Typical Symptoms and Presentations

- Fatigue
- Limited cognition and ability to engage
- Dissociation
- Depersonalisation
- Shock, fear, terror
- Sadness, guilt, grief
- Anxiety

Typical Treatment and Approaches

- Analgesic medication
- Psychotherapeutic approaches
- Psychotherapy
- Physical intervention
- Information
- Occupational therapy

Wanganeen’s Model of Loss & Grief

Created for Indigenous Australians, Wanganeen’s loss and grief model has been partially adapted to trauma recovery of the larger burns survivor, by the RAH Burns Unit Social Worker, in consultation with the model’s author. Addressing past traumas of the burns survivor as well as Tangible and Intangible Losses associated with a large burn injury through the Seven Humanisms’ supports holistic reintegration towards a new reality and identity for the burns survivor.

References:

Stages of Burn Injury Recovery

ACUTE STAGE

- Changes in pain
- Sleep disturbance
- Rapid emotional shifting & behavioural repression
- Depression
- Anger
- Identity changes
- Re-emergence of premorbid trauma and psychopathology

Typical Treatment and Approaches

- Team liaison and education
- Focus on maintaining pre-established coping mechanisms & strengths
- Psycho-education, Psychotherapy
- Sleep hygiene, focused attention, values work
- Occupational/increasing independence
- Connection to social systems
- Finances, legal, practical, community
- Preparation for rehabilitation/discharge

RECOVERY/REINTEGRATION

- Adjustment difficulties
- Body image concerns
- Helplessness
- Anxiety – relating to avoidance and phobic responses
- PTSD

Typical Treatment and Approaches

- Suicide based and future directive work
- Psychotherapy
- Trauma focused therapies
- Skills work
- Body image and social interaction
- Family/relationship focused intervention
- Peer support
- Referral to external agencies

Psychosocial Practice in the Changing Context of the Larger Burns Survivor – Maximising psychosocial recovery through reintegrating towards a new reality

Jenny Edge, Madeline Rowell, Rochelle Kurmis, Kathryn Heath, John E. Greenwood
Adult Burns Centre, Royal Adelaide Hospital, Port Rd, Adelaide, South Australia 5000.

Case Studies Integrating Psychosocial Approaches

Middle aged male > 50% TBSA, Injury resulting in amputation, resistive to medical advice due to upbringing and past traumas

Patient ideology to be understood in the context of past trauma

- Working through patients’ trauma background
- Printed information and one-on-one time with specialist disciplines to assist patient in overcoming scepticism and fear
- Providing choice, including binary options, promotes self-determination and supports reintegration

Ward incidences due to patient wanting to recover his masculinity

- Reframing masculinity choice to the patient’s process of working towards reintegration of his new identity. The patient’s disregard for medical advice was recognised alongside the patient’s social values, and patient/ team alliances were maintained

- The alternative of a completely ruptured relationship would likely compromise total care and healing

Youth burn survivor > 16% TBSA, self-immolation injuries, cross cultural background

For this family the word ‘disability’ represented as to be hidden away and to be ‘shunned’

- Crucial to not assume meaning behind words or fill gaps with personal perceptions
- To gain access to referral to disability services essential for on-going care, a new meaning of the word ‘disability’ had to be respectfully taught and accepted by the patient and family

- Principles of ‘Clean Language’ expose alternative for understanding

History of family violence, unresolved complicated grief. Patient and family had unrealistic expectations of aesthetic recovery from a large burn injury

- The medical team provided education based on their experience and expertise
- Being realistic is essential while maintaining hope at same time - shift the focus to what is achievable

Middle aged male > 70% TBSA, house fire, death of family

Upon admission, partner taking blame for injury due to circumstances unconcerned to injury

- Immediate crisis requires validation over reassurance
- Validation sends a message of belief that the individual is a crisis

Father / child relationship impacted by child’s fear of the nase-gafo feeding tube

- REG was considered in support of finding the father/ child relationship and integrating the survivor’s changed paternal identity

- Treatment options can have many layers when consideration is given to the whole person

Periods of frustration, anger and emotional regression during time on ward

- Reading from a journal article helped patient validate and normalise anger as an expected part of recovery
- Attending to practical matters in preparation for discharge strengthened rapport enabling conversation around input from staff therefore keeping the patient away from staff

- ‘Focused Attention’ utilising a sunrise metaphor of a new day, seeded ideas and suggested opportunities for a fresh start without guilt

Wanganeen’s Seven Humanisms

- Physical
- Mental
- Social
- Spiritual

- Emotional
- Cultural

 waktuanok's

Aligned Humanism Towards Reintegration of New Reality

Kid: = continuous importance/presence in all stages

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Psychosocial: This review of practice and supporting literature demonstrated the need for adaptive and fluid psychosocial approaches, utilising trauma informed principles, knowledge of recovery stages, innovative use of Wanganeen’s model of Loss & Grief, Clean Language and a whole team approach to facilitate reintegration towards a social world with a reformed identity. The team should not give up hope for the larger burn survivor as the extent of human resilience is unknown, and it is the team that must carry hope for the survivor when they cannot.

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