

# Addressing Trauma with Collaborative Care

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**Participants will increase comfort using Collaborative Care as treatment approach to address trauma.**

**Participants will:**

- 1. Understand why it is important to address trauma in Collaborative Care.**
  - 2. Increase knowledge of screening and diagnosing trauma-related conditions**
  - 3. Learn 3 interventions they can use with patients to help them cope with trauma-related symptoms.**
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# I believe that it is appropriate and effective to treat trauma using Collaborative Care

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True

False

Only in certain circumstances



# Why talk about Trauma and Collaborative Care?

- As many as 1 out of every 6 people report a history of traumatic experiences. \*
- 83% of patients with an anxiety disorder diagnosis report experiencing at least one traumatic event.\*
- History of traumatic experience is directly connected to chronic health conditions.\*
- Patients come to primary care seeking help for symptoms that may be related to traumatic histories.

Poll: What are symptoms you have seen patients report in primary care that may be related to a history of traumatic events?

\* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851399/>

\* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC181217/>

\* [https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1135&context=nursing\\_dnp\\_capstone](https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1135&context=nursing_dnp_capstone)

# Patient Symptoms in Primary Care



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# PTSD

Post Traumatic Stress Disorder

**Nightmares**  
**Guilt**  
**Intrusive Memories**  
**Poor Judgment**  
**Survivor Guilt**  
**Loss of Interest & Motivation**  
**Flashbacks**  
**Insomnia**  
**Anxiety**  
**Avoidance**  
**Startle Reflex**  
**Lack of Feelings**  
**Poor Self-Esteem & Negative Self Image**

**Poor Concentration & Short Term Memory**  
**Helplessness**  
**Depression**  
**Hopelessness**  
**Apathy**  
**Emotional Numbing**  
**PHYSICAL: Arthritis, Ulcers, Cardiac, Diabetes**  
**Mistrust**  
**Communication Problems**  
**Stress**  
**Isolation**  
**Irritability**  
**Anger & RAGE**  
**Frustration**  
**Hypervigilance**

# Screening/Asses

- PTSD Checklist for DSM-5 (PCL-5)
  - helps identify symptoms related to PTSD diagnosis
- Generalized Anxiety Disorder (GAD7)
  - Can be used as a screening tool at the beginning of treatment for improvement.
- Clinical interview
  - Ask about trauma history in words that are understandable, such as "life threatening situations that they did not interpret as good for you and I to both be aware of."
  - Encourage patient not to dive in to the traumatic details of care, in order to build a foundation of safety and trust.

"Have you experienced an event that felt very frightening or life threatening? Examples might be abuse, a car accident, a medical trauma, combat, or another event that was very upsetting.

You do not have to talk about the details today, But if there is something like that that has happened it can sometimes link to present day symptoms and would be good for you and I to both be aware of."

# Differential Diagnoses

## Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD)

- Characterized by exposure to actual or threatened death, serious injury, or sexual violence, followed by the development of intrusion symptoms, persistent avoidance of stimuli associated with the trauma, negative alterations of cognitions and mood, and marked alterations in arousal and reactivity.
- PTSD and ASD are differentiated based on DURATION.
  - ASD: 3 days to 1 month after exposure to the traumatic stressor.
  - PTSD: duration of the response pattern in PTSD is more than 1 month.
- Can co-occur with anxiety, depression, substance use, and other conditions.

## Adjustment Disorders

- Used when the response to an extreme stressor does not meet the criteria for PTSD or ASD (or another specific mental disorder) when the symptom pattern of PTSD or ASD occurs in response to a nontraumatic stressor (e.g., spouse leaving, being fired).
- Note that not all insurance companies will cover CoCM for adjustment disorders

# Treatment Strategies

- Use the Core Components of Collaborative Care
  - Evidenced Based Practice
    - **Psychoeducation**
    - **Anxiety Management/Self-Regulation**
    - Behavioral Activation
    - Cognitive Behavioral Therapy
    - Exposure Therapy
    - Cognitive Behavioral Therapy for Insomnia
  - Team Based Care
  - Treat to Target

# Treatment Strategies

## PSYCHOEDUCATION

### NORMALIZATION

- Help patient understand how trauma can impact present day symptoms.
- Explain treatment options and how they can help.
- Normalize symptoms and experiences and explain what is happening so it is less frightening.

# Treatment Strategies

## PSYCHOEDUCATION

### PHYSIOLOGICAL RESPONSES

- Natural protective systems in our bodies
- Sympathetic nervous system
  - Releases stress hormones
  - Causes feelings of being on edge, startle response, hypervigilance
- Brain is hardwired to remember stimuli from threatening situations
  - May cause emotional reaction to smells, sounds, time of day, and other stimulus.
  - Can re-train when out of danger

# Treatment Strategies

## Anxiety Management/Self-Regulation

### DEEP BREATHING

- 4-7-8 Breathing: breathe in for 4 seconds, hold the breath for 7 seconds, and exhale for 8 seconds.
- Staggered Breathing: inhale, pausing several times at the belly button, torso, and collarbone, then exhale slowly and deeply.
- Bubble Breaths: inhale deeply, then blow out slowly as though you are blowing the biggest bubble you can.

# Treatment Strategies

## Anxiety Management/Self-Regulation

### MINDFULNESS

- 5 Senses Mindfulness: Identify 5 things around you that you can feel, see, hear, smell, and taste. Focus on grounding (toes in shoes, support of floor or chair)
- Rainbow Strategy: Look around your environment and notice 3 things of every color in the rainbow.

# Treatment Strategies

## Anxiety Management/Self-Regulation

### GUIDED IMAGERY

- Containment:
  - I want you to bring some sort of secure container to your mind's eye, perhaps in this room, or in another secure place. This container will be strong enough to hold all this disturbing stuff – the memories, images, thoughts, physical sensations, sounds, smells, emotions.
  - What would this container have to be like in order to securely hold your distress? (e.g. *a safe, office drawer, shipping container, crate,*) Can you describe it to me? What is it? What colour is it? How big is it? What does it look like? What is it made of? What makes it safe and secure?
- Safe Place
  - Think about an experience you have had, or a place you have been or imagine being that feels safe or calm. Perhaps being at the beach or in the mountains or engaging in an activity you enjoy. What comes to mind?
  - What image represents this place or activity? Describe what you see.

# Treatment Strategies

## LEVERAGE TEAM BASED CARE

- Talk with PCP about historical context
- Collaborate with psychiatric consultant for possible medication suggestions

# Treatment Strategies

TREAT TO TARGET

- Administer surveys such as GAD7 or PCL-5 at 1-2 week intervals
- Monitor for improvement
- Make treatment adjustments if current interventions are not making symptom and functional improvements.

## Additional Considerations

Always follow the patient's lead regarding additional information on managing present day symptoms, you may find they then, the traumatic content more directly.

Monitor closely for emotional flooding and sharing too much, to recall details about their trauma all at once and very early on, which can be very traumatizing. Sometimes they never come back after that appointment.

Watch for dissociation during the visit.

### Pause and Check In

“Let's pause for just a second. I feel so honored that you are trusting me with this part of your history, but I also want to make sure we go at a slow, safe pace and only discuss things as you are ready for it.

Let's check in- how is your anxiety? Can you feel the chair as you touch the arm rests right now? Can you feel your feet on the ground? Are you 100% with me here in the present or are you feeling a little discombobulated or dizzy? If so, those are signs that we are going a little too quickly and we can go back to using some of those coping techniques that we have learned together.”

# Additional Considerations

## Bridge to Speciality Trauma Treatment

Prolonged Exposure

Cognitive Processing  
Therapy

Eye Movement  
Desensitization and  
Reprocessing (EMDR)

For any of these treatments, self regulation and relaxation strategies are important components. *This process will already have been started through Collaborative Care.*

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## Questions?

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