

Small Group Scenarios Handout TIC session

Ms. X, 25, has a significant history of domestic violence from a past abusive relationship and comes to her primary care doctor for follow-up appointments related to past injuries. She has used substances after enduring this physical abuse. She wants her physical pain to stop and asks the doctor to write a prescription for opiates. You have recommended physical therapy in the past but she feels she “doesn’t have time for that with three kids”. How best can the primary care physician respond to the request for pain medications? What considerations should be taken for how to frame her past use of substances?

Ms. Z has a history of childhood traumatic experiences. Her ACE score is 7 and she has a history of sexual trauma from her experiences. She becomes agitated with the secretary when discussing a misunderstanding about her appointment time and has been waiting for approximately 30 minutes for her appointment to start. She is screaming “I have been waiting for hours, I need to see the doctor now!” How would you suggest the secretary handle the situation from a trauma informed perspective?

Mr. T is a 50 year old male with a history of HTN stable on lisinopril and carvedilol and alcohol use disorder currently in remission for the past 2 years stable on Naltrexone. He has been married for the past 20 years and has two teenage children. He has been consistently employed at a local factory for the past 25 years where he is a manager. He presents to your office for panic attacks, “anger”, and “not sleeping” well since his father died one month earlier. He has a lot of difficulty talking about this and reveals “my wife wanted me to come talk to you about it”. She was also supportive of his attempts to quit drinking after a DUI 3 years ago. While interviewing he becomes agitated when asking about childhood history and guarded when discussing his sleep issues when asked about nightmares. “I don’t want to talk about that stuff, it is all in the past, there is nothing that can be done about it now”. How can you discuss the potential impacts of trauma in childhood with him in a trauma informed way? What strategies can you employ to discuss treatment given his ambivalence? What strengths can you build on?

Ms. Y is a 40 year old female with a history of opiate use disorder, fibromyalgia, diabetes type II, and chronic back pain. She has been seeing a psychiatrist who has been treating her for PTSD and Depression. He has been slowly tapering her dose of Alprazolam while she has been seeing her therapist for DBT. She is currently taking Fluoxetine, Ziprasidone, Buprenorphine for maintenance therapy for opiate use, metformin, and ambien. She presents to your PCP appointment asking for Alprazolam because “it’s the only thing that works for me”. You see from the notes that she complains to her therapist about her psychiatrist “cutting off my xanax” but does not mention this to the psychiatrist. How do you address the request in a trauma informed way?

Barriers and Strengths

What current practices do you employ that are consistent with Trauma informed care?

What changes do you perceive as necessary to implement TIC in your offices?

What are the barriers you see in orienting your office to trauma informed care model?
Culture? Training? Time?

What staff training would need to be implemented?

Who are the key players that could help you in implementing TIC practices in your office?