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
Corinne Roberts, MD
Suzanne Kennedy, MD
Sara Pawlowski, MD
Mark Pasanen, MD
Evan Eyler, MD

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

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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
- This is not a webinar! 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-pharmacological and pharmacological 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.

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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.

Trauma-Informed Care Basics

Sara Pawlowski, MD

Division Chief, Primary Care Mental Health, UVMHN

Associate Vice Chair - Quality, Psychiatry Health Care Service

Associate Professor, Psychiatry Health Care Service, UVM Larner College of Medicine

April 2, 2025

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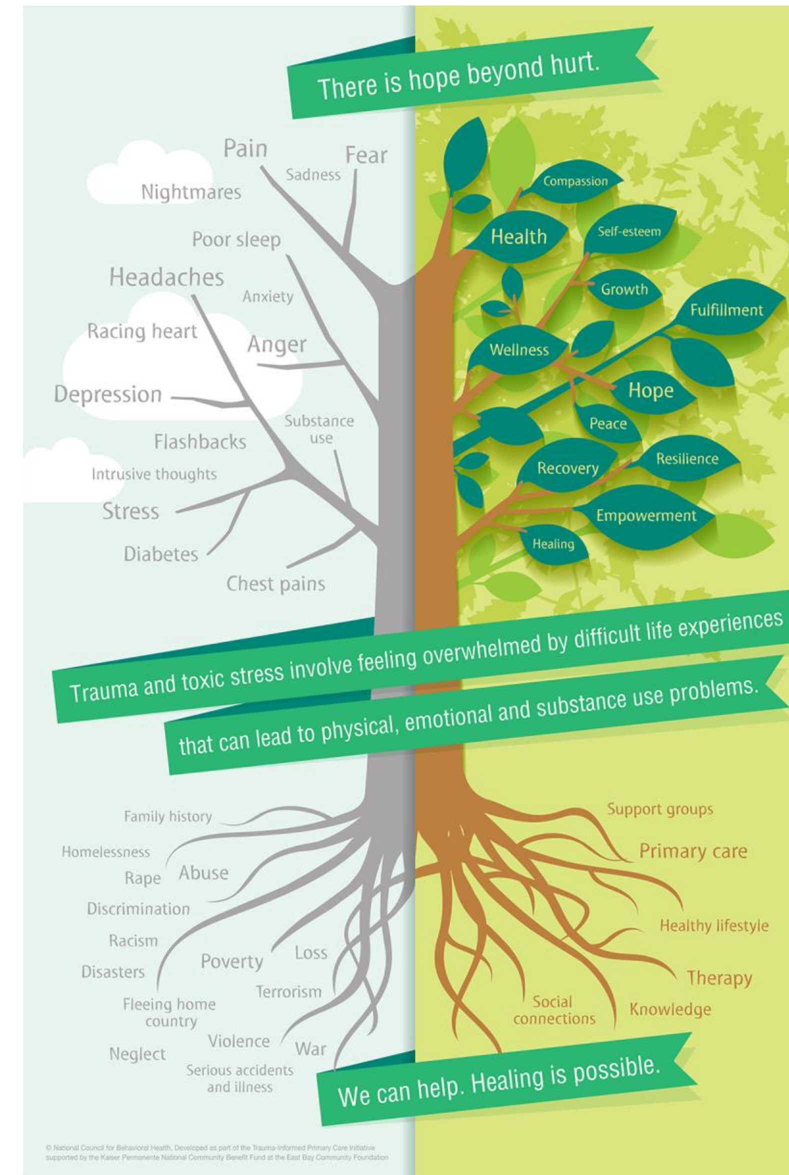
Session Objectives

Learning objectives for this ECHO session include the ability to:

- **Understand trauma and its impact**: Recognize the effects of trauma on how patients present and engage in primary care settings across interactions with providers and staff.
- **Learn core trauma-informed (TIC) principles**: Identify key principles such as cultivating safety, trust, and empowerment in patient care.
- **Integrate trauma-informed (TIC) approaches in clinical practice**: Use practical communication strategies to create a supportive, responsive environment for trauma-affected patients.



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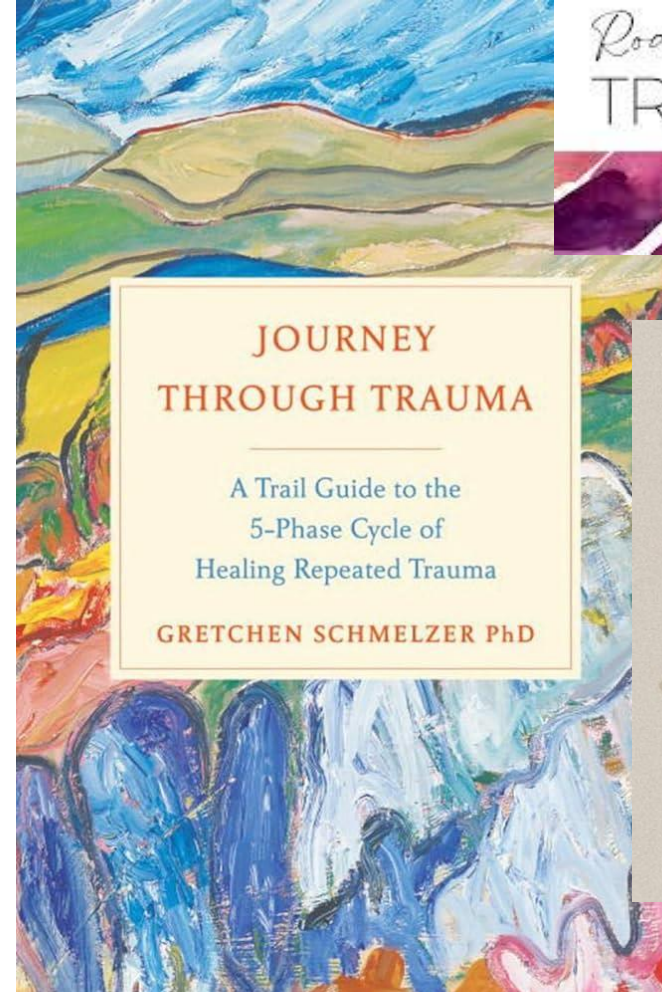
What is trauma-informed care?

- **Definition**: A treatment approach that acknowledges the widespread impact of trauma and recognizes varying signs and symptoms in patients.
- **Key Goal**: To provide services that avoid re-traumatization and promote safety, trust, and healing.
- **Key Point:** Process VERSUS Event (Grief)



Universal Precautions TIC Approach

- John –
  - 24 year-old recent college graduate who's new to your practice
  - On his intake forms, he identifies a family history of heart disease and hypertension.
  - He reports no specific health concerns.
  - His social history is unknown to you.
- Victoria –
  - 43 year-old woman.
  - She used to see another provider in your practice.
  - She has been moved into your care.
  - Her chart is notable for anxiety, migraine and insomnia.
  - During your first visit, she appears withdrawn and mentions upfront that she does not like the doctor's office.

Reference: From The Curbsiders Internal Medicine Podcast: #218 Trauma-Informed Care with Megan Gerber MD, Jun 8, 2020
https://podcasts.apple.com/us/podcast/the-curbsiders-internal-medicine-podcast/id1198732014?i=1000477145614&r=1592

SAMHSA's Guiding Principles - Trauma-Informed Care

Recognizing Trauma Symptoms

Signs and symptoms of trauma:

- Hypervigilance, emotional numbing, avoidance, dissociation.

TIC Responses:

- Providing validation, reassurance, and consistency.
- Practicing patience and flexibility in treatment plans.

Intrusion	Hypoarousal/ Avoidance	Hyperarousal/ Anxiety	Changes in Mood/Cognition
Triggered by class material	Lack of motivation	Easily startled	Change in class performance
Frequently sick	Frequent absences or late work	Highly stressed about class	Difficulty staying on task
Frequent absences or late work	Spaced out or not engaged	Defensive/ sensitive to feedback about writing	Moodiness, or consistently depressed or anxious
Revealing intimate material at inappropriate times	Trouble connecting with peers or instructor		Changes in personality

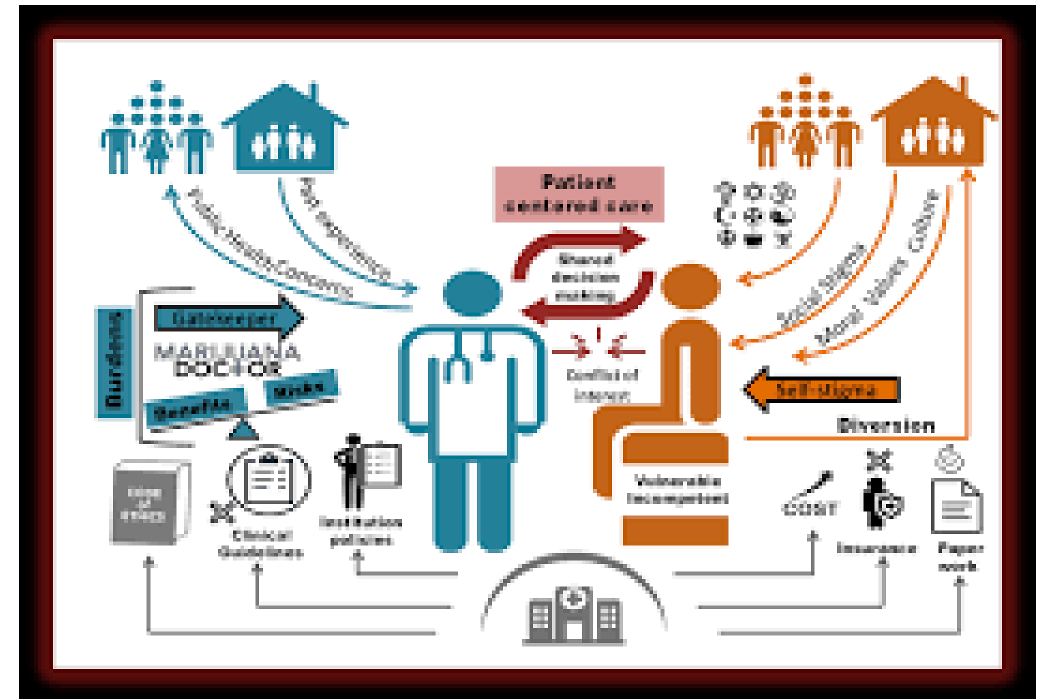
Responding to Trauma Symptoms

Effects on Healthcare Interactions:

- Distrust in healthcare systems
- Increased likelihood of disengagement from care
- Impact on treatment adherence
- Propensity for development of chronic health conditions (e.g., PTSD, anxiety, depression, chronic pain)

Facilitating Positive Patient-Provider Interactions:

- Building rapport and trust through empathetic listening.
- Asking trauma-sensitive questions (e.g., “Have you experienced any events that have been particularly upsetting or distressing?”).
- Expressing empathy through simple words: “I am sorry that happened to you.” Explore ”How much difficulty is this causing you in your current life?”

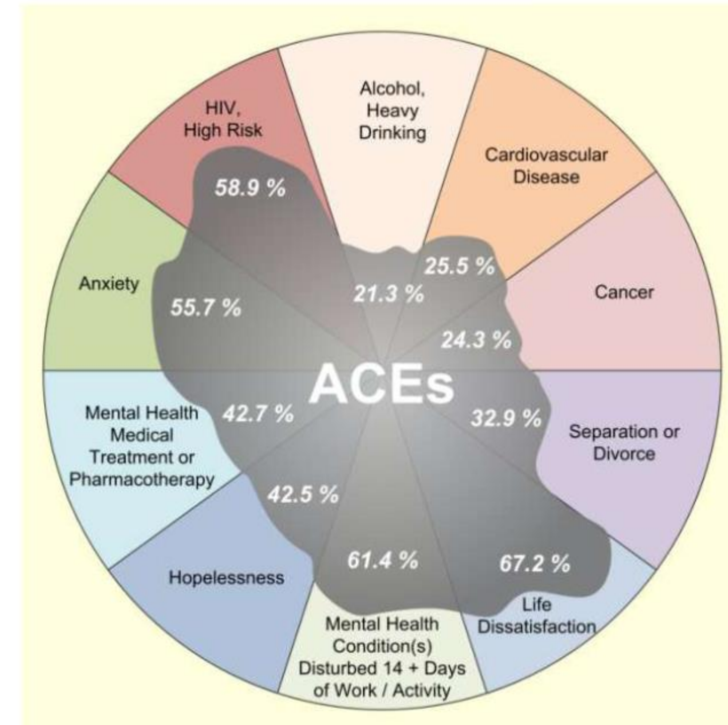


Considerations in Screening for Trauma

- Integrating **trauma screenings** into routine care such as the **Adverse Childhood Experiences (ACEs) questionnaire** or a **Trauma History Screen (PSL-5)** during initial assessments or during follow-up visits.
- These screenings should be done with care, **ensuring patients know they can decline to answer any questions** and titrate their disclosures.
- This acknowledges trauma and helps to identify patients who might benefit from further trauma-informed interventions.
- The PC PTSD-5 which is the PTSD screening instrument used at the VA: **"Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic, for example…" And then it goes through a list.** And if the patient says no, then they're not screened further for PTSD.

MAGNITUDE OF THE SOLUTION

ACE reduction reliably predicts simultaneous decrease in all of these conditions.



Population attributable risk

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Reference: [ACEs - The Magnitude of the Solution]

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Returning to Victoria

- When I look at Victoria through a clearer lens, there are many clues—her anxiety, troubled marriage and family life, avoidance of physically intrusive examinations [like colon cancer screenings and pelvic exams]. I realize that I hardly know her at all.
- Victoria always shows up for her appointments. I think this is one way in which she conveys her trust, and I wonder why I have never received this as an invitation to inquire more deeply about her troubled past.
- Now I imagine how terrifying some medical encounters may be for her, especially examinations and procedures which may recall her trauma.
- *I might have attended to this with a simple inquiry like*: **"Have you experienced anything that makes seeing a doctor difficult or scary for you**?" This powerful phrase has gathered dust from underuse.
- It may take time for patients to find and summon their courage to disclose a trauma, and my task is to build a bridge which they can cross when ready. I imagine that just knowing the bridge is there can be reassuring.

Becoming Trauma Informed

Jeffrey H. Millstein, MD

Penn Medicine, 1006 Mantua Pike, Woodbury Heights, NJ, USA.

J Gen Intern Med
DOI: 10.1007/s11606-020-05849-4
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Toward the end of office hours late one summer afternoon, I see Victoria in an exam room, leaning over a table wiping away tears. She appears disheveled and exhausted, like she has not slept or showered in a couple of days. When I ask what is upsetting her, she tells me that she's had a stressful interaction with a family member. I say how sorry I am to hear this, and we sit in silence for a moment or two. Her sad, moist eyes look like floodgates keeping back a storm surge. Before entering the room, I glanced over the triage portion of her chart. In the place where my medical assistant records presenting complaints, it said simply, "personal

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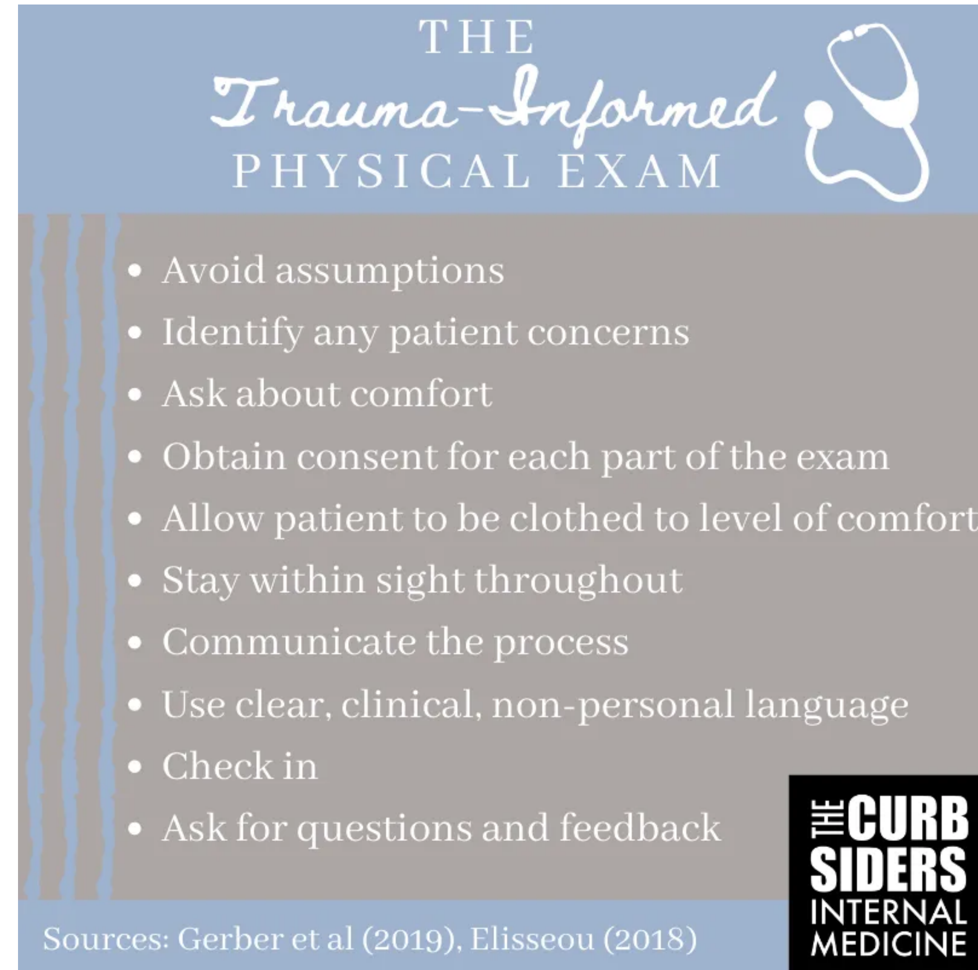
Trauma Informed Communication Pearls

- **Use Sensitive Language**: For instance, instead of saying, "Did you experience abuse?" say, "Some people have experienced difficult or painful situations that can affect their health. Is this something you'd like to discuss today?" This allows patients to share at their own comfort level.
- **Avoid Assumptions**: Always provide the opportunity for patients to disclose if they wish. Asking **open-ended questions** can invite conversation in a gentle way.
  - Example: "Sometimes, people with chronic health issues have experienced traumatic events in their past. Does that resonate with you?"
- **Reassurance**: Emphasize the patient's autonomy by reassuring them they are in control of the conversation. For example, "You can share as much or as little as you feel comfortable with."

Trauma-Informed Communication Pearls

- **Informed Consent** builds trust and reduces fear of being overpowered or re-traumatized.
  - Ensuring that patients fully understand what will happen during an examination or procedure
  - Explaining step-by-step
  - Checking in frequently to ask if they are comfortable.

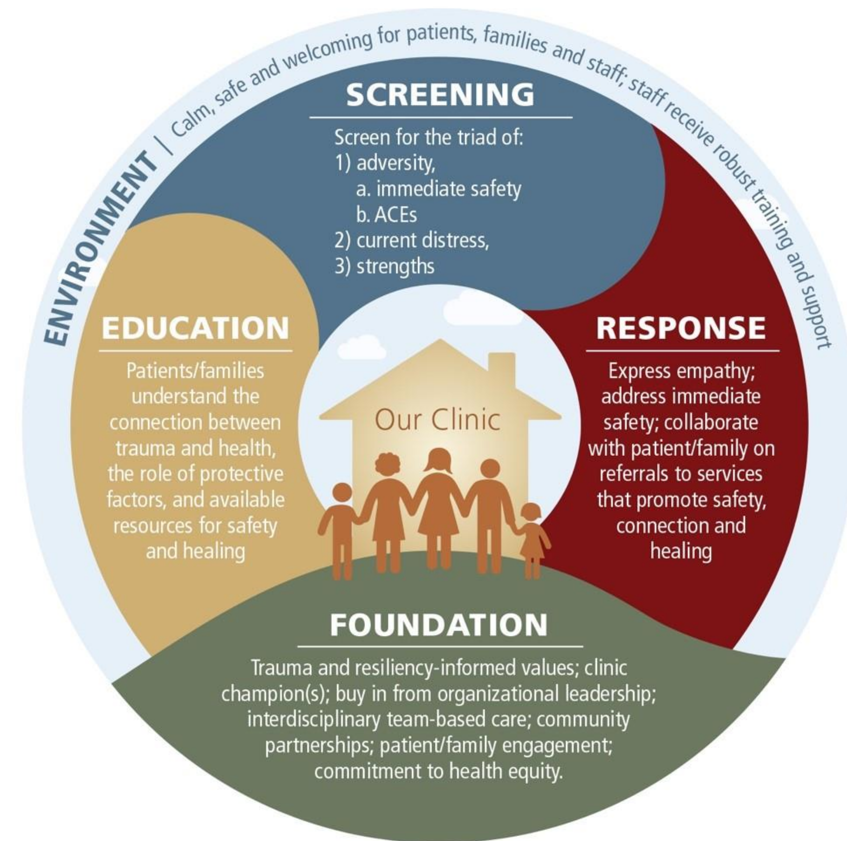


Collaboration in Treatment Planning

- **Example**: Trauma-informed providers empower their patients by offering them a central role in decision-making about their treatment.
  - For instance, instead of directing the treatment plan, you might say: "What strategies do you think might help you feel more in control of your anxiety, or what have you found helpful in the past?"
- This collaborative approach promotes **patient autonomy** which is key in trauma recovery.
  - A trauma survivor often feels powerless due to their past experiences, so providing choices within the treatment process helps to restore a sense of agency.

4 C's Communication Model – Leah Kimberg, MD

- **C**alm – Begins with oneself, Co-regulation, Model and Promote calmness
- **C**ontain – Attuned place of safety, Known time for interaction
- **C**are – Stated expressions of compassion, and care
- **C**ope – Solutions list (in addition to problem list), Use patient's words



Reference: 4 C's Communication Model

Further Education for Providers

Staying informed about trauma and TIC practices with ongoing education:

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. *U.S. Department of Health and Human Services*. Retrieved from https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf

How to Be Mindful of Re-Traumatization. *Online MSW Programs*. Retrieved from https://www.onlinemswprograms.com/resources/how-to-be-mindful-re-traumatization/

Becoming Trauma-Informed: Dr. Millstein article

Key Takeaway – Thank you – Questions

Trauma-informed care is not just a set of skills but a mindset that can dramatically improve interactions between you and your patients, and the health care system as a whole.

Questions?

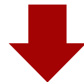
Case Presentation

Bringing Knowledge to Action through interactive, case-based discussions

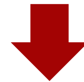
Participant presents the case and poses the question(s) for the group

Clarifying questions about the case <u>from group to case presenter</u>

Ideas, suggestions, recommendations <u>from participants</u>



Ideas, suggestions, recommendations <u>from ECHO faculty team</u>



Full group discussion

Summary and wrap-up <u>by facilitator</u>

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

Date	Topic
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*

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