisees



Culturally  
Biased  
**AND**  
a good  
person




How many  
people have to  
tell you, for it  
to matter?

- One



- If they matter to you



Focus on the experience,  
not on agreement

# Annual SUSTAIN AND ONBOARD NEW TEAM MEMBERS

Train-the Trainer Annual Summer training (BH tm, refresher, new content)

Fall site trainings

Update to online training modules → talent LMS

Recruit new CIM member

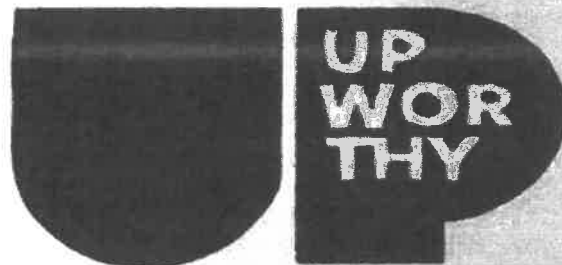
↓ mirrors & module

## RESILIENCY: A MESSAGE OF HOPE

from

STORY  
CORPS

&



## Reflection and next steps



We gained a better understanding of an important path in the woods, but we also want to understand the entire landscape

**Rahil Briggs** – Founder of Trauma-Informed Care Program at MMG

**Dana E. Crawford** – Program Director (Current)

**Miguelina German** – Trainer/Program Director (Past)

**Kathleen Dumpert** – Trainer/Content Expert

**Jayxa Alonzo Lopez** – Project Manager

**Alissa Mallow** – Content Expert

### **Steering Committee & Patient Advisory Committee**

- **Darlene O'Keefe**, Nurse, Astor
- **Eve Karkowsky**, Medical Director, Obstetrics & Gynecology, CFCC
- **Katie Dumpert**, Psychologist, Pediatric BHIP
- **Michael Rinke**, Medical Director of Pediatric Quality
- **Michelle Blackmore**, Project Director, CMMI BHIP
- **Namita Azad**, Transformation Manager, MMG
- **Nathalie Pierre**, Nurse, CFCC
- **Nicole Brown**, Pediatrician, FCC/ACES researcher
- **Nixon Pena**, PSR, FCC
- **Sarah Ricketts**, Medical Director, Behavioral Health Integration and Rehabilitation
- **Tamika Ayers**, Adult Patient, West Farms & Parent of Pediatric Patients, West Farms
- **Valerie T. Ward**, Assistant Director of Social Work, MMG
- **April Rivera**, Patient, MAP
- **Bernadine "Joey" Barnett**, Patient, WFFP
- **Maira Montero**, Patient, CHCC
- **Shoshanna Green**, Patient, Wakefield
- **Tamika Ayers**, Patient, WFFP
- **Tiffany Rodriguez**, Patient, FCC



**Robert Wood Johnson Foundation**



# Questions & Answers

For further information, please contact:

Dr. Dana E. Crawford

[dacrawfo@montefiore.org](mailto:dacrawfo@montefiore.org)

