

Screening and Brief Counseling Intervention of Acute Stress Disorder and Post-Traumatic Stress Disorder with Burn Patients at Wake Forest Baptist Medical Center

Lindsay Shearer, MS, LPC, NCC, Elizabeth White, MA, and Gigi Wieringa, BA Burn Center, Department of General Surgery, Wake Forest Baptist Health

Background and Overview

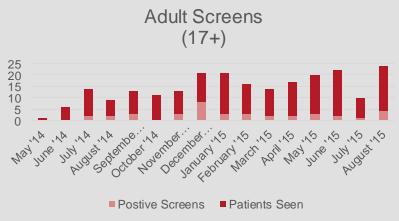
As part of the 2015 American Burn Association Burn Center Verification criteria, patients must be provided brief screening and intervention for Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). Lindsay Shearer, MS, LPC, NCC and Liz White, MA, counselors within the Department of General Surgery, developed a screening program for ASD and PTSD, and have also been providing alcohol/drug screenings, brief counseling interventions, and referral to treatment for patients on the Burn unit at Wake Forest Baptist Medical Center in Winston Salem, North Carolina since May 2014.

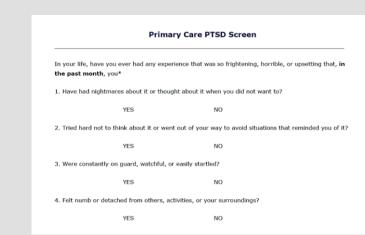
In January, the ASD/PTSD screen was incorporated into the medical records system for nurses to assist in the screening process. The counselors on the Burn unit collaborate with the other members of the medical care team to provide comprehensive and integrated care to patients during their treatments and recovery.

Approximately 25-30% of burn survivors experience PTSD symptoms, which are often still present 24 months postdischarge from the hospital (Davydown, Katon, & Zatzick, 2009; Fukunishi, 1999; McKibben et al., 2008; Palmu et al., 2011). Counseling, education, and resources are provided to aid in normalization of psychological trauma symptoms and encourage discharged patients and their families to seek out mental health counselors in their communities.

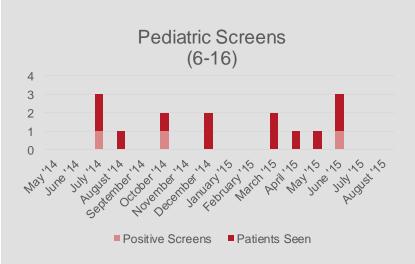
Common themes presented by these patients and their caregivers include grief, anxiety, loss of autonomy, identity distress, and financial concerns. The counselors also utilize the "teachable moment" presented by the hospitalization to screen and intervene with at-risk substance users.

Screening





Ages 17+. Answering yes to two questions or more is considered a positive screen and means, for our purposes, that the patient is at heightened risk for developing Post Traumatic Stress Disorder (PTSD) and should be educated about this risk.



Child Trauma Screening Questionnaire (CTSQ)

	ident.		
1.	Do you have lots of thoughts or memories about the accident that you don't want to have?	Yes	N
2.	Do you have bad dreams about the accident?	Yes	N
3	Do you feel or act as if the accident is about to happen again?	Yes	No
4.	Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the accident?	Yes	No
5.	Do you have trouble falling or staying asleep?	Yes	N
6	Do you feel grumpy or lose your temper?	Yes	No
7.	Do you feel upset by reminders of the accident?	Yes	No
8.	Do you have a hard time paying attention?	Yes	No
9.	Are you on the "look-out" for possible dangerous things that might happen to yourself and others?	Yes	No
10	. When things happen by surprise or all of a sudden, does it make you 'jump'?	Yes	No

Ages 6-16. Answering yes to *five questions or more* is considered a positive screen and means, for our purposes, that the patient is at heightened risk for developing Post Traumatic Stress Disorder (PTSD) and should be educated about this risk.

Nurse Education

ASD – symptoms lasting 3 days to one month

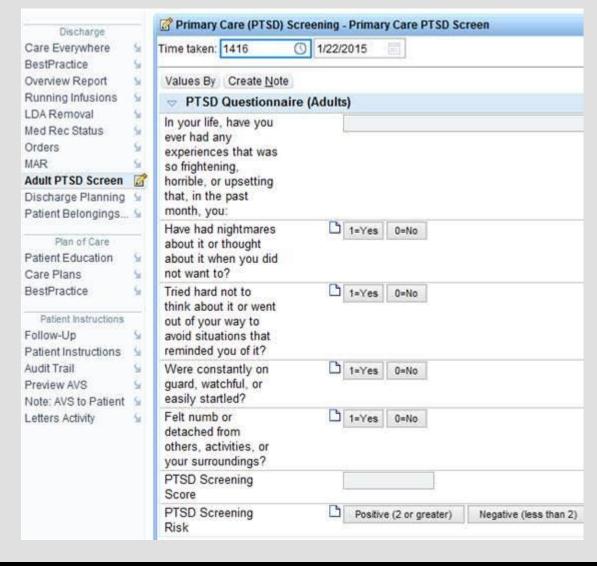
PTSD – symptoms lasting longer than one month, latent reactions can occur

Symptoms:

- -intrusive and unwanted distressing memories of the event, in children this might involve repetitive plan/re-enactment
- -frightening dreams related to the event
- -dissociation (flashbacks, out of body experiences)
- -numbing or being over-whelmed
- -unable to recall aspects of event
- -avoiding any reminders (these could be external or internal reminders)
- -sleep disturbance
- -irritability, outbursts
- -hyper-vigilance
- -difficulty concentrating
- -exaggerated startle response (fight, flight, freeze)
- -difficulty separating/clinginess in children
- *PTSD, very similar symptoms, just prolonged, usually a change in way of thinking about the world from I am safe, in control, and people are safe to the opposite

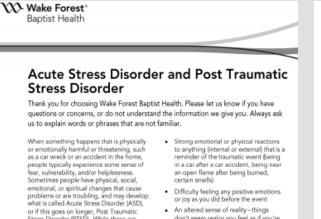
People working with trauma survivors can experience all of these symptoms just by witnessing/hearing their stories, if you ever want to check in with one of us about that we're here

Rule out criteria: use your judgment, obviously not appropriate if they're unable to speak, significant ABI/TBI, developmental or intellectual disability



Intervention

ASD & PTSD Patient Education



Feeling on-edge or as if you can't rel

Substance Abuse Resources

PTSD Resources

Burn Survivor (and family) Resources

Local Mental Health Resources



EMDR: Eye Movement Desensitization and Reprocessing



References

Alcohol and your health

Davydow, D. S., Katon, W. J., & Zatzick, D. F. (2009). Psychiatric Morbidity and Functional Impairments in Survivors of Burns, Traumatic Injuries, and ICU Stays for Other Critical Illnesses: A Review of the Literature. International Review of Psychiatry (Abingdon, England), 21(6), 531–538. http://doi.org/10.3109/09540260903343877

Fukunishi, I. (1999). Relationship of cosmetic disfigurement to the severity of posttraumatic stress disorder in burn injury or digital amputation. Psychotherapy and Psychosomatics, 68(2).82-86. http://doi:10.1159/000012317

McKibben, J.B., Bresnick, M.G., Wiechman, S.A., FJ, A. (2008). Acute stress disorder and posttraumatic stress disorder: a prospective study of prevalence, course, and predictors in a sample with major burn injuries. Journal of Burn Care & Research, 29(1), 22-35.

Palmu, R., Suominen, K., Vuola, J., Isometsä, E. (2011). Mental disorders after burn injury: A prospective study. *Burns*, 37, 601-609.