

*Treating trauma during COVID-19:
Treatment considerations amid
social distancing*

M.J. Kramer, MD, and Chad T. Wetterneck, PhD

Thursday, May 14, 2020



1

Disclosures

The presenters have each declared that s/he does not, nor does his/her family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. The presenters have each declared that s/he does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

2

Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Describe two points that offer evidence for the effectiveness of remote delivery of treatment
2. List at least two ways to assess for challenging areas in treatment and treatment delivery
3. Explain how to formulate and carry out three alterations to treatment techniques based on remote delivery of treatment.

3

What we'll cover in this webinar

- 1. Self-care for clinicians**
 - Assessing your own needs during COVID
 - Maintaining a support network
 - Technology concerns
- 2. Psychological and physical health assessment**
 - Interview and measures to use in collection of information
 - Specific concerns: Appropriateness for treatment and dissociation
- 3. Implementing effective treatment**
 - Review of remote therapy approaches for trauma and PTSD
 - Context and alterations to treatment
 - Measuring progress
- 4. Dissociation**
 - Revisiting assessments
 - Grounding
 - Additional support and techniques

4

Disclaimer

Triggers warning:
Examples consist of trauma-related concerns and may elicit uncomfortable feelings

5

Self-care for clinicians

- Assessing your own needs during COVID
- Maintaining a support network
- Technology concerns

 Please use the Q&A feature to send your questions to the moderator.

6

Trauma treatment principles

- We focus on symptom reduction and on defining and pursuing meaning/values in life
- Our patients/clients need treatment for trauma and depressions, values identification and pursuit, self-compassion, interpersonal intimacy, and mindfulness
(Bistricky, Gallagher, Roberts, Ferris, Gonzalez, & Welterneck., 2017; Grau, McDonald, & Welterneck, 2020)
- Helping with the skills to be in touch with their emotions and able to connect with others in a healthy manner

7

Trauma-informed care

- Aims to avoid re-victimization
- Appreciates many problem behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background

8

Self-care for clinicians

- Assessing your own needs during the COVID-19 pandemic
- Identifying coping skills and developing/maintaining a support network
- Dealing with technology concerns

Assessing your own needs

Vicarious traumatization

- Occurs during exposure to trauma stories
- Feelings of fear and helplessness resemble those of persons with a trauma history
 - Change in therapy delivery
 - Lack of face-to-face meeting may affect you as a clinician

Assessing your own needs

New challenge phenomenon

- Adapting and learning new things takes more time and energy
- Is meeting these increased needs leaving less attention/time for others?
- How do you react to your own increased demands or stress?

Self care means many things...

Physical: sleep, stretching, walking, physical release, healthy food, yoga, rest

Emotional: stress management, emotional maturity, forgiveness, compassion, kindness

Social: Boundaries, support system, positive social media, communication, time together, ask for help

Spiritual: Time alone, meditation, yoga, connection, nature, journaling, sacred space



Assessing your own needs

Focus on what you can control

Acknowledge what you are doing right

Practice self-compassion



13

Identifying coping skills and a support network

Everybody needs coping skills

- Write a list of coping skills that are effective for you – how many of them are doing compared to pre-pandemic times?

Everybody needs a support network

- Who are colleagues you value that you can reach out to
- Who are your trusted social supports
- Phone or tele-meetings may not be the same, but they are better than nothing at all

14

Technology concerns

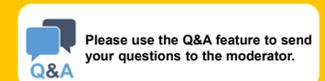
- What can I use with my clients and how do I use it?
- Choosing the right setting for you
- Troubleshooting and support



15

Psychological and physical health assessment

- Interview and measures to use in collection of information
- Specific concerns: Appropriateness for treatment and dissociation



16

Interviews and measures to use for collecting information

- Incorporating assessments and measures to assist with determining suitability for treatment
 - Dissociation
 - Technology/video used in trauma
- Journaling and self-monitoring as a form of assessment

17

Appropriateness of treatment: Specific concerns

Considerations for assessing suitability for tele-therapy

- Client location and safety variables
- Presence and severity of dissociation
- Willingness and familiarity with technology

Dissociation

- Frequency, severity, prompting and grounding
- Might determine suitability or where to start in treatment

18

Medical considerations and referrals

- Assessment of medical needs to determine appropriateness of fit
- PTSD can have multiple comorbidities including substance use, OCD, disordered eating, and significant personality pathology.
- Isolation during COVID can lead to an increase in substance use (many patients have reported relapse after maintaining sobriety d/t increased isolation)
- Need for update to initial screening and if necessary, recommend medical clearance and/or detox prior to admission
- AA/NA meeting availability also limited d/t need for social distancing which can increase risk of relapse

Galea, Merchant, & Lurie, 2020; Geller & Abi Zeid Daou, 2020

19

Medical considerations and referrals

- Social distancing is having an impact on mental health and quality of life. Other pandemics and large-scale disasters lead invariably to higher levels of PTSD and depression.
 - Zika
 - SARS
 - Hurricanes
 - Mass shootings
- Patients who may have initially been appropriate for PHP programming are now endorsing an increase in symptoms d/t COVID-19 which leads to an increase in referrals to residential programs or inpatient admissions.

Galea, Merchant, & Lurie, 2020; Geller & Abi Zeid Daou, 2020

20

Medical considerations and referrals

- Non-essential medical, surgical and dental procedures are being eliminated during outbreak as the demand for healthcare workers shifts towards managing COVID crisis
 - ECT is still considered an essential procedure
- This in turn leads to a delay in treatment for conditions, many of which are now being managed by psychiatrists and mid level providers (especially in the residential treatment setting.)

Galea, Merchant, & Lurie, 2020; Geller & Abi Zeid Daou, 2020

21

Medical considerations and referrals

- Universal masking on inpatient and residential units has become a significant issue for those who have past trauma.
- Especially vulnerable to being triggered are patients whose traumatic event involved being gagged or the perpetrator covering their mouth
- As such, they may need assistance from therapist for “mask trials” to acclimate
- Psychiatrist may need to incorporate more liberal use of PRN’s to help abate anxiety during this transitional period.

Galea, Merchant, & Lurie, 2020; Geller & Abi Zeid Daou, 2020

22

Medical considerations and referrals

- Supply line issues have led to prescription shortages of certain medications that are manufactured overseas
- Medical provider may need to consider alternatives during this time of crisis.
- If client is stable on certain medication it may lead to decompensation if a change is needed

23

Implementing effective treatment

- Review of remote therapy approaches for trauma and PTSD
- Context and alterations to treatment
- Measuring progress

 Please use the Q&A feature to send your questions to the moderator.

24

Remote therapy approaches for trauma and PTSD

Teletherapy for trauma and PTSD has been researched in dozens of studies

(cf. Bryant, 2019; Kusch, Grau, Loyo, Zhang, Williams, & Welterneck, 2020; Simon et al., 2019; Turgoose, Ashwick, & Murphy, 2017)

- Treatment outcomes are similar
- Treatment dropout is equivalent – adherence may be greater in person
- No differences in treatment acceptability
- Treatment alliance is acceptable – may be slightly higher in person
- No increase in managing suicidality
- Therapist fidelity and competence is similar in-person vs. remote
- Treatment with most research evidence are most diversely tested

25

Context and alterations to treatment

Finding a safe place for the client

- Note that the client will see themselves

Is the current context or method of connection a trigger for the patient?

Pros and cons of the home environment

- Allows for therapist to see more of the client's world
- In-session challenges or exposures can provide needed support

26

Measuring progress

Add standardized assessments to help measure progress

- Will help give more context and connection given the increased distance

Using the client's setting to enhance the therapeutic experience

- Changing the client's environment becomes more visible

27

Dissociation

- Revisiting assessments
- Grounding
- Additional support and techniques



Please use the Q&A feature to send your questions to the moderator.

28

Revisiting assessments

Talking through individual items on a dissociation measure

Reviewing a dissociation log

- Frequency, severity, duration, and reconnection to reality

Behavioral chain analysis

- Increases understanding and finding intervention points

29

Grounding

Psychoeducation about grounding

- When to use it
- How to orient yourself
- How to stay present
- Why do you use it?

Weighing the pros and cons of using grounding skills

- Identify resistance and fears to grounding
- Journaling

(Lanius, 2015; Zaleski, Johnson, & Klein, 2016)

30

Additional support and techniques

Cultural awareness of support

- Clients develop world view from their identity – identify areas of strength
 - Be understanding and demonstrate humility with area you do not understand – goal is to understand what is functional or not in the context of culture
- Recognize the impact of negative cultural experiences
- Involving family or others close to the client to the session
 - Identifying possible supports
 - Examining current relationship dynamics
 - Explaining the change process

31

Closing comments

Be aware of self-care needs

- This is the new normal and it's a challenge

Alterations in assessments

Treatment can still work!

- Be flexible with needed changes

Dissociation may need to be a focus

32

Time for questions and answers...



Q&A

Where to get additional information...



<https://www.coronavirus.gov>



<https://www.nih.gov/health-information/coronavirus>



<https://www.psychiatry.org>



<https://www.ptsd.va.gov>

About the presenters....



Chad T. Wetterneck, PhD
Clinical Director, Trauma Recovery
 Dr. Wetterneck is a licensed clinical psychologist, who developed the adult trauma recovery programs at the residential, partial hospital, and intensive outpatient levels of care, and helped incorporate a cognitive behavioral therapy-based approach into Rogers addiction and mental health recovery programs. In addition to his position with Rogers, Dr. Wetterneck holds adjunct faculty appointments at Marquette University and the University of Wisconsin-Milwaukee.



M.J. Kramer, MD, FAPA
Medical Director, Trauma Recovery
 Dr. Kramer is a board-certified adult psychiatrist specializing in the treatment of PTSD and trauma related disorders. Dr. Kramer trained at the Department of Veteran Affairs with a focus on assisting veterans with a PTSD diagnosis to reacclimate after returning from active combat duty. She has experience working with adults with mental illness in the correctional system and is a strong advocate for reducing mental health stigma.



Call or visit:
 800-767-4411
rogersbh.org