Montefiore Site Visit
Center for Care Innovations

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

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Montefiore
The University Hospital

[Source: U.S. Census, U.S. Department of Labor, New York State Department of Health, NYC Department of Education]
Location and life expectancy

NEW YORK CITY
Short Distances to Large Gaps in Health

Life expectancy at birth (years)

Leadership
Buy-in and support from the top
TIC trainings
Trauma treatment
Critical Incident Response Team

Behavioral Health Team
Received psychoeducation about trauma
Encouraged to pursue wellness, Burnout prevention
Assessed trauma via ACEs screening

Workforce
PCPs, nurses, front desk staff
Assessed patient experience of Montefiore's TIC environment

Patient Experience
Participated in Patient Advisory Committee

Goal
To change attitudes and behavioral responses to trauma
1000+ staff
20 practices
300,000 patients
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

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
Abbreviated – Module #1

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

Abbreviated – Module #1

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

From Burnout to Vicarious Traumatization
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
ORGANIZATIONAL TRAUMA

EXAMPLES OF POTENTIALLY TRAUMATIC EVENTS

Suicides  Homicides  Other patient or staff deaths
Lawsuits  Loss of funding  Patient or staff injuries

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

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.

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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?
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?
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
A patient (ages 4-18 years) presents for their annual well visit.

Review medical record to determine if any screenings are due for the patient.

Distribute: ACEs to caregivers of patients age 1-17

Collect form from caregiver. If not completed, re-distribute to caregiver.

Enter total score into medical record

Review scores in medical record

IF NO
Discuss screening with caregiver/patient. Repeat screening at next annual visit.

IF YES
Discuss next steps with caregiver/patient & document follow up plan, involving behavioral health providers in line with their care protocols.

IF NO
Are there concerning scores?

PCPs

Nursing

Front Desk Staff

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 MONTEFIORTE, NOS IMPORTA SU SALUD EMOCIONAL Y FÍSICA. LE PREGUNTAMOS A TODOOS...

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 BHP, para conectarse con ayuda, hoy.

AT MONTEFIORTE, 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 BHP, a program that will connect you with help, today.
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 crosssed 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?

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Total Number of Parent "YES" Answers Here: ________

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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 crosssed 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 in 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 he/she 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 is NO ONE 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?

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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.”

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?”
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?"

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

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
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

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**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*

<table>
<thead>
<tr>
<th>Screener</th>
<th>ACEs</th>
<th>Positive</th>
<th>Not Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(n = 62)</td>
<td>(n = 124)</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>33.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Not Positive</td>
<td></td>
<td>9.3%</td>
<td>90.7%</td>
</tr>
<tr>
<td>5Q PHQ2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>30.5%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Not Positive</td>
<td></td>
<td>8.2%</td>
<td>91.8%</td>
</tr>
<tr>
<td>5Q GAD2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>16.3%</td>
<td>83.7%</td>
</tr>
<tr>
<td>Not Positive</td>
<td></td>
<td>8.8%</td>
<td>91.2%</td>
</tr>
<tr>
<td>5Q ALCOHOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>16.3%</td>
<td>83.7%</td>
</tr>
<tr>
<td>Not Positive</td>
<td></td>
<td>8.8%</td>
<td>91.2%</td>
</tr>
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</table>
## 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

<table>
<thead>
<tr>
<th>Screener</th>
<th>Positive</th>
<th>Not Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5Q PHQ2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>48.1% (n = 39)</td>
<td>51.9% (n = 42)</td>
</tr>
<tr>
<td>Not Positive</td>
<td>19.1% (n = 221)</td>
<td>80.9% (n = 892)</td>
</tr>
<tr>
<td><strong>5Q GAD2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>49.1% (n = 26)</td>
<td>50.9% (n = 27)</td>
</tr>
<tr>
<td>Not Positive</td>
<td>17.7% (n = 106)</td>
<td>82.3% (n = 492)</td>
</tr>
<tr>
<td><strong>5Q ALCOHOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>31% (n = 9)</td>
<td>69% (n = 20)</td>
</tr>
<tr>
<td>Not Positive</td>
<td>19.6% (n = 50)</td>
<td>80.4% (n = 205)</td>
</tr>
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</table>

## 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

<table>
<thead>
<tr>
<th>Screener</th>
<th>ACEs (positive = 4+)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Not Positive</td>
</tr>
<tr>
<td><strong>ASQ 3</strong></td>
<td>1.3% (n = 4)</td>
<td>98.7% (n = 255)</td>
</tr>
<tr>
<td>Not Positive</td>
<td>0.5% (n = 8)</td>
<td>99.5% (n = 153)</td>
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<tr>
<td>Positive</td>
<td>0.9% (n = 2)</td>
<td>99.1% (n = 225)</td>
</tr>
<tr>
<td><strong>ASQ:SE 24</strong></td>
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<td></td>
</tr>
<tr>
<td>Not Positive</td>
<td>0.6% (n = 9)</td>
<td>99.4% (n = 151)</td>
</tr>
<tr>
<td>Positive</td>
<td>1.7% (n = 5)</td>
<td>98.3% (n = 288)</td>
</tr>
<tr>
<td><strong>ASQ:SE 36</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Positive</td>
<td>0.4% (n = 5)</td>
<td>99.6% (n = 123)</td>
</tr>
<tr>
<td>Positive</td>
<td>7.6% (n = 28)</td>
<td>92.4% (n = 341)</td>
</tr>
<tr>
<td><strong>PSC-17</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Positive</td>
<td>2.7% (n = 293)</td>
<td>97.3% (n = 10,732)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Screener</th>
<th>ACEs (positive = 2+)</th>
<th>Positive</th>
<th>Not Positive</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Positive</td>
<td>11.4%</td>
<td>93.3%</td>
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<tr>
<td></td>
<td>(n = 20)</td>
<td>(n = 279)</td>
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<tr>
<td></td>
<td>Not Positive</td>
<td>3.2%</td>
<td>96.8%</td>
</tr>
<tr>
<td></td>
<td>(n = 50)</td>
<td>(n = 1405)</td>
<td></td>
</tr>
<tr>
<td>ASQ 24</td>
<td>Positive</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>(n = 16)</td>
<td>(n = 213)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Positive</td>
<td>5.4%</td>
<td>94.6%</td>
</tr>
<tr>
<td></td>
<td>(n = 82)</td>
<td>(n = 1441)</td>
<td></td>
</tr>
<tr>
<td>ASQ 36</td>
<td>Positive</td>
<td>13.4%</td>
<td>86.6%</td>
</tr>
<tr>
<td></td>
<td>(n = 39)</td>
<td>(n = 252)</td>
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</tr>
<tr>
<td></td>
<td>Not Positive</td>
<td>5.8%</td>
<td>94.2%</td>
</tr>
<tr>
<td></td>
<td>(n = 72)</td>
<td>(n = 1166)</td>
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<tr>
<td>PSC-17</td>
<td>Positive</td>
<td>27.6%</td>
<td>72.4%</td>
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<tr>
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<td>(n = 12)</td>
<td>(n = 267)</td>
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<td></td>
<td>Not Positive</td>
<td>12.4%</td>
<td>87.6%</td>
</tr>
<tr>
<td></td>
<td>(n = 136)</td>
<td>(n = 966)</td>
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</table>
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

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

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

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
Crawford Bias Reduction Training (CBRT)

Awareness  
Bias

Identification  
Manifestations

Management  
Impact

Montefiore
THE UNIVERSITY HOSPITAL

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
Crawford Bias Reduction Training (CBRT)

- Awareness
  - Trauma & Insidious Poverty/Racism
- Identification
  - Anger, Frustration, Withdraw
- Management
  - Impact on staff
  - Patients
  - Children
  - Lisa

What happened to her?

- Provides context
- Fosters compassion
- Helps us see strengths in the face of adversity
- Helps us respond more effectively
epigenetics $\rightarrow$ gay daughters of Holocaust survivors.

Privilege

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

*http://www.cdc.gov/violenceprevention/acestudy/pyramid.html*
“Getting together with a group of friends, burning crosses, or killing people is NOT racism, 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, refresh, new content)
Fall site trainings
Update to online training modules  → TALENT LMS
Recruit new CIM member

RESILIENCY: A MESSAGE OF HOPE

from

STORY CORPS & UP WORTHY
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

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Kathleen Dumport – Trainer/Content Expert
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• Eve Karkowsky, Medical Director, Obstetrics & Gynecology, CFCC
• Katie Dumpert, Psychologist, Pediatric BHIP
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Questions & Answers

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