ECHO IDAHO

Behavioral Health in Primary Care

Comparing Trauma Treatment Pathways: A Case-Based Analysis of Evidence-Based Therapies for PTSD

February 18, 2026

Dr. Melissa Kremer

Trauma and Chronic Pain Treatment Program Manager

Idaho Neuropsychology, PLLC

University of Idaho
School of Health and Medical Professions

Project ECHO

Disclosures

- I do not have any disclosures
- The opinions and information presented in this presentation are my own.

Learning Objectives

- Post Traumatic Stress Injury
- What makes it become a disorder
- Tale of Two Traumas: Best treatments for symptom presentations

Tale of Two Traumas

Case #1

- Early adult female
- LEO
- Combined MVA and response to Officer involved shooting
- Referred over 6 months after injury

Case #2

- Middle aged male
- Truck Driver
- MVA-both physical and psychological injuries
- Referred within 3 weeks after injury

Occupational Trauma

Research shows that approximately 1.5% of workers reported being involved in a disastrous event or other accident at work- with the caveat that this numbers might be off due to non-reporting.

Occupational groups such as healthcare workers, police officers, prison workers, and emergency personnel are at increased risk of experiencing traumatic events that make them likely to develop PTSD. This condition can cause deterioration of physical and psychological health and lead to deficits in social and occupational functioning, early retirement, job loss, and in extreme cases, suicide.

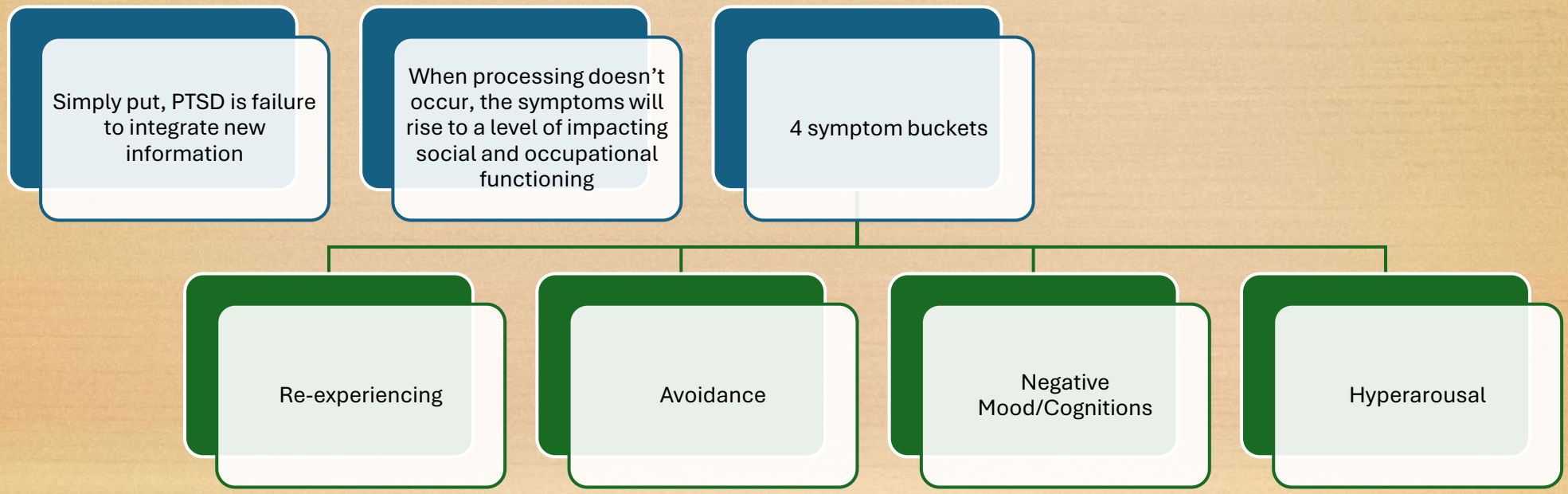
Post Traumatic Stress

Post traumatic stress is completely normal!

- Might include physiological response
- Avoidance or fear of event
- Nightmares

We often see the symptoms subside within a month or so

When does it become a Disorder



PTSD Statistics

Most people who go through a traumatic event will not develop PTSD.

About 6 out of every 100 people (or 6% of the U.S. population) will have PTSD at some point in their lives. Many people who have PTSD will recover and no longer meet diagnostic criteria for PTSD after treatment. So, this number counts people who have PTSD at any point in their life, even if their symptoms go away.

About 5 out of every 100 adults (or 5%) in the U.S. has PTSD in any given year. In 2020, about 13 million Americans had PTSD.

Women are more likely to develop PTSD than men. About 8 of every 100 women (or 8%) and 4 of every 100 men (or 4%) will have PTSD at some point in their life. This is in part due to the types of traumatic events that women are more likely to experience—such as sexual assault—compared to men.

Evidence Based Treatment

- Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR)

CPT	PE	EMDR
CPT focuses on the five main areas where we see the most change after trauma: safety, trust, power/control, esteem and intimacy. Very effective when there is guilt, shame, blame or responsibility stuck points.	PE is focused on avoidance-this protocol is about getting people back into the activities they've been avoiding based on trauma, or lack of motivation. The imaginal exposure section is the trauma processing mechanism.	EMDR is focused on working memory taxation to keep frontal lobe active and then getting out of the brain's way for trauma processing. It is often described as the most intense type of trauma treatment.
Hands on/written; daily worksheets on stuck points	Auditory; records sessions on app with daily playback	Internal processing; no work between sessions
Often12-16 sessions	Often 10-14 sessions	Often 12-16 sessions
Can be done virtually or in person	Can be done virtually or in person	Can be done virtually or in person

Tale of Two Traumas

Case #1

- CPT
- Chosen because of stuck points and responsibility/blame
- 12 total sessions total; PCL drop of 26 points-highly statistically significant

Case #2

- PE
- Chosen because avoidance of getting back into truck; resurgence of symptoms upon getting back to driving
- 9 total sessions; PCL drop of 27 points-highly statistically significant

When PTSD isn’t the only issue

- Co-morbid with pain
  - Additional resources like ACT and Clinical Hypnosis

- Co-morbid with head injury
  - Cog Rehab
  - Coordination with additional brain rehab services
    - OT
    - PT
    - Speech

Does Recovery Mean “I’m Over It” Forever?

- Myths about “brokenness”
- Potential harm of “supportive therapy”
- Why time limited treatment is key to return to work
  - What is the status of their relationship with work?
- Massed treatment approach

Key Points

- Post Traumatic Stress is normal; longer term impact on social and occupational functioning means its become PTSD.
- Trauma treatments should be evidence-based and chosen based on symptom presentation (and learning styles)
- PTSD doesn't mean forever brokenness; however, symptoms could be exacerbated if patient isn't in correct type of treatment.
- Make sure to address ass aspects of recovery needs with treatment referrals.

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association Publishing.
- American Psychological Association. (2019). Summary of the clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults. *The American psychologist*, 74 5, 596-607. https://doi.org/10.1037/amp0000473.
- Hoppen, T. H., Priebe, S., & Morina, N. (2024). The efficacy of psychological interventions for adult post-traumatic stress disorder following exposure to single versus multiple traumatic events: A meta-analysis of randomised controlled trials. *The Lancet Psychiatry*, *11*(2), 112–122.
- Lewis-Schroeder, N. F., Kieran, K., Murphy, B. L., Wolff, J. D., Robinson, M. A., & Kaufman, M. L. (2018). Conceptualization, Assessment, and Treatment of Traumatic Stress in First Responders: A Review of Critical Issues. *Harvard review of psychiatry*, *26*(4), 216–227. https://doi.org/10.1097/HRP.0000000000000176
- Schein, J., Houle, C., Urganus, A., Cloutier, M., Patterson-Lomba, O., Wang, Y., ... Davis, L. L. (2021). Prevalence of post-traumatic stress disorder in the United States: a systematic literature review. *Current Medical Research and Opinion*, *37*(12), 2151–2161. https://doi.org/10.1080/03007995.2021.1978417
- Yunitri, N., Chu, H., Kang, X. L., Wiratama, B. S., Lee, T.-Y., Chang, L.-F., ... Chou, K.-R. (2023). Comparative effectiveness of psychotherapies in adults with posttraumatic stress disorder: a network meta-analysis of randomised controlled trials. *Psychological Medicine*, *53*(13), 6376–6388. doi:10.1017/S0033291722003737
- Weber, M., Schumacher, S., Hannig, W., Barth, J., Lotzin, A., Schäfer, I., Ehring, T., & Kleim, B. (2021). Long-term outcomes of psychological treatment for posttraumatic stress disorder: a systematic review and meta-analysis. *Psychological medicine*, *51*(9), 1420–1430. https://doi.org/10.1017/S003329172100163X