

1. Did the peer:

- a. Describe the nature and prevalence of the selected trauma?**
- b. Discuss trauma symptoms?**
- c. Provide a relevant client scenario and discuss appropriate therapeutic approaches?**
- d. Address the need for possible psychopharmacologic interventions and collaboration?**

2. What other psychotherapeutic approaches might you recommend?

3. What applications do you see for the content of this presentation to your practice as a PMHNP?

Earl,

I enjoyed your presentation. You effectively described the nature and prevalence of sexual trauma. I was shocked to read that “In 2019 data collected by US DOJ, sexual assault occurs every 73 seconds in the United States every 9 minutes for Pediatrics” (Sachs et al., 2022). Going to the emergency room for a health exam is one of the most crucial things to do following an assault. The incident should be reported to authorities. Do not use the restroom, change your clothes, shower, brush your teeth, eat, or drink in order to preserve evidence for future investigations. If you need to change your clothes, put them all in a bag and bring it with you. Earl listed and described symptoms that will be found on a victim such as lacerations, bruises, bleeding, areas of tenderness, and more. He also listed Interpersonal difficulties with relationships and severe depression. I would also include mental symptoms such as reliving a traumatic event in nightmares, intrusive thoughts, avoiding being reminded of the event, and self-blame. Earl provides two relevant client scenario and discussed appropriate therapeutic approaches (Trauma- focused cognitive behavioral therapy, and Eye movement desensitization and reprocessing therapy). Sertraline, paroxetine, trazadone, and clonidine were listed as possible psychopharmacologic interventions. The collaboration discussed was appropriate, the patient should be evaluated by primary care as soon as possible.

According to Watkins et al., (2018), “Guidelines strongly recommended use of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and trauma-focused Cognitive Behavioral Therapy (CBT). Each of these treatments has a large evidence base and is trauma-focused, which means they directly address memories of the traumatic event or thoughts and feelings related to the traumatic event.” I would implement prolonged exposure which includes psychoeducation about being diagnosed with post- traumatic stress disorder and common reactions to trauma, breathing retraining, and two types of exposure: in vivo exposure and imaginal exposure.

In order to effectively treat a patient who has experienced sexual trauma, this presentation's material will help me in my work as a PMHNP by teaching me about research-proven psychotherapeutic techniques and pharmaceutical therapies.

References