Integration of Psychological Services for Patients with Burns and Medical Trauma: Assessing Needs

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Introduction

- URMC Kessler Burn and Trauma Center expressed the need for integrated psychological services
- American Burn Association notes necessity of having access to mental health providers
- Aim to understand how an embedded psychologist could promote:
 - a biopsychosocial framework for recovery
 - wellness of patients and healthcare team

"We have never had a psychologist here, and I never would have thought we need one, and all of a sudden now [a consult psychologist] is here, and I don't see how we would do without her, quite honestly. All the activities she brought to the table that nobody knew were things."

"I think it [psychological services] should be part of early recognition and treatment because if we can prevent a lot of things that could happen, then we're preventing not only late discharge, but we're preventing readmission."

Methods

- Semi-structured interviews with 7 key stakeholders: program management, nursing, and physicians
- Qualitative grounded theory approach to narrative analysis
- Interviews coded for major themes



Results

Major Themes	Frequency
Patient Risk Factors	165
Limitations of Current System	289
Interventions for Patients	124
Interventions for Healthcare Team	90
Expected Benefits	87

- All interviewees reported:
 - pain and lack of psychosocial support as significant barriers to discharge
 - desire for psychological and supportive interventions with patients and providers
 - expectation that integrated psychological services would result in more comprehensive patient care

Discussion

- Psychologists identified as a need at all phases of care (admission, critical care, hospitalization, rehab post-discharge)
- Most significant need is comprehensive care
- Suggested interventions:
 - assessment
 - pain management
 - evidence-based treatments
 - supportive services for providers
 - psychoeducation
 - promoting effective communication
 - research
- Expected benefits of integrated psychological services include improved outcomes for patients, providers, and the system

"I am hopeful that [psychological services] would address things that no one is ever addressing...preventing morbidity long-term, and I think it could actually shorten length of stay...which would change [decrease] the burden on the burn team."

Acknowledgements

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References

Blakeney, Rosenberg, Rosenberg, & Faber, 2008; Corry, Pruzinsky, & Rumsey, 2009; Fauerbach et al., 2007

