



RESEARCH ORAL ABSTRACT PRESENTATION SUBMISSION

Title: The Implementation of a Clinical Psychologist Embedded in a Level 1 Trauma Center

Presenting Author: Beth Broering, MSN, RN, CEN, CCRN, TCRN, CCNS, CAISS, FAEN

Additional Authors:

Brianna Jackson, BS

Katy Maher, Ph. D

Aims/Objectives: The aim of this study is to describe the role of psychology within a level 1 trauma center.

Design: The current investigation is a descriptive study.

Setting: The current investigation took place at a high volume, ACS-verified, Level 1 academic Trauma Center.

Sample: 376 adult trauma patients who were seen by Trauma Psychology (including a clinical psychologist and two clinical doctoral students) during their inpatient medical stay between 10/01/17-09/30/18. During this time frame, there were 3749 total adult trauma admissions, including Blunt (78.8%), Burn (11.9%), Penetrating (8.9%), and Other (0.4%).

Method/Procedure: 376 patients were consulted by trauma team and/or screening tool and received at least one visit by trauma psychology. The Injured Trauma Survivor Screen examined PTSD/Depression risk in hospitalized patients (Hunt, J.C. & et al., 2017). Data involving demographics, mechanisms, psychiatric history, and acute interventions were collected and analyzed.

Results: Of the patients screened, 55.4% scored 2+ on PTSD and 60.8% on Depression ($M=1.82$, $SD=1.46$, PTSD, $M=2.09$, $SD=1.52$ Depression). 83.8% of screened patients received a consult. Consult reasons included but not limited to: coping with hospitalization (24.7%), ITSS screener (13%), other (9.8%), anxiety (8.0%), psychiatric history (6.4%), PTSD symptoms (5.9%), Depression (5.3%), nature of injury (4.3%), interpersonal violence (3.7%), nightmares (3.2%), suicide attempt/ideation (2.1%), substance use (1.6%), family coping (1.1%), and sleep difficulties (0.8%). Patients were typically screened around the 6th day of admission ($M = 6.18$, $SD = 7.87$) and stayed an average of 14 days ($M = 14.14$, $SD = 14.31$). Nearly half (49.5%) of patients had prior psychiatric history. Patients saw psychology an average of 3 times ($M = 2.92$, $SD = 2.59$) and 16.0% were given detailed referrals. In sum, a total of 1003 acute interventions were carried out. A total of 60 referrals (16.0%) were given to patients prior to discharge.

Discussion: ACS recommendations and previous literature supports acute mental health assessment and intervention for trauma patients post injury. However, few trauma centers have integrated a psychologist and fewer have examined the implementation and role of psychology within the trauma center. The high rates of consults during hospitalization and PTSD/Depression risk emphasize the importance of psychological support during hospitalization. Because the current analysis is limited by the use of retrospective medical chart review, RCT's may further illuminate the true effectiveness of psychologists integrated within the trauma center.