UVM Project ECHO
Mental Health Advanced Series:
Trauma and Related Disorders

Course Directors: Sara Pawlowski, MD & Mark Pasanen, MD
ECHO Director: Patti Smith Urie

Series Faculty:

Krista Buckley, MD
Suzanne Kennedy, MD
Mark Pasanen, MD
Sara Pawlowski, MD
Corinne Roberts, MD

Didactic presentation is recorded. Registered participants will receive the link.

University of Vermont
Larner College of Medicine

Project ECHO®

Session Agenda

- Welcome
- Objectives
- Didactic Presentation (30-35 min)
  - Q&A
- Case presentation(s)
  - Clarifying questions
  - Discussion
- Closing Announcements
  - Topic and cases for next session
  - Feedback and evaluation

ECHO Model: All Teach, All Learn

Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- <u>This is not a webinar!</u> Participation is key

Case-based learning

- 1-2 participant cases each session using provided template
- Contact Mark Pasanen to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Recognize PTSD and trauma-related disorders
2. Incorporate the principles of trauma-informed care into daily practice
3. Implement evidence-based non-pharmacologic and pharmacologic treatment plans for patients with trauma-related disorders

CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

The University of Vermont has approved your application and designates each session a maximum of **1.5 *AMA PRA Category 1 credit(s)***™.

This program has been reviewed and is acceptable for up to **1.5 Nursing Contact Hours**.

The Robert Larner College of Medicine University of Vermont has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for **1.5 AAPA Category 1 CME credits**.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1.5 continuing education credits.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **1.5 MOC points** in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program; It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM or ABP MOC credit.

This activity was planned by and for the healthcare team, and learners will receive 1.5 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Complex PTSD

Corinne Roberts, M.D.

Attending Psychiatrist & Assistant Professor, UVMMC

March 5th, 2025

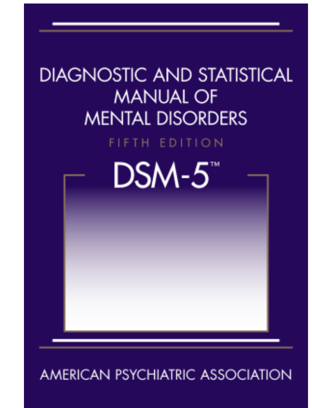
Session Objectives

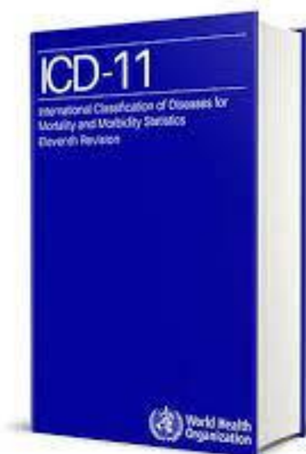
Learning objectives for this ECHO session include the ability to:

1. Understand history of complex PTSD diagnosis
2. Identify diagnostic criteria for complex PTSD
3. Understand the prevalence of complex PTSD
4. Review how trauma can lead to the development of complex PTSD
5. Differentiate complex PTSD from related diagnoses
6. Review treatment for individuals with complex PTSD

History of Complex PTSD

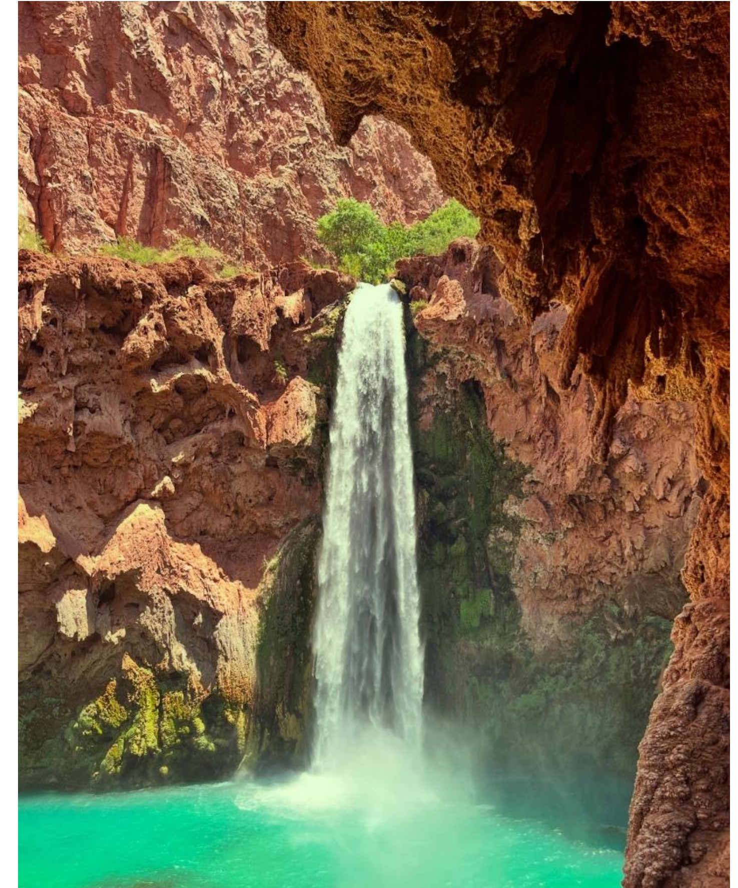
- PTSD in DSM-III in 1980
- Complex PTSD proposed to capture long-term consequences of prolonged, early trauma, such as child sexual abuse
  - Emotional dysregulation
  - Dissociation
  - Self-blame, guilt, shame
  - Inability to trust others
- In DSM-IV & DSM-V, PTSD expanded to include symptoms of complex PTSD
- In ICD-11 in 2018, complex PTSD separated from PTSD





Complex PTSD Definition

- "Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which **escape is difficult** or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse)"
- All diagnostic requirements for PTSD must be met in addition to "disturbances in self-organization," defined as difficulties in:
  - Affect regulation
  - Self-concept
  - Relationship functioning
- Startle reaction may be diminished rather than enhanced



PTSD (DSM-5, 2013)	PTSD (ICD-11, 2018)
A. Exposure to actual or threatened death, serious injury, or sexual violence	• Exposure to an extremely threatening or horrific event or series of events
B. Intrusions	• Re-experiencing
C. Avoidance	• Avoidance
D. Changes in cognitions and mood	
E. Arousal & reactivity	• Persistent perceptions of heightened current threat
F. Duration more than 1 month	• Must last for at least several weeks
G. Clinically significant distress or impairment of function	• Significant impairment in personal, family, social, educational, occupational, or other important areas of functioning
H. Due to event, not due to physiological effects of a substance or medical condition	

+ Dissociative subtype

+ Difficulties in:
-Affect regulation
-Self-concept
-Relationship functioning

Complex PTSD

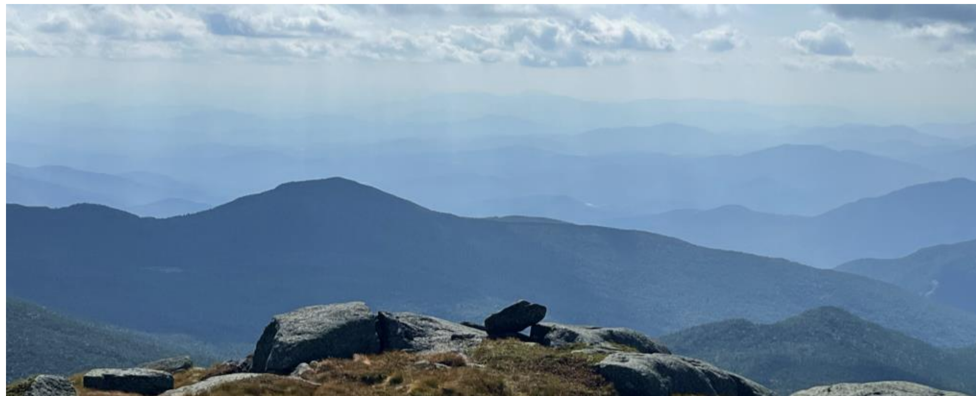
Prevalence in U.S.

- Childhood abuse is common-
  - Physical abuse: 10-31% men & 6-40% women
  - Sexual abuse: 3-29% men & 7-36% women
- In primary care settings, physical or sexual abuse in childhood reported by 20-50% of adults
- DSM-5 PTSD 6% prevalence
- Using ICD-11, 3.4% PTSD and 3.8% CPTSD (total 7.2%)

Impact of Trauma: Narrative

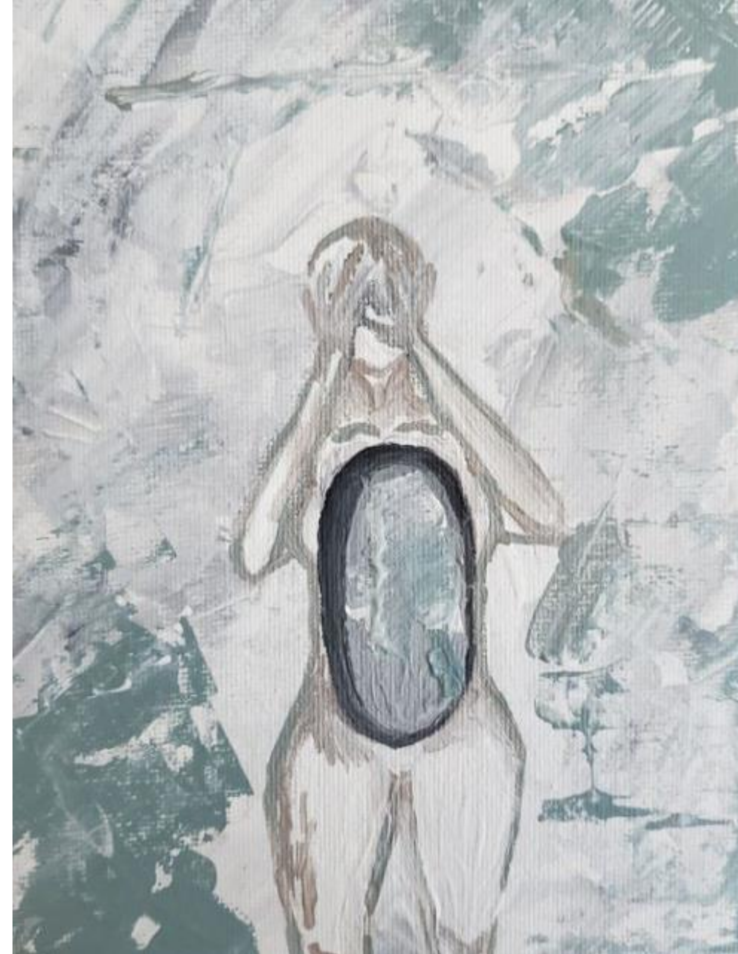
"The greatest damage done by neglect, trauma or emotional loss is not the immediate pain they inflict but the long-term distortions they induce in the way a developing child will continue to interpret the world and her situation in it. All too often these ill-conditioned implicit beliefs become self-fulfilling prophecies in our lives. We create meanings from our unconscious interpretation of early events, and then we forge our present experiences from the meaning we've created. Unwittingly, we write the story of our future from narratives based on the past."

- Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*



Impact of Trauma: Psychological

- Denial
- Dissociation
- Projection
- Rationalization
- Minimization
- Idealization
- Intellectualization
- Somatization



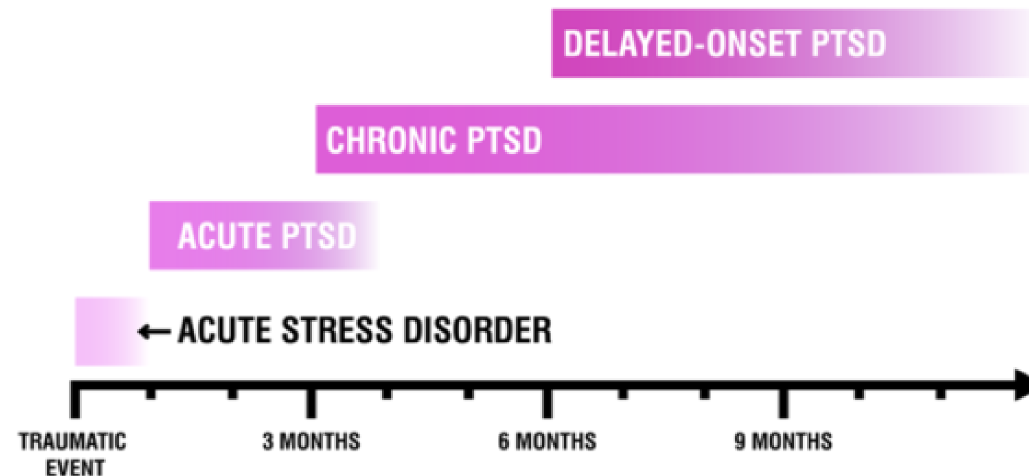
Avoiding the Void by Rebecca Nestor

Impact of Trauma: Biological

- Dysregulated cortisol levels
- Immune system dysregulation
  - Increased inflammation
  - Suppressed immune function
- Brain changes:
  - Amygdala: hyperactive
  - Hippocampus: underactive
  - Prefrontal cortex: underactive
- Nervous system changes:
  - Chronically overactive sympathetic nervous system
  - (fight or flight)
  - Dorsal vagal shutdown (freeze)
- Muscle tension & pain

Development of PTSD

- Onset of PTSD:
  - Commonly within a few months of traumatic event
  - 25% of people experience a delayed onset of 6 months or more
- Course of PTSD:
  - 1/3 patients recover within one year
  - 1/3 patients recover in 1-10 years
  - 1/3 patients still symptomatic 10 years after exposure



Risk Factors for C-PTSD

- Younger age
- Chronic, repetitive trauma
- Trauma inflicted by caregivers or trusted figures
- Feeling trapped or powerless
- Intensity of trauma
- Lack of social support
- Re-victimization
- Discrimination faced by marginalized groups

C-PTSD Presentation in Primary Care

Somatic symptoms without clear medical cause: chronic pain, GI issues, cardiovascular symptoms, sleep disturbances, fatigue

Stress-related conditions: hypertension & cardiovascular disease, diabetes & metabolic syndrome, autoimmune conditions, chronic pain syndromes

Psychiatric symptoms: anxiety, depression & suicidal ideation, emotional dysregulation, dissociation, poor concentration, negative self-identity

Behaviors: substance use, self-harm, eating disorders, overuse of pain medications

Difficulty with medical appointments

C-PTSD Presentation in Primary Care

- Children:
  - Cognitive difficulties impairing academic functioning
  - Regression
  - Aggressive behaviors
  - Difficulties relating to peers
  - Avoidance of emotions
  - Disorganized attachment
- Adolescents
  - Substance-use
  - Risk-taking behaviors
  - Aggressive behaviors
- Older adults:
  - Increased anxiety
  - Regret related to impact of trauma

Woosh by Pat Stacy

Assessing for Trauma

"Do you have a history of trauma in childhood, whether that's emotional, physical, sexual or all the above?"

If yes, …

"That sounds really difficult. Thank you for sharing that with me."

C-PTSD Presentation in Primary Care

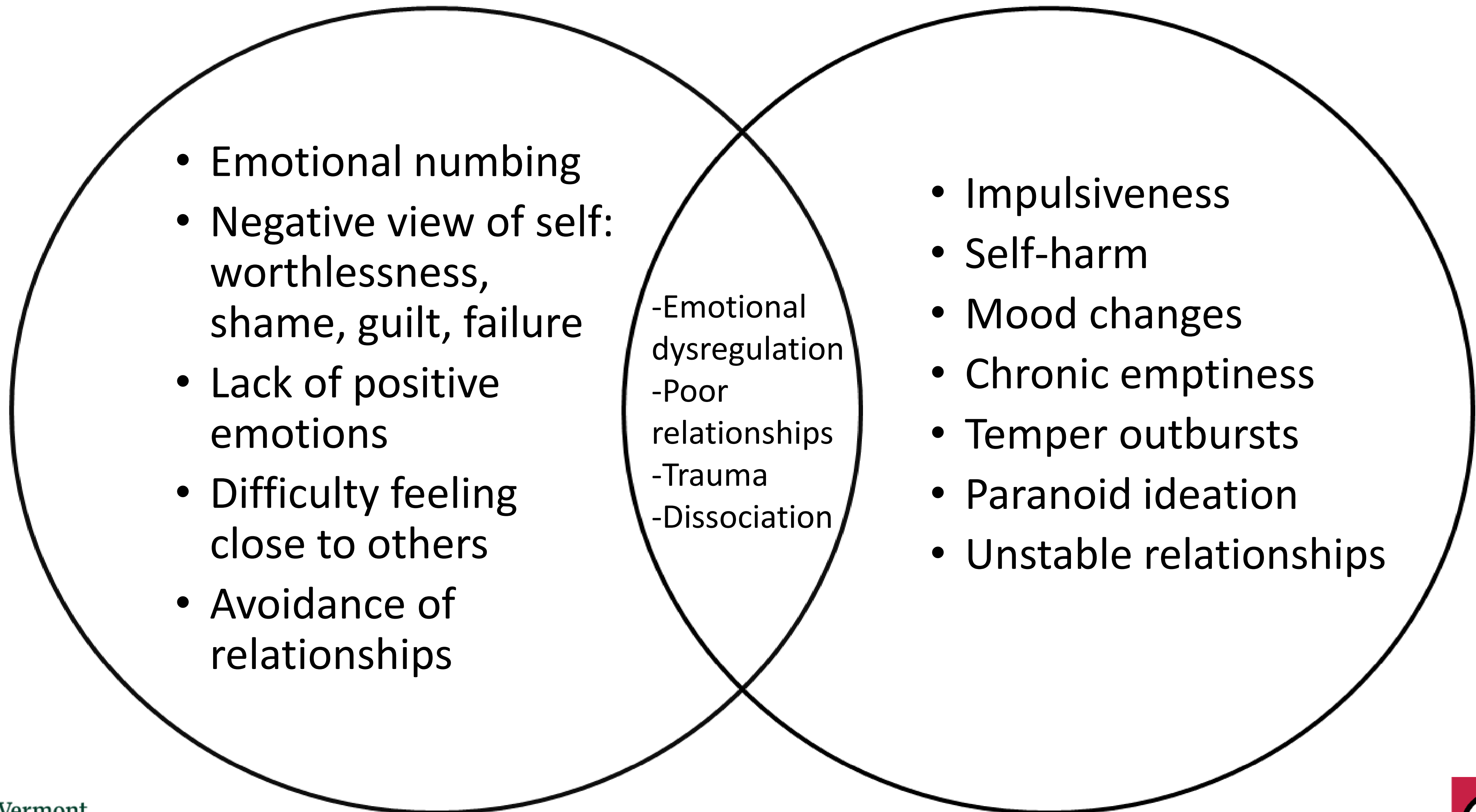
- “I really put off seeing a therapist for years.”
- “It wasn’t that bad.”
- “Others have it much worse than me.”
- “I just need to get over it.”
- “I don’t remember much from that time.”
- “They didn’t mean to hurt me; they did the best they could.”

Screening Tools

- PTSD: Clinician-Administered PTSD Scale (CAPS-5) and Posttraumatic Stress Disorder Checklist (PCL-5)
- Complex PTSD: International Trauma Questionnaire (ITQ): https://www.traumameasuresglobal.com/itq
  - 6 questions related to PTSD symptoms + 3 questions related to impairment (social, work, other)
  - 6 questions related to complex PTSD symptoms + 3 questions related to impairment (social, work, other)

How true is this of you?	*Not at all*	*A little bit*	*Moderately*	*Quit a bit*	*Extremely*
C1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
C2. I feel numb or emotionally shut down.	0	1	2	3	4
C3. I feel like a failure.	0	1	2	3	4
C4. I feel worthless.	0	1	2	3	4
C5. I feel distant or cut off from people.	0	1	2	3	4
C6. I find it hard to stay emotionally close to people.	0	1	2	3	4

Complex PTSD Borderline Personality



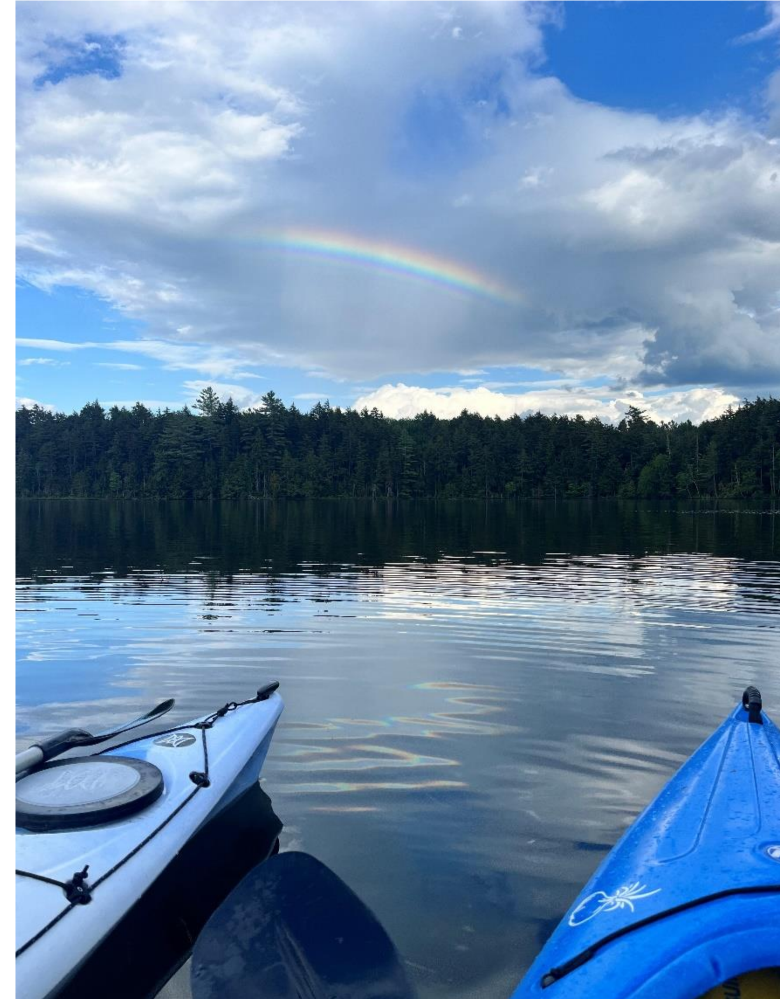
Differentiating CPTSD from borderline personality disorder and PTSD

Factor	CPTSD	BPD	PTSD
Traumatic event	Prolonged, repeated trauma	Emotional invalidation	Isolated traumatic event
Interpersonal style	Fluctuates with predominant avoidance	Pervasive unstable relationships	Relative stability
Defenses	Oscillates depending on threat	Immature	Mature
Psychotic symptom trigger	Threat of trauma or betrayal	Threat of abandonment	Threat of trauma
Sense of self	Negative self-perception	Alternating	Negative to intact
Response to emotional dysregulation	Trigger for anger, interpersonal conflict, or substance use	Trigger for self-harm	Relative stability

BPD: borderline personality disorder; CPTSD: complex posttraumatic stress disorder; PTSD: posttraumatic stress disorder

C-PTSD Treatment

- Relationship-building: empathy, validation, hype
- Trauma-informed care
- Psychoeducation & resources
- Treatment of co-morbidities & symptom management
- Psychotherapy for PTSD
  - Trauma-focused CBT
  - EMDR
  - Cognitive Processing Therapy
  - Prolonged Exposure Therapy
- Phases in psychotherapy:
  - Safety, alliance, and skill-building
  - Trauma processing
  - Moving toward a life less affected by trauma



Nervous System Regulation Techniques

- Feet on the floor
- Deep diaphragmatic breathing (4-7-8)
- Humming or singing
- Cold exposure
- Progressive muscle relaxation
- Butterfly hug

Summary

- Complex-PTSD is an ICD-11 diagnosis which includes PTSD criteria + difficulties in affect regulation, self-concept, and relationships (usually avoidant)
- Most commonly, people with complex PTSD experienced prolonged or repetitive traumatic events from which escape was difficult
- Trauma causes biological, psychological, and narrative changes which can contribute to the development of both physical and mental health conditions
- The primary treatment for complex-PTSD is trauma-focused psychotherapy

Patient Resources

- Books:
  - The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma by Bessel van der Kolk
  - Trauma and Recovery by Judith Herman
  - The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture by Gabor Maté
  - What My Bones Know: A Memoir of Healing from Complex Trauma by Stephanie Foo
- Podcasts:
  - This American Life- Ten Sessions
- Educational Websites:
  - PTSD: National Center for PTSD Home
  - Traumatic Stress Institute - Klingberg Family Centers
- Mindfulness Practices:
  - Self-Compassion Practices: Cultivate Inner Peace and Joy - Self-Compassion
  - Insight Timer App
- NAMI Peer Support Groups

References

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- National Center for PTSD. (2024). Complex PTSD: History and Definitions. www.ptsd.va.gov
- World Health Organization. (2022). ICD-11: International classification of diseases (11th revision). https://icd.who.int/

Questions?

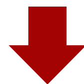
Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

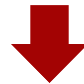
Participant presents the case and poses the question(s) for the group

Clarifying questions about the case from group to case presenter

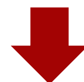
Ideas, suggestions, recommendations from participants



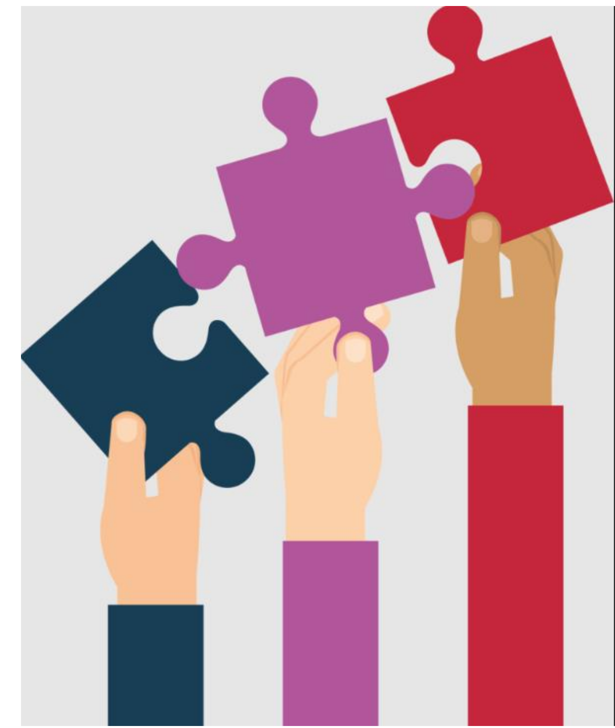
Ideas, suggestions, recommendations from ECHO faculty team



Full group discussion



Summary and wrap-up by facilitator



Case Presentation

DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

UVM Office of Primary Care and AHEC Program

University of Vermont Project ECHO
Mental Health Advanced Series: Trauma and Related Disorders

2025 SPRING SERIES – Wednesdays from 12:00 to 1:30PM

WHO SHOULD ATTEND?

Individuals or practice teams throughout Vermont providing adult primary care, including Family Medicine and Internal Medicine, Gynecology, as well as pediatricians serving young adults in transition from pediatric to adult mental health care.

SCHEDULE

Feb 19	PTSD and Trauma-Related Disorders: Assessment and Symptom Constellation in Primary Care, *Krista Buckley, MD*
Mar 5	Complex and Chronic PTSD, *Corinne Roberts, MD*
Mar 19	Psychopharmacology in PTSD, *Suzanne Kennedy, MD*
April 2	Trauma-Informed Basics, *Sara Pawlowski, MD*
April 16	Wrap-Up and Review/Participant Identified Topics, *Mark Pasanen, MD*

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Project ECHO®

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion will be sent by email to the full cohort
  - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
  - Mark.Pasanen@uvm.edu
  - Patti.Smith-Urie@uvm.edu