Chapter 17
Bethany: A Woman Recalling Her Traumatic History

Bethany is a 32-year-old biracial cisgender female. She is a lawyer by training and has been working at the same law firm since graduating law school 5 years ago. The law firm handles primarily estate law but has a strong commitment to pro bono work, so each lawyer is expected to take on 1–2 pro bono cases that could range from traffic charges to sexual assault charges to custody disputes. The lawyers only know a small amount of information about the case before agreeing to take on the case. The pro bono cases are referred to the firm through a special office that coordinates these cases and within the community in which the firm is housed; they are known for this service to get referrals from a variety of sources, including medical providers, mental health practitioners, other lawyers, and teachers. Bethany comes to her Employee Assistance Program (EAP) soon after she started working on a particular case.

In the first meeting, Bethany describes that 6 weeks ago she agreed to represent a gentleman who was referred by his children's pediatrician who was concerned about the level of conflict between the parents as they were trying to divorce and resolve their custody dispute without attorneys. In her first meeting with the client, Bethany said that when she walked in the door she felt like she "could not breathe" and felt like the "wind had been knocked out" of her. When asked to elaborate, she said that the client (Gary) looked and acted just like her uncle. Here she stopped talking and began crying and wringing her hands. After a pause, she said that her uncle had molested her when she was in middle school and seeing Gary "brought it all back." She stated, "It was so weird. I mean he looked just like my uncle. Same haircut, build, and general demeaner. I knew intellectually it was *not* my uncle, but in that moment, it really felt like I was back in middle school and trapped in the room with him. I told him I was feeling sick and left the room, where I went to bathroom and actually did get sick."

After this initial meeting, she referred him to someone else and gave "some lame excuse as to why" she could not continue with him. She stated she quickly took on a traffic misdemeanor case so that she was "at least carrying one pro bono

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case to keep up with the firm's policy." However, since that meeting, she has been experiencing a range of issues, which include difficulty concentrating, trouble falling and staying asleep due to nightmares, flashbacks, and episodes of panic where she cannot breathe and feels trapped. In addition, she has begun to isolate herself from others, and she has lost about 5 pounds, even though she is already quite thin.

In the assessment Bethany states that her mother is originally from Nigeria and met her father (Caucasian American) when she came to the United States for college. Bethany was born here and has one older brother. It was during her visits to see her father's family that her father's brother molested her. These events took place over approximately 2 years during each trip to see her extended family. This time period corresponded with her maternal grandmother's illness and death, so Bethany and her family saw this uncle quite often during this time period. She cannot recall the exact number of times that her uncle molested her, but she estimates it was about ten over the course of the 2-year period. She never told anyone, and once she entered high school, she argued that she was too busy in sports and other activities so that she could no longer go on the family trips. She did not want to tell anyone because "they were all dealing with my grandmother's death and it was just too much."

However, now she is struggling with the symptoms she is having and is concerned about her "inability to just turn it all off." She feel like she has been able "to lock everything up into a box over the last 20 years but now the box has been opened" and she "cannot get all of the feelings and memories back into the box."

Applying the Six Steps of EBP to the Case

As you will recall from Chap. 2, the steps of EBP are:

1. Drawing on practice questions, identify research information needs.
2. Efficiently locate relevant research knowledge.
3. Critically appraise the quality and applicability of this knowledge to the client's needs and situation.
4. Actively and collaboratively discuss the research results with the client to determine how likely effective options fit with the client's values, preferences, and culture.
5. Synthesizing client needs and views with relevant research and professional expertise, develop a plan of intervention.
6. Implement the intervention.

Step 1: Drawing on Practice Questions, Identify Research Information Needs

In the initial step of EBP, the clinician must work with the client to identify the primary clinical issue around which to focus the EBP process. As discussed in Chaps. 4 and 9, it is essential to work with your client to identify the issue that he/she feels is the highest priority for him/her. However, it is also essential to understand the role you have with clients and what is within the scope of this role. Your role as an EAP provider is to provide time-limited (three sessions maximum) supportive services or crisis management. Therefore, you must approach this case with this perspective and recognize that you may not be the person who is most likely to work with Bethany around these issues. It will be important to explain this limitation to her and to clarify whether she is interested in working on the issues related to her childhood trauma beyond the three sessions you can offer. Still, it is clear from talking with Bethany that she feels that she is in immediate crisis and that her symptoms feel debilitating and are impacting her current ability to function. Therefore, the practice question is for now: What are effective treatments for managing symptoms of acute traumatic reactions?

In the PICO model, the *P*opulation is adult biracial women who have experienced childhood sexual assault. The *I*nterventions under consideration are psychosocial interventions and possibly medication with the goals of reducing her acute trauma symptoms. *C*omparisons would be across different therapies and perhaps medication alone or in combination with therapy. *O*utcomes would include reducing PTSD symptoms, including nightmares, hypervigilance, and intrusive thoughts.

Step 2: Efficiently Locate Relevant Research Knowledge

To begin, the EAP worker began by visiting the Cochrane Library (https://www.cochranelibrary.com/) and searched for the phrase "effective treatments for managing symptoms of acute traumatic reactions." One result that came up was Roberts, Kitchiner, Kenardy, and Bisson (2010) "Early psychological interventions to treat acute traumatic stress symptoms" (https://www.cochrane.org/CD007944/DEPRESSN_early-psychological-interventions-to-treat-acute-traumatic-stress-symptoms). Here the summary states that trauma-focused cognitive and behavioral therapy (TF-CBT) had promising results:

> Fifteen studies (two with long term follow-up studies) were identified examining a range of interventions. In terms of main findings, twelve studies evaluated brief trauma focused cognitive behavioural interventions (TF-CBT). TF-CBT was more effective than a waiting list intervention (6 studies, 471 participants; SMD −0.64, 95% CI −1.06, −0.23) and supportive counselling (4 studies, 198 participants; SMD −0.67, 95% CI −1.12, −0.23). Effects against supportive counselling were still present at 6 month follow-up (4 studies, 170 participants; SMD −0.64, 95% CI −1.02, −0.25). There was no evidence of the effectiveness of a structured writing intervention when compared against minimal intervention (2 studies, 149 participants; SMD −0.15, 95% CI −0.48, 0.17). (Abstract, main results)

Not many treatment approaches have been carefully researched. However, the summary also reports that there were some concerns regarding researcher bias and that the research results should be evaluated with caution. Roberts et al. (2010) state that "The quality of trials included was variable and sample sizes were often small. There was considerable clinical heterogeneity in the included studies and unexplained statistical heterogeneity observed in some comparisons" (Abstract, Authors' conclusions). Furthermore, the EAP therapist is familiar with TF-CBT and knows that it was developed for and has been predominately tested with children and adolescents, and Bethany is neither. This SR seemed a bit off target for this client but may point to a useful treatment option to further explore.

At the bottom of this SR, there is a link to another SR by Roberts et al. (2010) entitled "Multiple session early psychological interventions for prevention of post-traumatic stress disorder" (https://www.cochrane.org/CD006869/DEPRESSN_multiple-session-early-psychological-interventions-for-prevention-of-post-traumatic-stress-disorder).

The authors report that:

> Eleven studies with a total of 941 participants were found to have evaluated brief psychological interventions aimed at preventing PTSD in individuals exposed to a specific traumatic event, examining a heterogeneous range of interventions. Eight studies were entered into meta-analysis. There was no observable difference between treatment and control conditions on primary outcome measures for these interventions at initial outcome (k = 5, n = 479; RR 0.84; 95% CI 0.60 to 1.17). (Abstract, main results)

Here the authors conclude that single sessions "may have an adverse effect on some individuals" (Abstract, Authors' conclusions). The authors recommend that multiple sessions may not just be more beneficial but may be necessary in the recovery process. Bethany's trauma was also several years in the past, though it has returned acutely and significantly due to her work.

Hetrick, Purcell, Garner, and Parslow (2010) completed a Cochrane systematic review (SR) examining the combined effectiveness of medication and psychotherapy for treating PTSD—though the kinds of trauma leading to the PTSD were not stated. Very few studies were located, all using SSRIs as the medication, and only three focused on adults. They conclude that "There is not enough evidence available to support or refute the effectiveness of combined psychological therapy and pharmacotherapy compared to either of these interventions alone. Further large randomised controlled trials are urgently required" (Abstract, Author's conclusions).

SAHMSA's website provides a self-help information sheet prepared by Copeland (n.d.) for people who have experienced trauma (https://store.samhsa.gov/shin/content/SMA-3717/SMA-3717.pdf). This sheet provides the individual with psychoeducation regarding typical signs of trauma and different techniques for addressing it, such as seeing a professional counselor. It also provides a number of resources, including hotlines and trauma centers around the country. The information sheet, however, provides no direct research support for any of its recommendations.

SAHMSA (2014) also has a free guide for practitioners called "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf) that outlines their

"Six Key Principles of a Trauma-Informed Approach," which are (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues (p. 10). Within this guide, the authors emphasize that successful treatment must include a relationship and context in which these principles are followed. All seem useful and appropriate though quite general and lacking in details of how to implement these principles. Research support for these quite reasonable principles is noted but not detailed.

Oddly, a search of SAMSHA's National Registry of Evidence-based Programs and Practice (https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-and-practices) yielded links to assessment tools for professionals working with clients who have experienced sexual violence, but did not point to research on treatments for sexual violence in adults, literally yielding zero results.

Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation

The information and limited research that was identified in this search fit with the EAP social worker's view of trauma treatments; trauma needs to be addressed carefully over multiple sessions with a skilled clinician. Given the acuity of Bethany's symptoms and her willingness to talk about her abuse now, the social worker concludes that it is imperative that Bethany enter in to a therapeutic relationship with someone who is trained in trauma interventions and maintains a trauma-informed approach. This is a key recommendation for the client to consider. It is surprising that so little research on treatment outcomes specific to sexual abuse concerns among adults are available.

Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture

Given the amount of time that the EAP therapist has with Bethany and after reading information gathered in the search process, the EAP therapist feels strongly that Bethany should be referred to someone immediately who can work with her on her acute symptoms as well as help her process the trauma she experienced as a child. While the social worker does have expertise in trauma treatments, she does not believe that in her role as an EAP provider, it would be appropriate for her to begin to address the trauma with Bethany because of the short-term nature of the EAP contract. As such, she discusses with Bethany how important it is for her to get support to help her manage the current symptoms and begin to address the childhood

trauma. She explains that in her current role, based on the research, she is most likely better off meeting with someone who can see her long-term over multiple sessions. In addition, she recommends to Bethany that she begin to work with a provider who has some experience and expertise in trauma survivors, specifically TF-CBT with adults, or is at least informed in trauma-informed principles. This treatment approach has some research support. Bethany says she understands the options and why the social work is making this recommendation. The social worker asks if this fits with Bethany's personal views and preferences. Bethany states the recommendation seems appropriate to her.

The social worker also notes that she is now referring Bethany, as Bethany referred her own precipitating referral of her client, Gary. Bethany laughed and said, "Yes, but your excuse is not lame. But it is ironic."

Step 5: Synthesizing Client Needs and Views with Relevant Research and Professional Expertise, Develop a Plan of Intervention

While Bethany was disappointed to have told her story for the first time, she said she understood and was willing to look for someone else. The social worker offered to help her in the search process and help her identify potential providers that she could talk to in order to see if they would be a good fit for Bethany at this time. Based on this conversation, the following treatment plan emerged and was agreed upon by both Bethany and the EAP social worker.

1. Bethany and the social worker will work together to find a trauma informed therapist using (1) her insurance panel names, (2) local trauma centers, and (3) the social worker's own network.
2. Bethany will take the self-help information from SAHMSA and review it and call the social worker with any questions.
3. As Bethany still has two more sessions left, they will use that time to answer questions and to identify appropriate providers. In the meantime, using her own expertise, the social worker also offered to teach Bethany some relaxation techniques as outlined in the SAHMSA self help guide.

Step 6: Implement the Intervention

Consistent with her role as an Employee Assistance Program social worker, the clinicians and Bethany work together over the next 2 weeks to find an appropriate therapist.

References

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