

Trauma Patient Workshop Facilitator Guide

Patient Background:

Name: Crystal Jones

Demographics: 33-year-old Caucasian female

History of Presenting Illness:

Ms. Jones is establishing with a new primary care doctor due to being frustrated at her previous provider. She describes her previous PCP as “stupid.” She elaborates as “he doesn’t know what he’s doing and shouldn’t even be allowed to have a medical license.” If pressed, she refuses to speak more about the subject. She is prepared for the session with a handout of her previous diagnoses, medication list, and specialist list. Her presenting complaint for today’s visit is, “No medication seems to be working. I can’t handle these migraines and I can’t get into my neurologist’s office. Can you send me to someone in Cleveland?”

“I have been taking my Zanaflex, Topamax and the Emgality for the migraines but I still get these headaches like 2 to 3 times a week. They start in my neck and upper back and go around to one side of my head. I think typically like the right side? I swear I can sense when they are coming on because I start to get these weird changes in my vision. Once they start, they are super hard to stop. I typically go in my bed, turn off all the lights, and put the blankets over my head. If I’m ever able to fall asleep, they will sometimes go away. It’s so frustrating because they will last a few days and just go away on their own. I can’t do much of anything when I get them. I mean I used to just deal with them, but they have gotten way worse over the past few months.”

Patient has stressors related to parenting during a pandemic, finances, work, and planning a wedding. She is initially guarded when discussing possible mental health symptoms. She denies having a depressed mood but has anhedonia for the past two months. She notes difficulties getting out of bed and feeling “exhausted” throughout the day. She has trouble falling asleep which has been present since teenage years. She has felt hopeless and worthless in the past but not since meeting her significant other six months ago. She denies any current suicidal or homicidal ideations. Her last passive thoughts of wanting to be dead were nine months ago. She previously engaged in self-injurious behaviors through cutting during high school and early 20s. She has decreased appetite and weight loss but attributes this to her stomach issues.

Patient has chronic panic-like symptoms (racing heart, chest pain, dizziness, nausea, thoughts of losing control), which have increased within the past four months. She reports having such symptoms without known triggers twice a week lasting 30 minutes. She describes “managing through it” by avoiding and self-isolating at times. She reports worry related to her kids and their safety. Her youngest has health issues related to asthma, allergies, and maintaining weight, as well as bullying at school.

Patient does not currently meet full criteria for PTSD. She reports not having nightmares she can remember for the past nine months. She denies ever having flashbacks. She does not have self-awareness in her avoidance or hypervigilance. She demonstrates cognitive symptoms related to worry about children’s safety without any evidence to suggest danger. She is guarded when discussing trauma and lacks eye contact.

Past Medical History

Fibromyalgia, moderate persistent asthma without complications, migraines, dysuria, psoriasis, irritable bowel syndrome with diarrhea, and has a history of depression.

She has not been hospitalized for psychiatric reasons but has seen counselors on and off since the age of 13. She never stays in treatment for more than two months and feels that previous therapists were “just ok, I guess.” Her avoidance symptoms related to previous trauma are a big contributor to her lack of consistency with therapy and stopping after two months.

She has specialists for neurology (migraines, last seen 6 months ago, seen twice yearly), pulmonology (asthma last seen 6 months ago, seen yearly) urology (dysuria last seen 1 year ago, seen yearly), gastroenterology (irritable bowel syndrome, last seen 9 months ago, seen yearly), rheumatology (fibromyalgia, last seen 3 months ago, seen twice yearly), dermatology (psoriasis, last seen 3 months ago, seen yearly) as well as a chiropractor. Patient has had multiple endoscopies and colonoscopies without any significant results. It was recommended that she have her gallbladder removed last year but symptoms improved, and she felt it was not needed. In the past, she has also had swallow studies with all normal results.

Medications

SUMatriptan (IMITREX) 50 MG tablet
hydrocortisone (ANUSOL-HC) 25 MG suppository
DULERA 200-5 MCG/ACT inhaler
tiZANidine (ZANAFLEX) 2 MG tablet
ibuprofen (ADVIL;MOTRIN) 600 MG tablet
topiramate (TOPAMAX) 25 MG tablet
Galcanezumab-gnlm (EMGALITY) 120 MG/ML SOAJ
mirabegron (MYRBETRIQ) 50 MG TB24
albuterol sulfate HFA 108 (90 Base) MCG/ACT inhaler
Duloxetine (Cymbalta) 30 mg

Social History

She is currently engaged to an individual, John (45), she has known for the past six months. She describes him as good person who cares about her. He has one child of his own from a previous marriage that ended following an affair his wife had. He and his ex-wife do not get along and the child (age 11) is disrespectful towards Crystal. She has two children of her own from a previous marriage (ages 7 and 9). She has not spoken to the father of the children in three years and they have been divorced for six years. She believes he is currently in jail. She has close contact with the grandparents who reside in Indiana. She lived with them for several years during childhood (ages 8 to 11). Her grandmother currently has dementia and grandfather is not the best with technology. She has contact with her mother but denies being close with her. She is the oldest of five children and reports having minimal contact with siblings. Socially, she spends time with her significant other's friends on the weekends but no real close relationships. She has had frequent conflicts with others in the past, with it being perceived as their fault in all situations. She currently works as a clerical staff member for a dentist office but has had frequent changes in occupation throughout her years. She has been presently employed for the past 14 months.

Trauma History

She was physically and verbally abused by her ex-husband for several years. She was sexually assaulted during high school by a male classmate and was sexually abused by a cousin when she was 11. She witnessed domestic violence during childhood and was verbally abused by parents during childhood.

Substance Use History

Previous marijuana usage with last use four years ago
Occasional alcohol on the weekends with significant other and his friends
Denies any alcohol abuse, tolerance, or withdrawal symptoms
Drinks at most three cocktails in one night, but typically two beers
Denies any other substances

Personality

Visibly nervous during physical exams
Easily offended and can become confrontational
Black and white style of thinking
If given what she wants, "You are the only doctor who understands me."
Eye contact when discussing medical problems but not when discussing trauma, anxiety, depression, or past with family and ex-husband

Role Play Exercise:

Inform residents that this is an establishing patient with a chief complaint of migraines and wanting a new neurologist referral. There is no information in the patient's chart as she is transferring from a system with a different EMR.

Ask residents who would like to volunteer for introduction and setting the agenda. This is done to explore physician-patient interaction and creating a comfortable atmosphere, as well as allowing the patient to feel in control of the session.

Once the agenda is set, ask for all residents to take turns exploring background information of the patient to assist in managing chief complaint. At this time, the patient will provide a handout of her doctors, medications, and diagnoses.

Next, ask a resident to complete a brief neurological exam. This will be done to demonstrate how a resident is able to ask for permission and allow the patient to feel secure, comfortable, and in control. If the resident does not ask for permission or inform you of what he or she is doing during the exam, the patient will demonstrate visible, nonverbal signs of anxiety.

Following the exam, ask the group, "How do we want to end the today's session? What medications are being prescribed? When do we want the patient back in our office?"

Inform the residents that they have received medical records from multiple doctors. In the large pile of information, you now see that she has had several MRIs completed with no unusual findings and vague notes from her neurologist. Further, she has had multiple endoscopies and colonoscopies without any significant results. You find that she was suggested to have her

gallbladder removed last year but reported symptoms improved, and she felt it was not needed anymore. It is also noted, she has also had swallow studies with all normal results.

Eight days following the appointment with you, your office receives a call from Ms. Jones. She has questions about her medications and how to take them. She is also requesting a referral to a new gastroenterologist at Cleveland Clinic. She reports that she “isn’t getting anywhere with [her] current one” and voiced frustration with the lack of answers.

For the follow-up appointment, ask the residents, “Prior to seeing the patient in the office, what is on your agenda and what do you believe will be on the patient’s agenda? How does this change the way you will approach the patient? Has her behavior changed the way you are thinking about her differentials or treatment plan?”

If they are thinking about trauma, “How do you want to assess for trauma? How do you provide empathy, normalization, and support while exploring her past?”

Ask for the group to role play assessing for trauma with patient to engage in role playing if time permits. When completed, ask residents, “What is your plan moving forward? When do you want the patient back? How and where do you refer for services?”

Simulated Patient Narrative:

Topic/Question	Narrative Response
Depression?	<p><i>I don't feel sad or anything. Just stressed.</i></p> <p><i>It's been tough planning for the wedding. I was a lot more excited before but now I am almost over it. I have to return calls to a caterer and a photographer, but I just haven't done it for over a week now. I guess I've been putting it off.</i></p> <p><i>I have always had trouble sleeping. I toss and turn all the time. It drives Johnny crazy. It takes me forever to finally fall asleep.</i></p> <p><i>I don't want to get out of bed in the mornings. I feel so tired and usually my kids are the ones pulling me out of bed.</i></p> <p><i>I am so exhausted during the day. My Johnny says I move slower than Frankenstein.</i></p> <p><i>To be honest, I used to have those thoughts. I was always told I was worthless and all kinds of nasty stuff. But since I met Johnny, I don't even think about it as much as I used to.</i></p> <p><i>I know I have lost some weight. Probably about 15 pounds in the last year. I just don't want to eat. My stomach is all messed up. I hate constantly feeling like I need to be around a bathroom at all times.</i></p> <p><i>I'm not suicidal. I guess my last thoughts were probably like nine months ago. I hate to think this, but I would just think about how I wanted to die. I don't even want to talk about it.</i></p> <p><i>It's stupid but I used to cut my legs and sometimes my stomach in high school. I totally stopped though when I was like 22. God, I was so stupid.</i></p>

Anxiety?

I feel stressed. I have to plan my wedding during a freaking pandemic. My kids are going back and forth between online schooling and in school which is stressing me out. I can't teach them math anymore! I just got a warning at work because of all my sick days. Johnny told me I need to keep my job, but it's been really tough going to work with these migraines and when you feel like you need the bathroom every ten minutes.

Panic attack questions:

Oh yeah, I've had panic attacks forever.

It feels like my heart is super-fast and I can feel it in my chest. I get all dizzy and want to throw up. It freaks me out so much and I feel like I can't handle it. But I used to it and just manage through it all.

Worry questions:

Johnny says I worry all the time. I freak out about the kids and something happening to them. I tell him I'm just doing what all other moms are doing. He jokes and says he's surprised my kids don't wear helmets while doing their schoolwork. I should joke and tell him his kid is a little demon and he's just waiting until he gets really hurt or something. Maybe then his mother will care or stop being a ... nevermind. Sorry, that woman and her child are just the worst and get under my skin.

Work and our money issues have been really stressful. It's been really hard to be at work, but I know I really need the money.

Also, have you ever planned a wedding during a pandemic before? It's crazy. And I'm doing this all by myself. Johnny tries but he's useless and it's not like my mom or sisters are going to help me.

PTSD questions:

I haven't had any nightmares or anything like that for like nine months. I used to get them a lot, but I don't know, it just stopped. I don't really like thinking about it or reliving my past.

John has mentioned I am easily startled, and I worry too much, but I don't see it.

General past trauma?	<p>Patient is more closed off at first and provides little information until further questioned.</p> <p><i>Yeah, I mean there was some stuff but everyone I know has something.</i></p>
Physical and verbal trauma?	<p><i>Yeah, my ex-husband was horrible. I didn't see it at the time. He started with putting me down, but I didn't care too much about that. That wasn't anything new to me. After a year, he started to get more physical. It didn't happen a lot until the last year we were together. The cops got more involved and they helped me get out of that situation. He stopped beating me after we separated but would still say the most screwed up stuff to me.</i></p>
Hx sexual trauma?	<p><i>Yeah, in high school. It was just stupid. I thought this guy wanted to be my boyfriend. I said no to him but I guess I shouldn't have put myself in that position. Also, this is really embarrassing, and I don't remember it but I guess some things happened with my cousin when I was like 11 or something. I remember it was why I couldn't live with my grandparents anymore and had to move back in with my parents.</i></p>
Childhood Traumas or questions about domestic violence. Why living with grandparents?	<p><i>I grew up watching my parents fight a lot. My dad would get drunk and start a bunch of stuff. I was the oldest so he would take it out of me a lot. My mom would just sit there and pretend she couldn't hear any of it. I mean, I was no saint. I probably said and did some things I shouldn't have done. I was kind of a problem when I was a teen but oh well. I don't talk to my dad anymore. I speak to my mom sometimes, but I don't even know why. She such a hypocrite and cares more about my sisters and their families.</i></p>