



Montefiore
THE UNIVERSITY HOSPITAL

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

**Trauma
Informed Care (T.I.C.)
at
Montefiore Medical Center's
Primary Care Network**

Miguelina Germán, PhD

Disclosures

I have no disclosures.

Learning Objectives

1. Describe a 4-tier implementation approach to create buy-in from both practice leadership and “boots on the ground” staff in implementing trauma informed care (T.I.C.)
2. Utilizing Quality Improvement techniques to assist with T.I.C. implementation.
3. Share implementation “lessons learned” as it relates to:
 - T.I.C. for employees, as well as patients
 - The role of cultural bias reduction training
 - Evolution of our organization from:
 - ❖ trauma organized → trauma informed care → healing organization

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



















What is Trauma Informed Care?

Trauma-informed care approaches in healthcare:

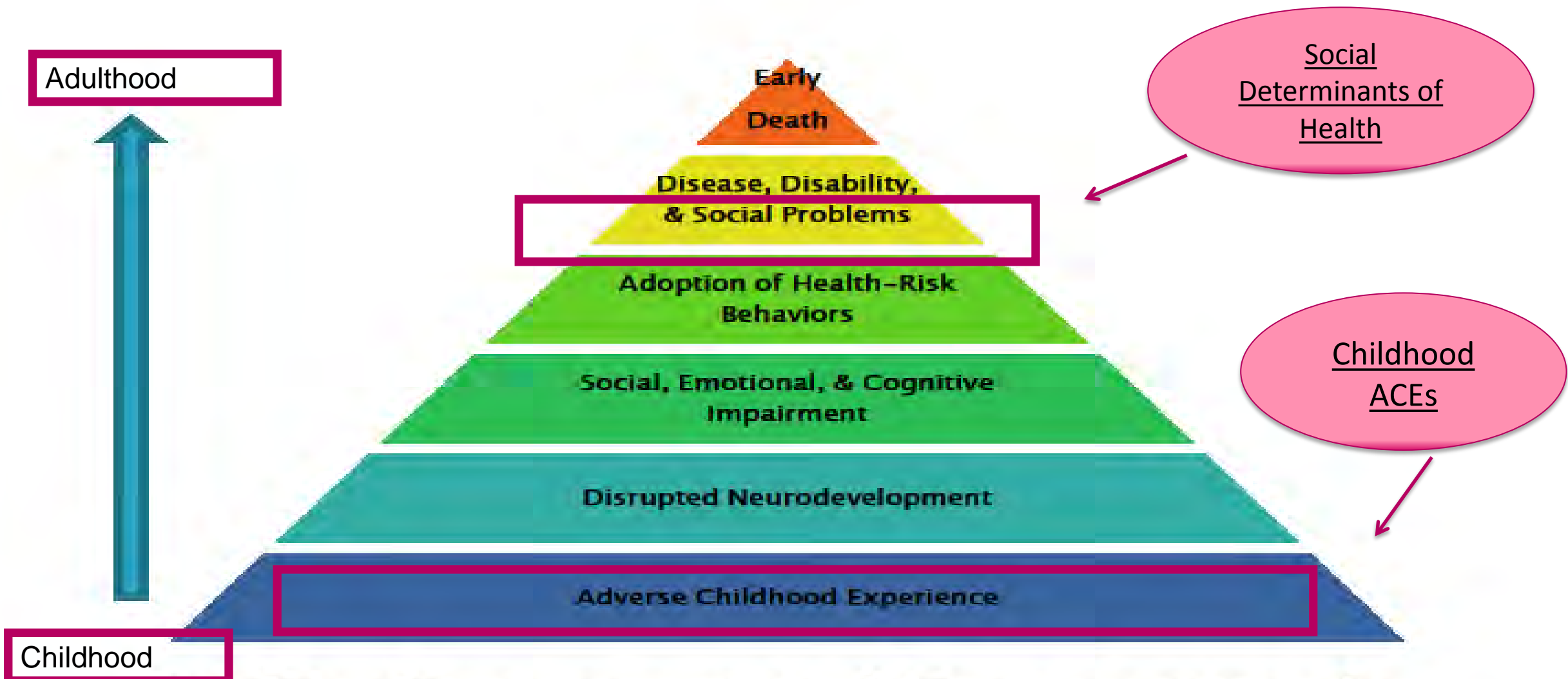
- Acknowledge the role of chronic stress and trauma on both patients and the workforce;
- Develop trainings and interventions to help the entire workforce shift the question from:
 - “*What is wrong with you?*”
 - to
 - **“What happened to you?”**



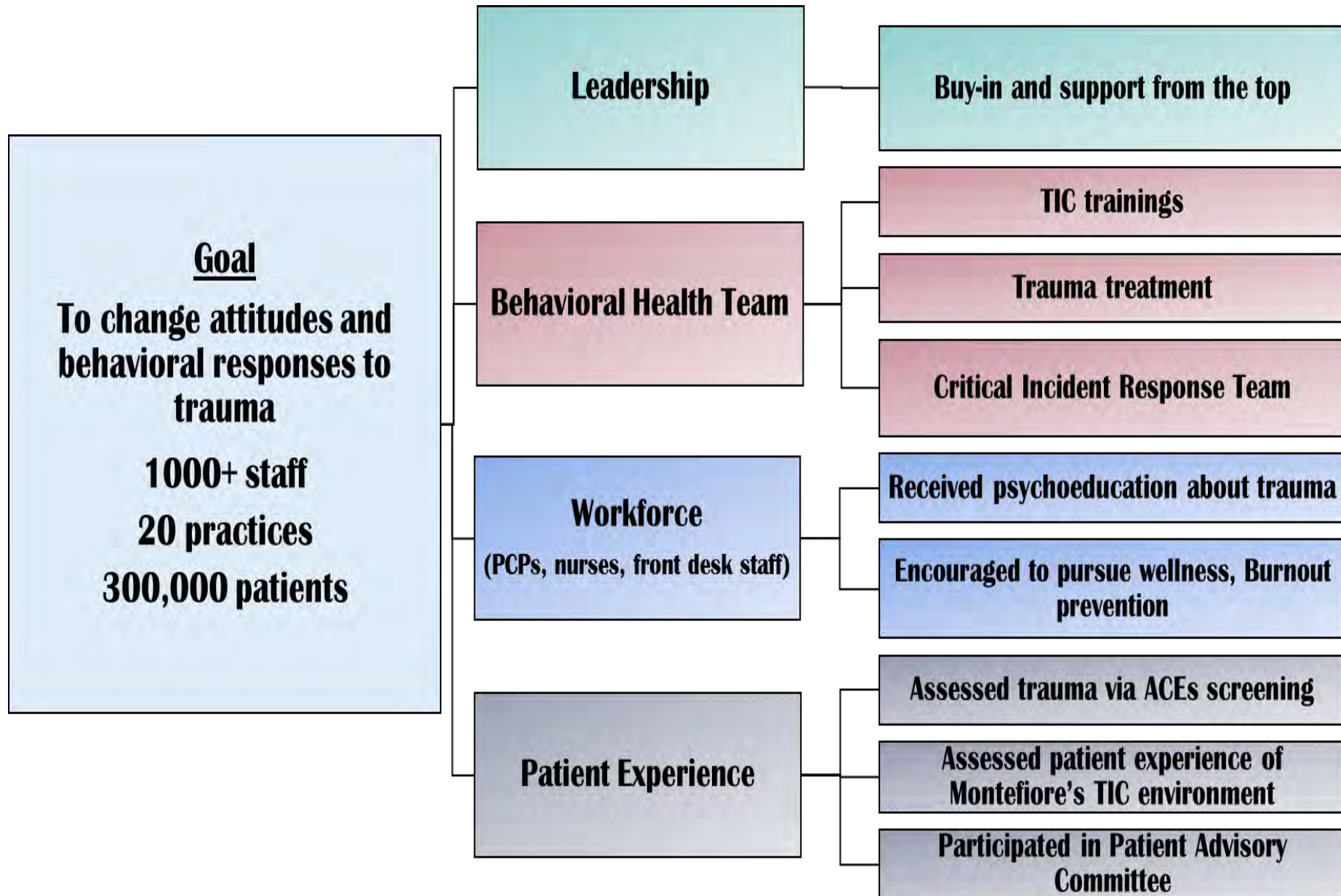
Why Screen for Trauma?

- Greater exposure to adverse experiences in childhood leads to greater risk for serious health problems and health-risk behaviors as adults...





ACEs Conceptual Framework



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

Abbreviated – Module #2

Trauma Trigger



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



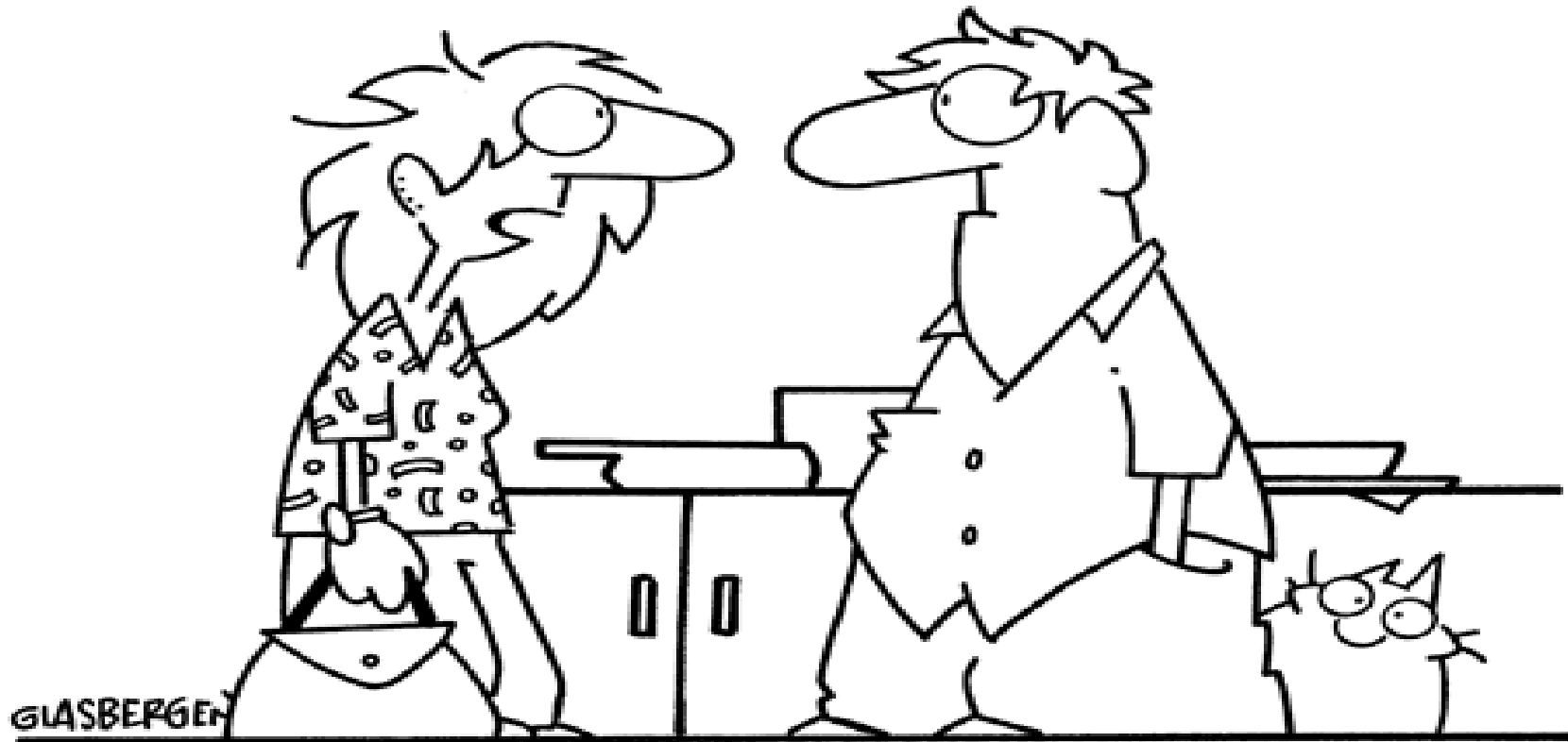
Counting your personal ACEs

- 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

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“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



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

ORGANIZATIONAL TRAUMA

Suicides

Homicides

Other patient or staff deaths

Lawsuits

Loss of funding

Patient or staff injuries

EXAMPLES OF POTENTIALLY TRAUMATIC EVENTS

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



TRAUMA ORGANIZED

- Reactive/Organizational Hyperarousal (Crisis driven)
- Reliving/Retelling
- Fragmentation/Us vs Them
- Interpersonal Conflict/Silo
- Organizational Disassociation/Amnesia
- Avoiding/Numbing
- Authoritarian Leadership



TRAUMA INFORMED

- Shared Language
- Foundational Understanding of Trauma and Healing
- Understanding of the nature and impact of trauma
- Understanding racial disparities and insidious trauma



HEALING ORGANIZATION

- Reflective
- Collaborative
- Culture of learning/Curiosity
- Making meaning out of the past
- Growth and Prevention Oriented (Conflict OK)
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

Abbreviated – Module #4– Universal ACEs screening

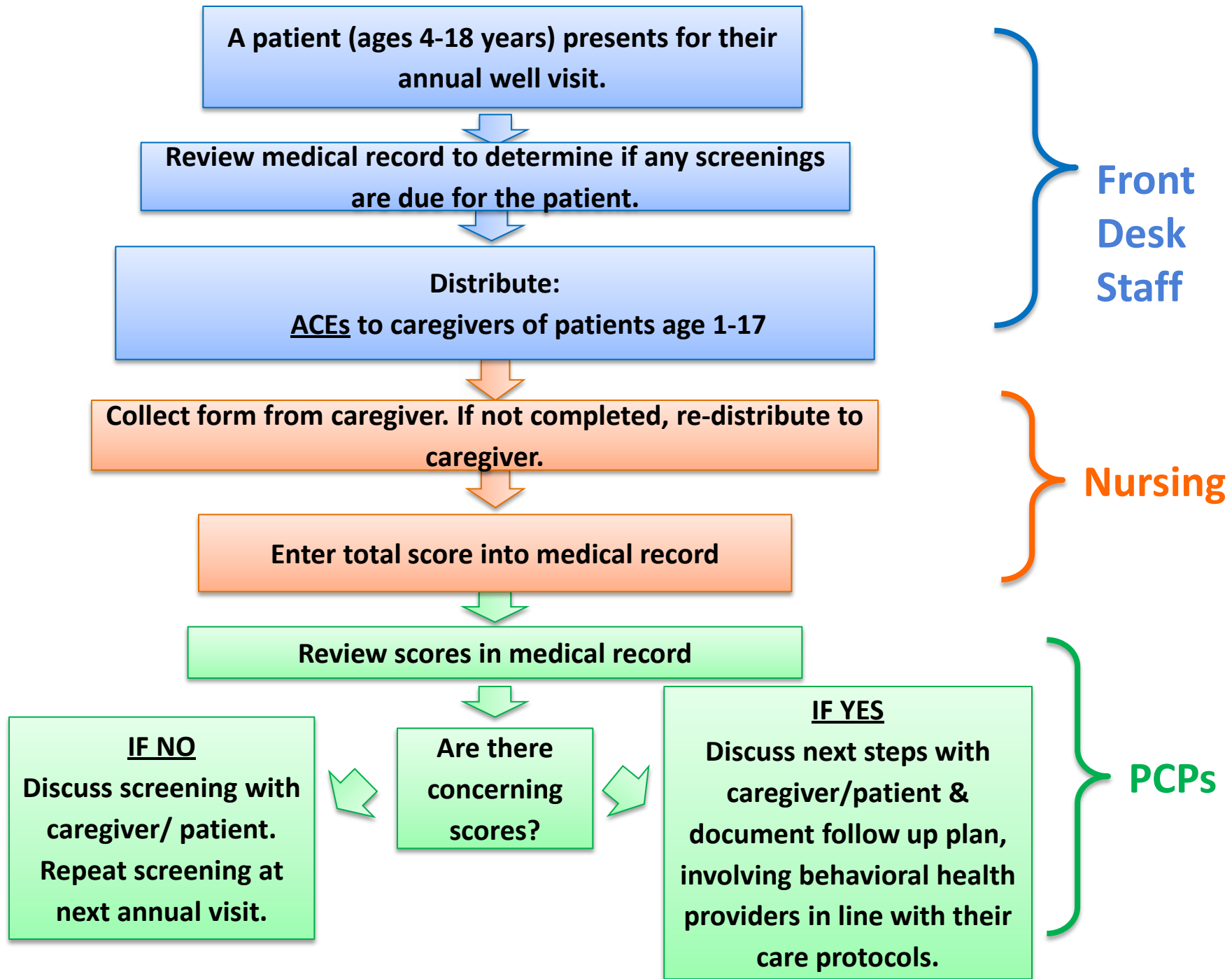
- We have 300,000 patients in our system.
- How can we feasibly screen so many patients in a universal way?
- We decided to involve our whole clinic team (front desk staff, nursing, PCP) and not have the BH specialists do it.
- **QUESTION: Can this work?**

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





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.



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.



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.



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

sobre el estrés y el trauma porque sabemos
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Entender su experiencia nos ayuda a
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médico acerca del programa BHIP, para
conectarse con ayuda, hoy.

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



- The original grant we wrote to fund T.I.C. at Montefiore **did not** include a critical incident management team.
- In the first year of implementation, **we avoided** having our employees complete their own ACEs.
- In our first 2 year effort to implement T.I.C. at Montefiore, **we did not** incorporate issues of culture and bias into the trainings while reducing cultural bias.



What about culture?

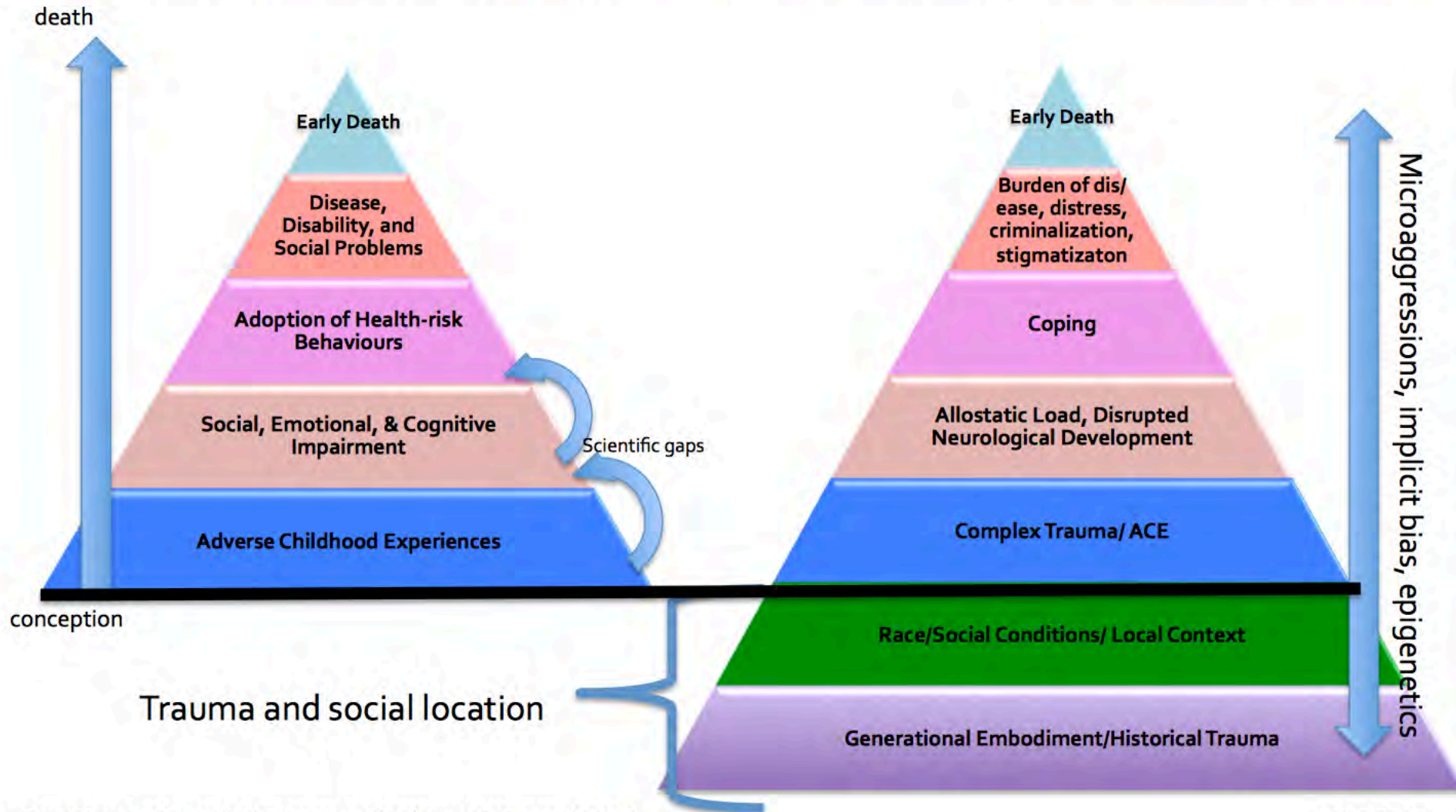
Culture is the silent participant in every interaction

Trauma and Social Location



Adverse Childhood Experiences*

Historical Trauma/Embodiment



*<http://www.cdc.gov/violenceprevention/cestudy/pyramid.html>

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

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

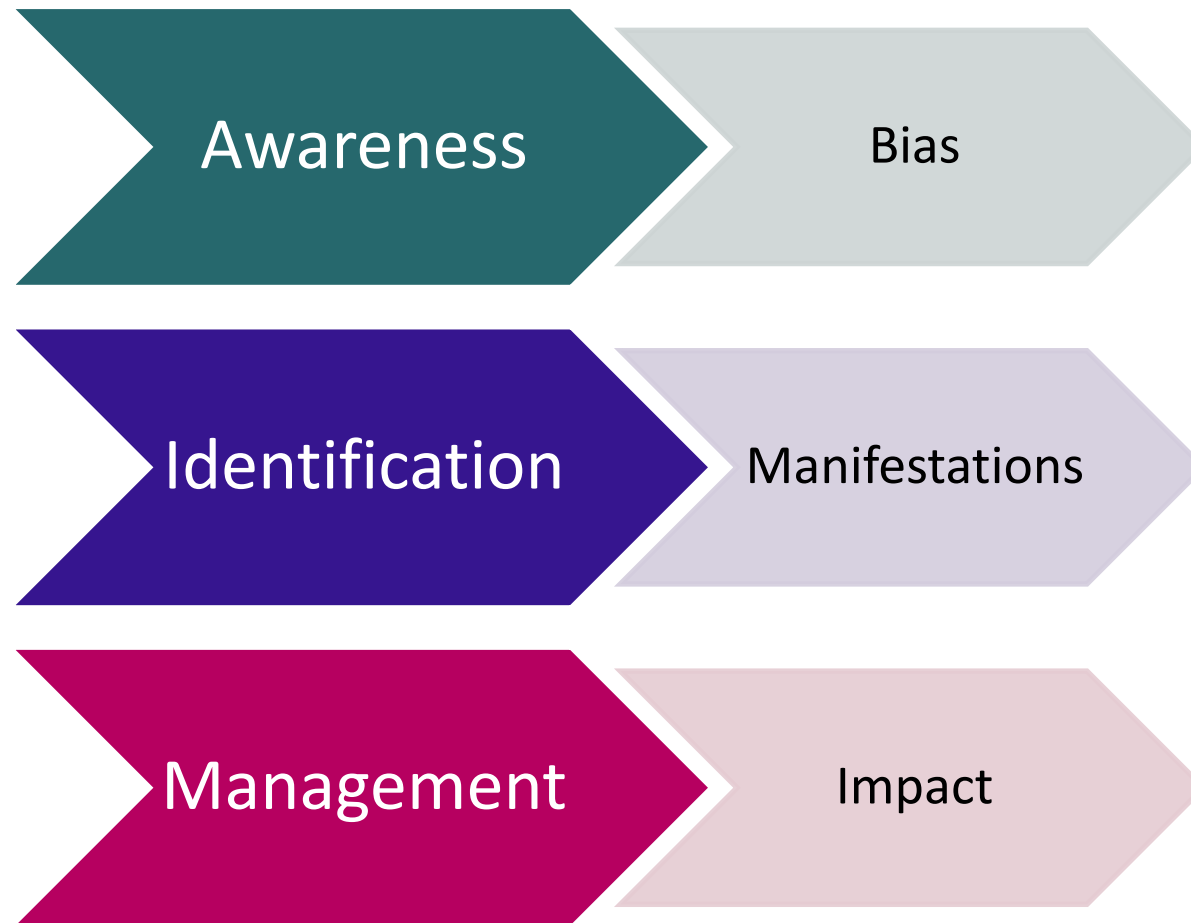
Module 4: Screening for trauma: ACEs & Exploring intersections of trauma and culture

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)



Vignette: The Robinson Family

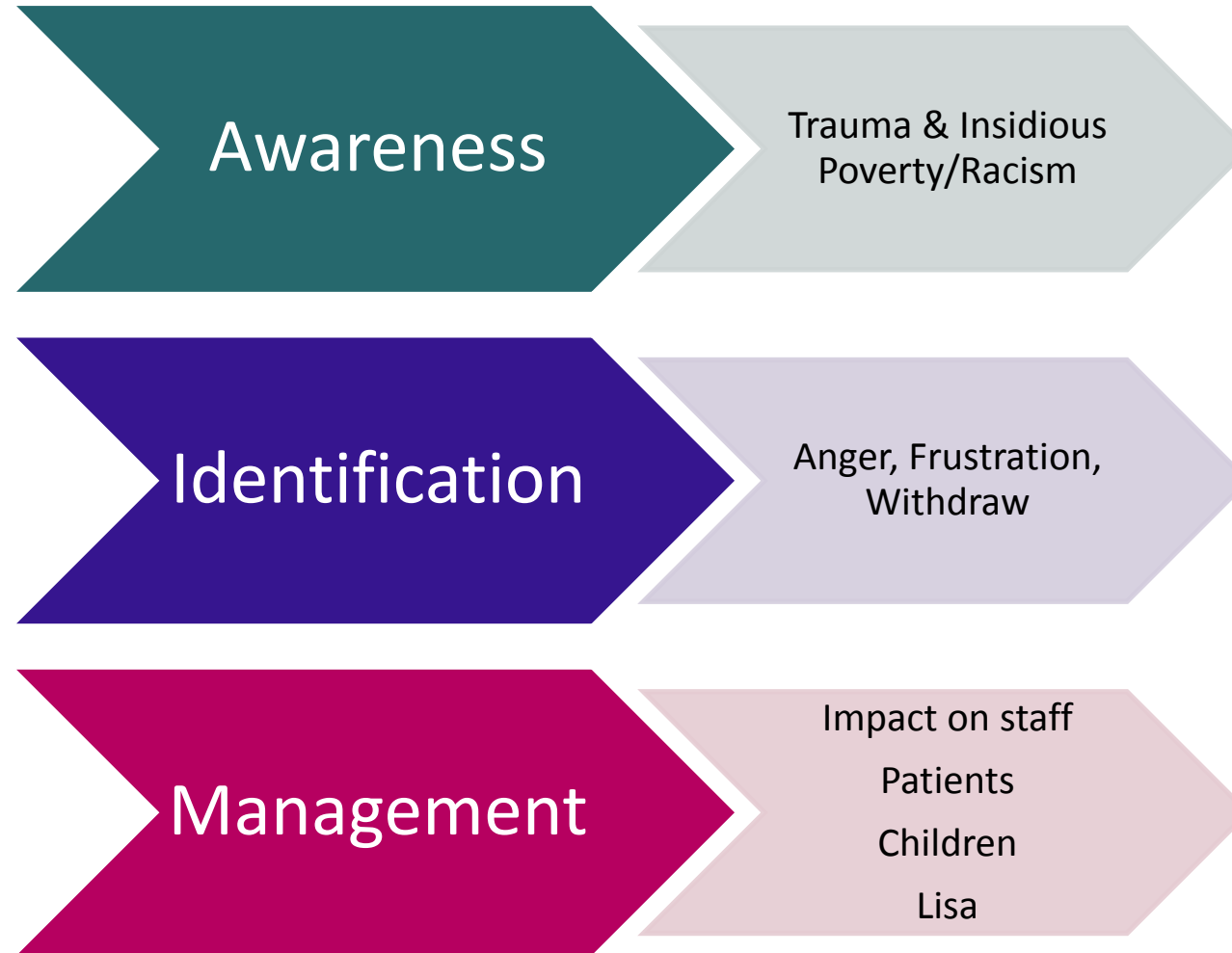
The Robinson Family

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

What is wrong with her?



Crawford Bias Reduction Training (CBRT)



What happened to her?

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

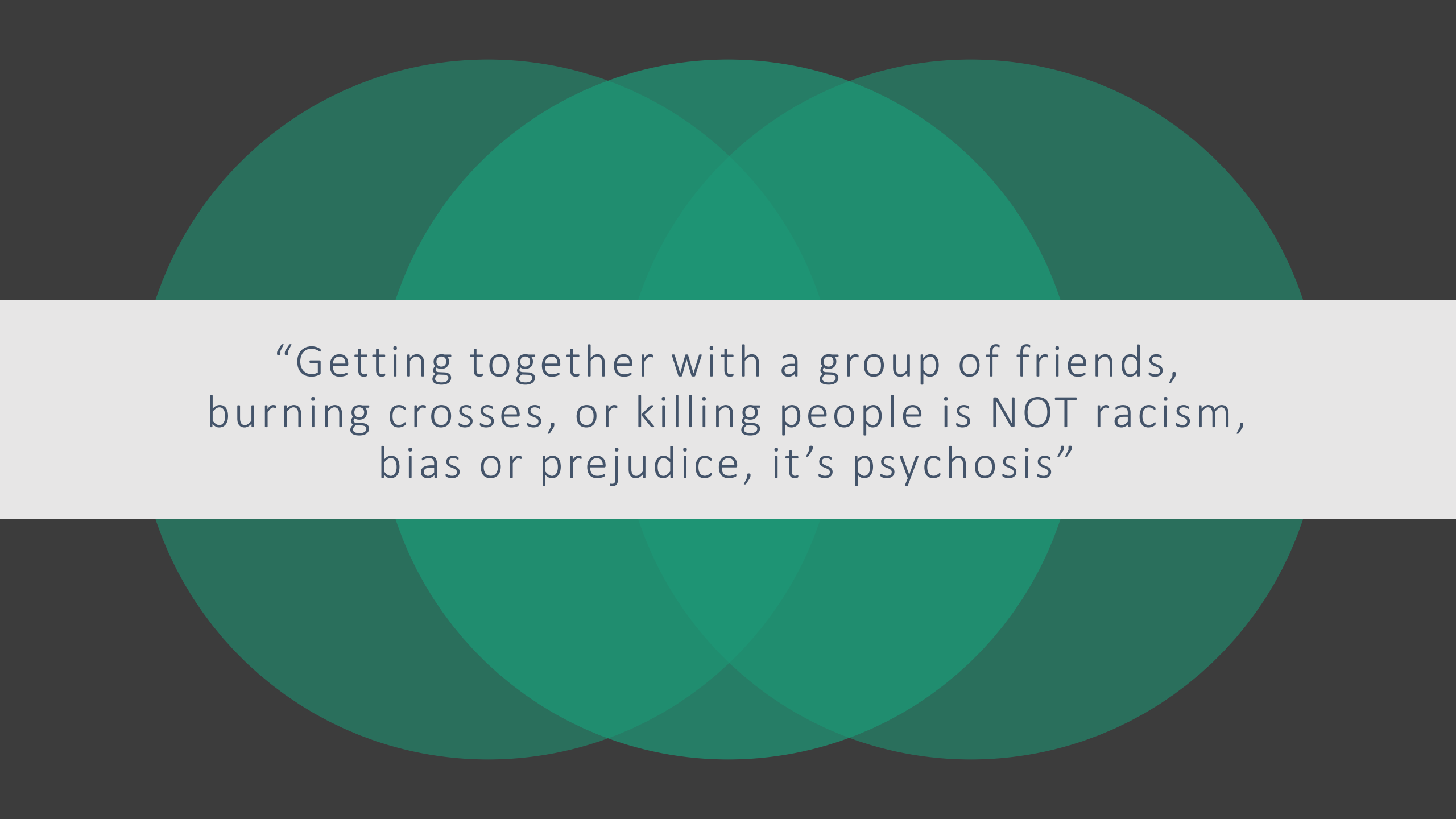




Culturally
Biased
AND
a good
person

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.**

The background features three overlapping teal circles of varying shades, arranged horizontally. A white horizontal band is centered across the middle of the circles, containing the text.

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

TRIGGERS

Patients and/or their families

Colleagues

Administration

Supervisors

Supervisees

HOW DO WE KEEP OUR TRAUMA INFORMED CARE PROGRAM GOING AT MONTEFIORE?

Annual Training Institute

Train-the Trainer approach

Conduct trainings for primary care practices yearly

Update to online training modules

Recruit new Critical Incident Team members

Reflection and next steps



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

The Trauma-Informed Care team at Montefiore



Dr. Dana E. Crawford, Program Director

Dr. Miguelina Germán, Former Director, TIC Trainer

Ms. Jayxa Alonzo, TIC Program Manager

Ms. Kim Keller, Research Assistant

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

Dana E. Crawford – Program Director (Current)

Miguelina German – Trainer/Program Director (Past)

Brittany Gurney – Trainer/Content Expert

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 about Montefiore's Trauma Informed Care Program, please contact:

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