

Ideas for Introducing the CTCP Pilot to Patients

“The Complex Trauma Care Pathway is being developed to help people with a history of complex trauma who are experiencing clinical symptoms and distress related to that history. We define complex trauma as the experience of multiple traumatic events that take place over time, making it difficult to differentiate the effect of one trauma from another. Often, these traumatic experiences (including abuse and neglect) occur within an interpersonal context during childhood.”

“The Complex Trauma Care Pathway (CTCP) is a pilot project, consisting of three phases intended to connect participants with the most appropriate evidence-based services for their current treatment needs. We plan to roll out each of the three CTCP phases one at-a-time over the course of a 12-month period (pending administrative approval at 3-month intervals).”

IF pts were to ask about continuation of the program beyond initial 3 months:

“Phases II and III would not roll out until early 2019. If the pathway is not approved beyond the initial Phase I roll-out, current participants would have a supported transition back to care-as-usual. If the pilot is approved beyond the initial Phase I roll-out, participants would work with their CTCP treatment team to discuss whether a repeat of Phase I, participation in Phase II (individual therapy focused on processing trauma memories), or a step-down to outpatient care-as-usual would be the best next step.”

“The first phase will start in October at EIN and in November at CPK. Phase I focuses on symptom stabilization, emphasizing grounding and emotion regulation skills, and involves participation in BOTH a 90-minute weekly skills group AND every-other-week individual skills coaching (by phone, Skype, or in person) over the course of three months. Because this is a pilot project, we will be starting with a small number of participants, and it will be important that those selected be able to dedicate the time and other resources necessary in order to participate fully. Participants must also be willing to learn and practice new skills and to complete written homework on a weekly basis.”

“Does this sound at all interesting to you? If so, to make the referral, I would need to ask you some questions that are part of the referral process....” (see .CTCPREF)

“You should expect to hear from a CTCP provider within about one week of my referral. The provider will speak with you briefly over the phone to answer any other questions you might have about the pathway, discuss details of program requirements/admission criteria, and schedule an intake appointment. At the intake appointment, you and the CTCP therapist you meet with would decide together whether the pathway is a good fit. If so, you and the CTCP therapist would begin discussing your specific treatment needs and goals.”

CTCP Treatment Planning Session

Treatment Planning Session Goal: to collaborate with patient on specific CTCP treatment goals using symptom checklist information as part of this discussion (e.g., this is not a comprehensive mental health assessment or individual therapy session)

Prior to visit, patient will have completed the following: ACORN, SIDES-SR, ACE

During Visit:

Review ACORN, ACE, and SIDES-SR and discuss treatment goals with emphasis on DESNOS sx management and improvements in functioning. Once determined, have the patient write down their treatment goals (use the welcome letter space for this). Explain that they will be learning skills in group that they will practice over 3 months in service of moving toward their tx goals and that 1:1 coaching will help them problem solve along the way. Show them the Diary Card and explain its use.

Provide Phase I Treatment Guidelines document. Ask pt to initial next to each item they can agree to and to let you know if they have questions. As part of discussion, be sure patients understand the following:

- CTCP Phase I focus on complex trauma symptom management; basic information about common complex trauma impacts (not overtly processing trauma memories); skill development with emphasis on grounding and emotion regulation;
- group and coaching visit structure (e.g., psychoed format, not process-oriented; use of diary cards for coaching focus);
- time commitments (group is weekly, and coaching is every-other-week and occurs on a different day of the week from group; coaching can be via phone or video or face-to-face, though first visit will be face-to-face);
- cancellations/no-shows (e.g., expectation that participants will call prior to any scheduled visit, if unable to attend; no-showing without notice two times in-a-row will result in discharge from pilot);
- one co-pay for each group and coaching visit (except phone and video at present time), please check with membership services for your plan's specifics;
- constraints of pilot (will not be seeing their usual outpatient therapist or attending other outpatient mh groups while in pilot; group concludes at three months; until decision is made about pilot continuation, pts will meet 1:1 with their coach to focus on more advanced content from the workbook; once decision about pilot is made, coach and pt will together make decision about whether to spend more time in Phase I or move on to Phase II or return to referring therapist for care-as-usual).

Review/Update Suicide Risk Assessment and CSSR-S—review patient safety plan basics, referring to Stanley Brown in chart; ensure understanding of EPS number for use in case of emergent mh need.

Assist with follow-up appointments. Schedule coaching session for patient (use mh30ovf and make a note if you intend it to be 60 minutes, rather than usual 30; use phone 30 if will be by phone; let detail know if you need them to convert to a video visit). Send staff message to detail (CPK, check with your PAS to see if they will do this for you) requesting assist with scheduling weekly CTCP group x 3 months beyond the initial group session that has already been made.

Score ACORN and SIDES-SR. Send these and ACE to Jenny Harp ASAP for data tracking throughout pilot.

Send signed Tx Guidelines to scanning for inclusion in medical record (pts also have a copy in folder).

Use .ctcptxplanning for charting. Be sure to use LOS corresponding to time spent with patient

Sample DESNOS-related Treatment Plan Options

ALTERATIONS IN REGULATION OF AFFECT AND IMPULSES

Identify and practice multiple skills for grounding in the present moment.
Identify potential triggers to trauma history and create a cope-ahead plan for addressing these.
Decrease frequency and intensity of anger feelings.
Identify and practice multiple skills for regulating strong emotion.
Decrease frequency/intensity of risk taking behaviors.
Decrease frequency/intensity of self-destructive behaviors.
Increase confidence in ability to safely manage suicidal ideation by fine tuning and utilizing a safety plan.

ALTERATIONS IN ATTENTION OR CONSCIOUSNESS

Reduce frequency and duration of dissociative episodes.
Increase capacity to keep track of time in daily life.
Develop alternative strategies to “spacing out” when under stress.

ALTERATIONS IN SELF-PERCEPTION

Cultivate a balanced sense of self that includes both areas of challenges and areas of strength.
Decrease the frequency of self-deprecating self-talk. Increase the capacity to redirect attention to something more helpful.
Decrease frequency/severity of shame feelings.
Create a cope-ahead plan for interrupting shame spirals.

ALTERATIONS IN RELATIONSHIPS WITH OTHERS

Strengthen healthy boundaries by more frequently saying no to what is not ok with me and more frequently being open for connection in situations where that is safe.
Increase frequency of contacts with natural support system.
Increase feeling of connection with others in my life.
Increase sense of trust in relationship with those who have earned my trust through their actions.
Expand social support system.

SOMATIZATION

Practice relaxation strategies on daily basis.
Utilize mind/body approaches (e.g., guided imagery, meditation, breathing) to improve management of physical health issues.
Bring self-compassion to physical and emotional symptoms and experience.
In spite of physical health issues, increase engagement in meaningful life activities.

ALTERATIONS IN SYSTEMS OF MEANING

Increase sense of hopefulness about future.
Articulate what gives my life meaning.
Improve functioning as work as evidenced by: ***
Improve functioning at home as evidenced by: ***
Improve functioning in relationships as evidenced by: ***

CTCP Group Leader Notes

Session 1

Warm welcome; How to contact us (name, kp.org, phone, EPS); Group assessment forms; Pass out the books (as relevant); Let them know there is a group that comes right after this so, if any unaddressed questions/needs, contact coach and/or EPS.

Overview: We are focusing on self-awareness and building coping; symptoms are a result of strength

Guidelines

Introductions of group members: (facilitator models the introduction: "I can go first....")

First name only, preferred pronouns (if relevant)

One word about how you are feeling right now

One hope you have for group

Reservations about group and intro to the idea of "What is the next safe step?"

Talk about the ways that we already step toward safety/already coping/grounding yourself

What of those might you be able to use in groups; there will be times in group (just like life) when we feel triggered and have intense emotions

Diary Cards, invite them to add current coping skills to list at the bottom

Some kind of grounding to close

CTCP Individual Coaching Session

30-60 minutes every-other-week

Goal: To collaborate with patient on tailoring group content to their specific treatment goals within a relationship that is trauma-informed (e.g., safe, respectful, collaborative, and encouraging/hope-inspiring)

Session Beginning: Review diary card to set session agenda

- Shared agenda setting in collaboration with client.
- Address safety issues and/or therapy-interfering issues, if needed/relevant.
- Focus of visit on member's identified question/issue for the week and its relevance to CTCP treatment goals.

Session Middle: Explore the primary question or issue

- Explore member's primary question/issue for the week and facilitate making connections/linkages to skills and/or healthy coping.
- Assist member in discerning and prioritizing the primary need/focus for the week in light of overarching treatment goals.

Session End: Wrap up and next steps

- Invite patient to summarize highlights or "takeaways" from the session.
- Collaborate on identifying a home practice goal.
- Briefly check-in about patient's experience of the session.
- Schedule next coaching visit. (Use MH30 but remember to document in appointment notes if the follow-up session is to be 60-, rather than 30-minutes.)

Documentation

- Use .CTCP. dotphrase to chart; any discussion of SAFETY ISSUES or THERAPY INTERFERING BEHAVIORA MUST BE INCLUDED in session documentation.
- CC group facilitator if indicated.

Troubleshooting difficult questions (for ongoing discussion at team huddle)

- What if patient has not identified a session focus or goal?
- What if the goal or issue doesn't appear to be relevant to their stated treatment goals?
- What if patient has forgotten what their tx goals are?
- What if patient has identified more than one issue or question for the visit?

CTCP Estimated Duration of Phases & Readiness Markers for Movement between Phases

Estimated Duration of Phases I, II, and III

Phase I—3-6 months and, for some patients, episodically thereafter

Phase II—3-6 months, longer for some patients

- Expert consensus is that meaningful outcomes require a minimum of 16-20 trauma-focused 1:1 sessions
- For EMDR, specifically, 12 or more sessions are indicated for chronically traumatized population

Phase III—6-12 months, during which time symptoms are in remission

Markers of Readiness for Phase II

- Adequate safety and stability within living environment
- Decrease in use of outdated coping or emotion regulation strategies (e.g., drug abuse; self-injurious, risk taking or aggressive behavior; dissociation)
- Ability to name and effectively use multiple healthy/safe distress tolerance and emotion regulation skills
- Active and consistent use of adaptive skills to cope with current symptoms and stressors
- Decrease in trauma-related symptom severity and impacts of symptoms on functioning
- Capacity to experience trauma-related feelings and memories without potentially unsafe or harmful consequences (e.g., increase in dissociation, self-harm behavior, or suicidal thoughts)
- Ability to stay present in one's body when feeling strong emotion and/or remembering past trauma
- Willingness to address therapy-interfering substance use, including prescription benzo and opioid medication
- Clear plan for managing suicidal ideation and demonstrated ability to effectively use safety plan
- Agreement between participant and CTCP clinical team that Phase II is a safe and clinically indicated next step

Markers of Readiness for Phase III

- Written safety plan for managing suicidal ideation and demonstrated ability to effectively use safety plan
- Written relapse prevention plan that includes circumstances that might recommend a return to Phase I services for shoring up of stability and safe coping skills
- Effective and consistent symptom management over time
- Agreement between participant and CTCP clinical team that member has sufficiently met treatment goals for Phase I and/or II and is ready for Phase III

ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults, November 5, 2012. Cloitre, M; Courtois, C; Ford, J; Green, B; Alexander, P; Briere, J; Herman, J; Lanius, R; Pearlman, LA; Stolbach, B; Spazzola, J; van der Kolk, B; van der Hart, O.

Complex Trauma and Disorders of Extreme Stress (DESNOS) Part Two: Treatment, November 2001, Directions in Psychiatry, Volume 21, Lesson 26. Luxenberg, T; Spinazzola, J; Hidalgo, J; Hunt, C; van der Kolk, B.

EMDR and the Treatment of Complex PTSD: A Review, November 4, 2009, Journal of EMDR Practice and Research, Volume 3, Number 4. Korn, D.

Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach, 2012, Guilford Press. Courtois, C & Ford, J.

**Complex Trauma Care Pathway (CTCP)
Phase I Treatment Summary for Pilot Months 4-6 - Individual Coaching Session**

Medical documentation is a targeted overview, and not intended to be a transcript of our conversation. If you have any questions about this documentation, please discuss these with your healthcare provider.

Records selectively reviewed, *** minutes spent in face-to-face counseling.
This individual coaching session took place *** as an office visit/by phone/by video ***.

Assessment and Plan

Diagnosis:

@DXCREFRESH@

Goals for CTCP Phase I (second 3-month cycle of pilot)

1) Decrease frequency / severity of psychiatric symptoms as evidenced by improvement in SIDES-SR and ACORN.

2) Increase effective use of skills to manage symptoms related to complex trauma.

Patient-identified treatment goals from the past 3 months in CTCP (months 4-6 of pilot):

- ***
- ***
- ***

Assessment:

{ :175897 }

Patient-identified treatment goals for the next 3 months in CTCP (months 7-9 of pilot):

- ***
- ***
- ***

Plan:

--Continue in weekly CTCP Group (Phase I Skills Group/Phase III Drop-In Support Group) + Individual Skills Coaching x another 3 months with re-evaluation of clinical needs at that time. ***

--Continue in weekly CTCP Group (Phase I Skills Group/Phase III Drop-In Support Group) + Phase III Case Management (by phone or in person) x 3 months with re-evaluation of clinical needs at that time. ***

--Engage in Phase II Trauma-Focused Individual Therapy at least every-other-week x 3 months with re-evaluation of clinical needs at that time. ***

--***

--Patient agrees to follow the safety plan documented elsewhere in medical record and which includes calling EPS at 503-331-6425 or 911 or coming to the ED in event of a crisis.

Subjective

--The focus of this coaching visit was to review progress towards treatment goals during the second 3 months of CTCP pilot and to identify current clinical needs and treatment plan/goals for the next 3-month CTCP cycle.

--Patient did/***did not *** endorse having experienced any safety-related issues during the previous 2 weeks.
****(if yes, list/describe the safety issues and how they were addressed in the visit and erase this reminder note)****

--Patient reported having a clear plan in place for safely managing suicidal thoughts (***please address/explain if answer is no) and rates confidence in their ability to use the safety plan in the future as ***.

--Patient reported using the following skills to ground and to tolerate upsetting experiences: ***

--Patient reported using these skills with the following frequency: ***

--Patient reported that trauma-related symptoms have decreased in severity to the following degree since starting CTCP: ***

--Patient reported that functioning at home or work or other important areas of life have improved to the following degree since starting CTCP: ***.

--Patient shares the following about their progress towards CTCP treatment goals to date: ***

Objective

{Risk and Safety Options MH NW:157693}

Mental Status Exam

| | |
|------------|---|
| Appearance | {Appearance:105332: "Well groomed and adequately nourished. Appears stated age. " } |
| Behavior | {Behavior descriptors:105333: "Calm, cooperative with interview, maintained good eye contact" } |
| Speech | {Speech descriptors:86279: "Normal rate, rhythm and volume" } |
| Affect | {Affect descriptions:86277 } |
| Mood | *** |

Scales and Symptom Checklists

ACORN

GAD2 score: ***

(GAD2 intensity range: 0-2 Mild, 3-4 Moderate, 5-6 Severe)

PHQ9 score: ***

(PHQ9 intensity range: 0-6 Minimal, 7-13 Mild, 14-20 Moderate, 21-27 Severe)

SIDES-SR Scores

Alterations in Regulation of Affect and Impulses

Affect regulation (total score Ia): ***

Modulation of anger (total score Ib): ***

Self-destructive (total score Ic): ***

Suicidal preoccupation (total score Id): ***

Difficulty modulating sexual involvement/preoccupation (total score Ie): ***

Excessive risk taking (total score If): ***

Alterations in Attention or Consciousness

Amnesia (total score IIa): ***

Transient dissociative episodes and depersonalization (total score IIb): ***

Alterations in Self-Perception

Ineffectiveness (total score IIIa): ***

Permanent damage (total score IIIb): ***

Guilt and responsibility (total score IIIc): ***

Shame (total score IIId): ***

Nobody can understand (total score IIIe): ***

Minimizing (total score IIIf): ***

Alterations in Relationships with Others

- Inability to trust (total score IVa): ***
- Revictimization (total score IVb): ***
- Victimizing others (total score IVc): ***

Somatization

- Digestive system (total score Va): ***
- Chronic pain (total score Vb): ***
- Cardiopulmonary symptoms (total score Vc): ***
- Conversion symptoms (total score Vd): ***
- Sexual symptoms (total score Ve): ***

Alterations in Systems of Meaning

- Despair and hopelessness (total score VIa): ***
- Loss of previously sustaining beliefs (total score VIb): ***

Clinical Interventions

- Discussed patient progress toward treatment goals in second 3 months of CTCP, including what specific skills and strategies patient is finding most effective for managing complex trauma-related sx's.
- Emphasized patient strengths and resilience and commitment to healing. Invited patient to share about both success stories and challenges in CTCP treatment thus far.
- Reviewed and discussed markers of readiness for possible participation in CTCP Phase II, including the following:
 - Adequate safety and stability within living environment
 - Decrease in use of outdated coping or emotion regulation strategies (e.g., drug abuse; self-injurious, risk taking or aggressive behavior; dissociation)
 - Ability to name and effectively use multiple healthy/safe distress tolerance and emotion regulation skills
 - Active and consistent use of adaptive skills to cope with current symptoms and stressors
 - Decrease in trauma-related symptom severity and impacts of symptoms on functioning
 - Capacity to experience trauma-related feelings and memories without potentially unsafe or harmful consequences (e.g., increase in dissociation, self-harm behavior, or suicidal thoughts)
 - Ability to stay present in one's body when feeling strong emotion and/or remembering past trauma
 - Clear plan for managing suicidal ideation and demonstrated ability to effectively use safety plan ***
- Discussed pilot time constraints and that, given this, any work started in Phase II at this point in pilot would be limited to a brief number of sessions. Explored pros-cons of engaging in some Phase II work vs continuing to focus on gains made via Phase I work and to integrate these into patient's life as part of Phase III. ***
- Explored patient thoughts and feelings about current clinical needs and next steps in CTCP treatment plan.
- Assisted patient in articulating specific treatment goals for the next 3 months in CTCP pilot.
- Implemented suicide precautions.

**Complex Trauma Care Pathway (CTCP)
Trauma-Focused Therapy Session Progress Note**

Medical documentation is a targeted overview, and not intended to be a transcript of our conversation. If you have any questions about this documentation, please discuss these with your healthcare provider.

Records selectively reviewed, *** minutes spent in face-to-face counseling.
This individual trauma-focused therapy session took place *** as an office visit/by phone/by video ***.

Assessment and Plan

Diagnosis:
@DXCREFRESH@

Goals for Phase II of CTCP

- 1) Decrease frequency / severity of psychiatric symptoms as evidenced by improvement in SIDES-SR and ACORN.
- 2) Process trauma-related memories relevant to current symptoms and functioning in order to revise their meanings and lessen their intensity.

Assessment: { :175897 }

Plan:
__***
__***

--Patient agrees to follow the safety plan elsewhere in medical record and which includes calling EPS at 503-331-6425 or 911 or coming to the ED in event of a crisis.

Subjective

--Patient did/***did not *** endorse having experienced any safety-related issues during the previous 2 weeks. ****(if yes, list/describe the safety issues and how they were addressed in the visit and erase this reminder note)****

--Regarding complex trauma symptom severity or impacts on functioning, the patient reported: ***

--Focus of today's trauma-focused therapy work: ***

Objective

{Risk and Safety Options MH NW:157693}

Mental Status Exam

| | |
|------------|--|
| Appearance | {Appearance:105332::"Well groomed and adequately nourished. Appears stated age. "} |
| Behavior | {Behavior descriptors:105333::"Calm, cooperative with interview, maintained good eye contact"} |
| Speech | {Speech descriptors:86279::"Normal rate, rhythm and volume"} |
| Affect | {Affect descriptions:86277} |
| Mood | *** |

Clinical Interventions

{Clinical Interventions:91846}

Complex Trauma Care Pathway (CTCP) Phase II Treatment Summary - Individual Therapy Session

Medical documentation is a targeted overview, and not intended to be a transcript of our conversation. If you have any questions about this documentation, please discuss these with your healthcare provider.

Records selectively reviewed, *** minutes spent in face-to-face counseling.
This individual therapy session took place *** as an office visit/by phone/by video ***.

Assessment and Plan

Diagnosis:

@DXCREFRESH@

Goals for CTCP Phase II - Months 4-6 of Pilot

- 1) Decrease frequency / severity of psychiatric symptoms as evidenced by improvement in SIDES-SR and ACORN.
- 2) Increase effective use of skills to manage symptoms related to complex trauma.

Patient-identified treatment goals:

- ***
- ***
- ***

Assessment:

{ :175897 }

Patient-identified treatment goals for the next 3 months in CTCP (months 7-9):

- ***
- ***
- ***

Plan:

- Continue to engage in Phase II Trauma-Focused Individual Therapy at least once every-other-week x 3 months with re-evaluation of clinical needs at that time. ***
- ***
- Patient agrees to follow the safety plan documented elsewhere in medical record and which includes calling EPS at 503-331-6425 or 911 or coming to the ED in event of a crisis.

Subjective

--The focus of this therapy visit was to review progress towards treatment goals in second 3 months of CTCP pilot (months 4-6) and to identify current clinical needs and treatment plan/goals for the next 3-month CTCP cycle (months 7-9).

--Patient did/***did not *** endorse having experienced any safety-related issues during the previous 2 weeks.
****(if yes, list/describe the safety issues and how they were addressed in the visit and erase this reminder note)****

--Patient reported having a clear plan in place for safely managing suicidal thoughts (***please address/explain if answer is no) and rates confidence in their ability to use the safety plan in the future as ***.

--Patient reported continuing to use the following skills to ground and to tolerate upsetting experiences: ***

--Patient reported that trauma-related symptoms have decreased in severity to the following degree since starting Phase II trauma-focused therapy: ***

--Patient reported that functioning at home or work or other important areas of life have improved to the following degree since engaging in Phase II trauma-focused therapy: ***.

--Specific ways that processing trauma memories in Phase II has been helpful to patient: ***

--Patient's assessment of progress towards treatment goals during months 4-6 of CTCP: ***

Objective

{Risk and Safety Options MH NW:157693}

Mental Status Exam

| | |
|------------|---|
| Appearance | {Appearance:105332:."Well groomed and adequately nourished. Appears stated age. " } |
| Behavior | {Behavior descriptors:105333:."Calm, cooperative with interview, maintained good eye contact" } |
| Speech | {Speech descriptors:86279:."Normal rate, rhythm and volume" } |
| Affect | {Affect descriptions:86277 } |
| Mood | *** |

Scales and Symptom Checklists

ACORN

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PHQ9 score: ***

(PHQ9 intensity range: 0-6 Minimal, 7-13 Mild, 14-20 Moderate, 21-27 Severe)

SIDES-SR Scores

Alterations in Regulation of Affect and Impulses

Affect regulation (total score Ia): ***

Modulation of anger (total score Ib): ***

Self-destructive (total score Ic): ***

Suicidal preoccupation (total score Id): ***

Difficulty modulating sexual involvement/preoccupation (total score Ie): ***

Excessive risk taking (total score If): ***

Alterations in Attention or Consciousness

Amnesia (total score IIa): ***

Transient dissociative episodes and depersonalization (total score IIb): ***

Alterations in Self-Perception

Ineffectiveness (total score IIIa): ***

Permanent damage (total score IIIb): ***

Guilt and responsibility (total score IIIc): ***

Shame (total score IIId): ***

Nobody can understand (total score IIIe): ***

Minimizing (total score IIIf): ***

Alterations in Relationships with Others

Inability to trust (total score IVa): ***

Revictimization (total score IVb): ***
Victimizing others (total score IVc): ***

Somatization

Digestive system (total score Va): ***
Chronic pain (total score Vb): ***
Cardiopulmonary symptoms (total score Vc): ***
Conversion symptoms (total score Vd): ***
Sexual symptoms (total score Ve): ***

Alterations in Systems of Meaning

Despair and hopelessness (total score VIa): ***
Loss of previously sustaining beliefs (total score VIb): ***

Clinical Interventions

- Discussed patient progress toward treatment goals in second 3 months of CTCP (months 4-6), including ***.
-
- Emphasized patient strengths and resilience and commitment to healing. Invited patient to share about both success stories and challenges in CTCP treatment thus far.
- Explored patient thoughts and feelings about current clinical needs and next steps in CTCP treatment plan given the time-limited nature of CTCP pilot.
- Assisted patient in articulating specific treatment goals for the next 3 months in CTCP pilot (months 7-9).
- Implemented suicide precautions.

**Complex Trauma Care Pathway (CTCP)
Phase III Case Management Progress Note**

Medical documentation is a targeted overview, and not intended to be a transcript of our conversation. If you have any questions about this documentation, please discuss these with your healthcare provider.

Records selectively reviewed, *** minutes spent counseling patient.

This case management session took place *** as an office visit/by phone/by video ***.

Assessment and Plan

Diagnosis:

@DXCREFRESH@

Goals for Phase III of CTCP

- Review skills and strategies for managing trauma-related symptoms.
- Share successes and challenges around implementing treatment learnings into everyday life.
- Maintain clinical gains made in CTCP Phases I and/or II.
- Continue to grow confidence in capacity to self-regulate and to make choices based upon chosen values and current circumstances.
- Increase hopefulness about the future.
- Consider higher levels of care when this is clinically indicated.
- Prevent relapse and support ongoing utilization of kp and community resources for maintaining safety over time.

Assessment:

{ :175897 }

Plan:

--Patient agrees to work toward treatment goals by focusing on the following between now and next case management contact: ***

--Next case management contact planned for: ***

--Continue with Phase III drop-in support group as needed. ***

--Patient agrees to follow the safety plan elsewhere in medical record and which includes calling EPS at 503-331-6425 or 911 or coming to the ED in event of a crisis.

Subjective

--Patient did/***did not *** endorse having experienced any safety-related issues during the previous 2 weeks.

****(if yes, list/describe the safety issues and how they were addressed in the visit and erase this reminder note)****

--Patient identified the following as the focal question/issue for this case management contact: ***

--Discussed ***.

Objective

{Risk and Safety Options MH NW:157693}

Mental Status Exam

| | |
|------------|--|
| Appearance | {Appearance:105332::"Well groomed and adequately nourished. Appears stated age. "} |
| Behavior | {Behavior descriptors:105333::"Calm, cooperative with interview, maintained good eye contact"} |
| Speech | {Speech descriptors:86279::"Normal rate, rhythm and volume"} |
| Affect | {Affect descriptions:86277} |
| Mood | *** |

Clinical Interventions

{Clinical Interventions:91846}

Group Name: CTCP Pilot Phase III Drop-In Support Group

Group Time: 3:30-5:00 pm

Purpose: Drop-In Support Group for CTCP pilot participants who have completed treatment phases I and/or II. An opportunity for pilot participants to meet together in a semi-structured group setting for mutual support and a safe place to process, with the help of a CTCP provider, their integration of treatment learnings into important facets of daily life.

Goals:

- Review skills and strategies for managing trauma-related symptoms.
- Share successes and challenges around implementing treatment learnings into every day life.
- Maintain clinical gains made in CTCP Phases I and/or II.
- Continue to grow confidence in one's capacity to self-regulate and to make choices based upon one's chosen values and current circumstances.
- Increase hopefulness about the future.
- Triage participants to higher levels of care when this is clinically indicated.
- Prevent relapse and support ongoing utilization of resources for maintaining safety over time.

Number of members in attendance today: ***

Session # (group = ongoing, drop-in format)

S> Reviewed group guidelines, format, general goals and individual hopes/goals at this time.

Patient rates symptoms of anxiety as *** on GAD2 and symptoms of depression as *** on PHQ-8.

O> Pt arrived on time to group today. Pt actively participated in group. Pt asked appropriate questions and offered relevant feedback. ***

Provided information about how to contact CTCP staff and/or EPS prn.

A> Pt seemed interested and motivated regarding material presented for better management of complex trauma-related symptoms.

Patient voiced understanding and agreement w/ plan as outlined below.

P> Work on personal/individualized commitment identified during group check-out today.
Return to group as-needed.

Continue w/ self-care and practicing trauma-symptom management skills.

Follow-up w/ CTCP skills coach or case manager PRN.

Seek help (call EPS/503-331-6425, go to ER, 911) if unable to commit to safety at any time. EPS number provided.

Follow-up w/ prescriber and/or PCP PRN. **Complex Trauma Care Pathway (CTCP) Pilot**

Complex Trauma Care Pathway (CTCP) Discharge Summary

ID and Reason for CTCP Treatment: ***

Diagnosis

@DXREFRESH@

CTCP Admission Date: ***

CTCP Discharge Date: ***

Reason for Discharge (e.g., end of pilot, treatment goals met, work/schedule conflict): ***

Condition at Discharge: Symptoms appear to be {Increased/Decreased:98}. Progress toward patient's stated goals was ***.

Patient's level of risk for suicide is seen as being {SUICIDE RISK ASSESSMENT:4331} at the present time (see risk assessment below for details) in consideration of the following risk factors: ***. Mitigating risk are the following: ***. Based upon available information and within reasonable clinical certainty, there is no indication of imminent risk of harm secondary to mental illness or substance abuse and patient does not meet criteria for involuntary hold.

Patient collaborated on the following discharge plan of care:

Individual therapy: ***

Medication follow up: ***

Group referral(s): ***

Other: ***

Safety plan: Pt agrees to a safety plan which includes utilizing current support system and family, calling treatment providers when necessary, and calling EPS at 503-331-6425, 911 or coming to the ED in event of a crisis.

Subjective/Objective

At discharge, patient reported:

--not having any safety-related concerns at present time. ****(if yes, list/describe the safety issues and how they were addressed in the visit and erase this reminder note)****

--having a clear plan in place for safely managing suicidal thoughts and rates confidence in their ability to use the safety plan in the future as ***.

--that trauma-related symptoms have decreased in severity to the following degree since starting CTCP: ***

--that functioning at home or work or other important areas of life have improved to the following degree since participating in CTCP: ***.

--that they perceive progress towards treatment goals as being: ***.

ACORN

GAD2 score: ***

(GAD2 intensity range: 0-2 Mild, 3-4 Moderate, 5-6 Severe)

PHQ9 score: ***

(PHQ9 intensity range: 0-6 Minimal, 7-13 Mild, 14-20 Moderate, 21-27 Severe)

SIDES-SR Scores

Alterations in Regulation of Affect and Impulses

Affect regulation (total score 1a): ***

Modulation of anger (total score Ib): ***
 Self-destructive (total score Ic): ***
 Suicidal preoccupation (total score Id): ***
 Difficulty modulating sexual involvement/preoccupation (total score Ie): ***
 Excessive risk taking (total score If): ***

Alterations in Attention or Consciousness

Amnesia (total score IIa): ***
 Transient dissociative episodes and depersonalization (total score IIb): ***

Alterations in Self-Perception

Ineffectiveness (total score IIIa): ***
 Permanent damage (total score IIIb): ***
 Guilt and responsibility (total score IIIc): ***
 Shame (total score IIId): ***
 Nobody can understand (total score IIIe): ***
 Minimizing (total score IIIf): ***

Alterations in Relationships with Others

Inability to trust (total score IVa): ***
 Revictimization (total score IVb): ***
 Victimizing others (total score IVc): ***

Somatization

Digestive system (total score Va): ***
 Chronic pain (total score Vb): ***
 Cardiopulmonary symptoms (total score Vc): ***
 Conversion symptoms (total score Vd): ***
 Sexual symptoms (total score Ve): ***

Alterations in Systems of Meaning

Despair and hopelessness (total score VIa): ***
 Loss of previously sustaining beliefs (total score VIb): ***

Mental Status Exam

| | |
|------------|---|
| Appearance | {Appearance:105332:."Well groomed and adequately nourished. Appears stated age. "} |
| Behavior | {Behavior descriptors:105333:"Calm, cooperative with interview, maintained good eye contact"} |
| Speech | {Speech descriptors:86279:."Normal rate, rhythm and volume"} |
| Affect | {Affect descriptions:86277} |
| Mood | *** |

Additional Risk Assessment Information

{Enter CSSR in Flowsheets and "file" to save, then choose use dot phrase, .CSSRS for most recent entry or .TRENDCSSRS option}

*** (include copy of their Stanley and Brown here and erase this reminder note)***

*** minutes spent discussing clinical care with patient in person***.

Supplemental Table 2. Example quotes related to DESNOS domains

Decreased alteration in regulation of affect and impulses

- I am learning how to have feelings. I didn't even realize before I started this program, that I've been pushing away all my feelings my whole life.
- Not as quick to anger, better understanding of my reactions, better able to let things that upset me go—I can now see reason and understand instead of blind rage and reaction. My time in depressive episodes has not been as long.
- I have been able to work on not bottling up my emotions and being able to talk about things that upset or frustrate me without making me feel helpless.
- I feel so much more equipped to manage emotional flooding. I have increased feelings of self-worth.
- I went from risk taking on a daily basis—in potentially dangerous situations—to taking mild risks occasionally.
- I've learned to use my skills pretty much all the time, throughout my days, which has majorly improved my relationships with my partner and helped me be a better mother.
- I still experience symptoms, but I now have the tools to bring me back. And that they work time and time again is the proof I need in the middle of panic . . . Specifically, at work, I've been practicing grounding exercises in my head during meetings to stay in the room, where previously I would get triggered or overwhelmed and run out causing a fuss.
- It (CTCP) has taught me new and better ways to cope. I feel more in control of myself and I'm no longer in as much fear for my own safety from self-harm.
- My coping skills have become part of my life.

Decreased alterations in self-perception

- It (weekly one-on-one trauma processing therapy sessions) really helped get me get reacquainted with myself and become my own friend and advocate, instead of my enemy.

- This program has given me a different way to view my life. Although I had years of prior therapy, I did not focus on my experience as trauma. Seeing the impact of trauma is eye opening and is slowly beginning to change how I see myself.
- Able to put past events in the past more easily. Helping me see my emotional responses in general to things in my day-to-day life are often just triggers from past trauma, which really helps me deal with it all so much better. Also, seeing I'm not 'alone' in my 'mental health issues' while in group really helps me feel less 'other than' and like there's something wrong specifically with me as a person.
- I feel like I can finally look past trauma in the face and I'm not threatened by it, and it won't throw me into a tailspin.
- I have a much better/greater understanding of how my past trauma impacted me and how its effects have continued to negatively impact my life. This understanding is helping me to gain more feelings of positive self-worth.
- Gaining a greater understanding of how my trauma continues to impact me allows me to make progress toward integrating those unhealed parts into my more actualized, more competent parts. Quieting the negative inner voices helps me move forward. Lowering fears and anxiety allows me to remember what I know.

Decreased alterations in relationships with others

- I have realized a newfound respect for myself to insist on how others should treat me.
- I have gone from being virtually NOT present in my own day to day life, regularly losing control of my anger and becoming verbally/physically abusive to both myself and my husband and not having one real friendship—along with a very poor one with my extended family to: rarely ever dissociating, calmly and successfully using positive communication skills when angry or upset, not being harmful and also building new friendships and rebuilding my

relationship with my sister. I have also been able to realize that not trying to build a close one with my mom is in my best interest.

- I was able to end a toxic, long-term relationship without issue and reaffirm this ending when he tried to come back.
- I no longer live in fear of putting myself in a hospital due to self-harm or worse and that is for two reasons—1) the social support system I am building and 2) I am more present in my own life, which means for the first time in almost 20 years, I am in control of my life.
- CTCP has opened up a part of me that I didn't know existed. 1) I am connecting with people in my community. 2) I have a baseline sense of self-worth and self-compassion. 3) I feel mostly capable of regulating my emotions and am feeling safer being present in my life.
- Although I am still working on my intimacy with myself and others, I have found myself more willing to open up to others.
- I was becoming an agoraphobic and getting to (CTCP) appointments helped me, which leads to socializing and meeting friends I haven't seen in years.
- It (CTCP) helped me to see I wasn't alone.
- I felt a really strong sense of community with the group, even to the point that it felt good to be here even when I was so low I couldn't participate.

Increased hopefulness and confidence

- My self-confidence is growing.
- This has given me hope for my future of having a 'normal' life.
- Feel more hopeful. Feel stronger and braver. More willing to try something.
- It (CTCP) has helped me feel stronger and more in control.
- I feel like I am living life and not just reacting to it. I'm no longer afraid to go out into the world.

- It (CTCP) has helped me to start feeling like I am gaining control of my life and to deal with the tough times in a healthier way.
- All these years I have been in therapy and I didn't think I got much out of groups then I began to feel better and with CTCP is all just came together. The light bulb came on. This is the best I have ever felt. I am very proud of myself.
- I have made huge strides in my recovery. I will continue to be an advocate for me.
- I'm so grateful for this program guiding me to a place where I feel strong enough to address my addiction.
- Before CTCP I just wanted to be dead and now I am excited about being myself and living for myself.