Acute Trauma Survivors: Emergency Rooms, Burn Centres, & Torture Treatment

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Acute trauma and psychological outcomes

- Approximately one third of acute trauma survivors meet diagnostic criteria for PTSD 12 months post-event:
  - ER-level accidental injury
  - Burn
  - Torture (potentially higher prevalence)
- Higher rates for rape (up to 60%)
- Approximately equivalent rates for major depression

Effects of PTSD and related disorders on later clinical course

- In- and post-hospital
  - Increased length-of-stay
  - Reduced follow-up
  - Increased complications
  - Reduced compliance/involvement in post-discharge wound-care
- Even greater PTSD following ICU admission

Effects of PTSD and related disorders on later clinical course

- Generalized avoidance
  - Increased chronicity of psychological symptoms and disorders
  - Substance abuse
  - Avoidance of medical and psychological treatment
- Overall increased psychological suffering

Psychological interventions unlikely in emergency medical treatment

- Some trauma survivors less likely to seek out psychological treatment due to shame, denial, distrust of authority, medical preoccupation
  - Interpersonal violence
    - Especially sexual crimes such as rape
    - Many torture survivors do not disclose
  - Severe, immediately life-threatening events

Psychological interventions unlikely

- Emergency treatment environments focused on immediate medical/life-saving issues
- Lack of staff education on psychological effects
- Insufficient treatment resources
  - Other than psychiatry consultation & liaison, few mental health practitioners assigned to emergency rooms, inpatient medical wards

Acute trauma exposure types

- Acute accidents
  - Disbelief, disorientation, initial compliance
- Illnesses (e.g., cancer, CVAs)
  - Denial, depression, medical preoccupation
- Burns
  - Extended course, disfigurement, avoidance
- Torture
  - Cultural issues and idioms of distress
  - Immigration
    - detention-deportation, asylum issues

Trauma-informed care

- Psychosocial support and empathy
- A clinical demeanor that does not appear frightened, repulsed, or pathologizing
- Reassurance and optimism, without falsely promising unrealistic recovery
- Psychoeducation
  - Information about specific injuries, illness, disabilities
  - Description/timeline of future medical procedures

Trauma-informed care

- Cognitive interventions
  - Guilt, shame, self-blame, catastrophizing
- Titrated emotional processing
  - Therapeutic window issues
- Family members/significant others
- Referrals following discharge
  - Individual and family/couples therapy
  - support groups
  - linkage to social services

Subjective impressions

- Impacts on provider
  - Initial horror, helplessness, mortality issues
  - Regular need for debriefing
- Heightened psychological availability of clients
- Staff openness, once prepared
- Obvious psychological helpfulness
- Medical benefits
- Probably economic benefits