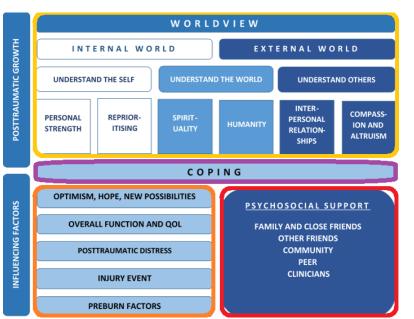
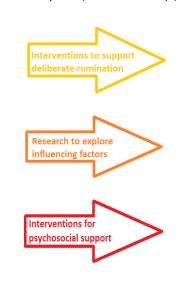
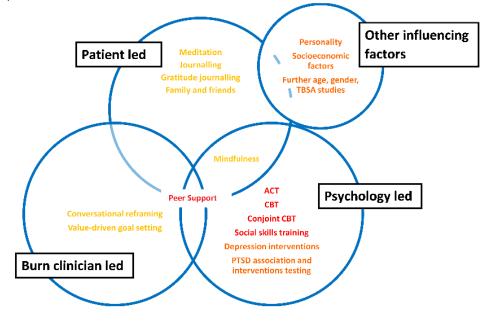
Promoting positivity after burn: Is it possible? Future intervention strategies for research

Lisa Martina, Michelle Byrnesb, Sarah McGarryc, Suzanne Reac, Fiona Woodc







Introduction: Some patients have the capacity to identify positive psychological changes after a burn. These changes might be affected by burn severity, burn location, and recovery trajectories $[\underline{1}]$. In addition, there are specific changes in thinking that affect postburn coping, and there are a number of potential ways these could be influenced $[\underline{2}]$.

Method: The Model of Postburn Growth and Coping [2] was used to propose future research opportunities for growth. This model identifies the presentation of growth as changes in thinking which result from deliberate rumination [3]. It recognises the importance of psychosocial support and it specifies particular influencing factors in promoting positive psychological change after burn, thus these three areas were explored for potential intervention types.

Results: The possible interventions that have the potential to encourage helpful rumination styles, improve social support networks and further explore the influencing factors have been identified. These interventions and research possibilities to promote growth, improve coping and facilitate better recovery can be either patient-led, clinician-led, or psychology-led.

Conclusion: Potential interventions are illustrated here, and it is recognised that some concepts have been researched in the areas of resilience [4] and coping [5] after burn. The research possibilities proposed here are designed to approach growth from three distinct ways. First, those theorised to aid deliberate rumination processes are colour coded yellow, those that explore psychosocial support interventions are colour coded red, and those that explore the influencing factors are colour coded orange. The Venn diagram depicts whether these interventions can be led by the patient, burn team clinicians or psychosocial clinicians.

References:

- [1] Martin L, Byrnes M, McGarry S, Rea S, Wood F. Quality of life and posttraumatic growth after burn injury. Accepted for publication in Elsevier Burns June 2017.
- [2] Martin L, Byrnes M, McGarry S, Rea S, Wood F. Posttraumatic growth after burn injury in adults: An integrative literature review. Burns. 2017;43:459-70.
- [3] Tedeschi R, Blevins C. Posttraumatic Growth: A pathway to resilience. In: Kumar U, editor. The Routledge International Handbook of Psychosocial Resilience. New York: Routledge; 2017.
- [4] Kornhaber R, Wilson A, Abu-Qamar M, McLean L, Vandervord J. Inpatient peer support for adult burnsurvivors A valuable resource: A phenomenological analysis of the Australian experience. Burns. 2015;41:110-7.
- [5] Bosmans M, Hofland H, De Jong A, Van Loey N. Coping with burns: The role of coping self-efficacy in the recovery from traumatic stress following burn injury. Journal of Behavioral Medicine. 2015;38:642-51.

Affiliations: "Burn Injury Research Unit, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological and Translational Science, University of Western Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical Psychology Research Unit, Perron Institute for Neurological Australia; Clinical P









