

THE BURDEN OF THE BURNT: PRACTICE OF MEDICAL SOCIAL WORK WITH BURN VICTIMS - AN EXPERIENTIAL JOURNEY

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This paper is based on our field work placement experience in Burns Ward at a Government Medical College Hospital in Chennai. It focuses on the opportunities, constraints and rehabilitation along with the impact of social work expertise at burns ward while working with the victims, families and their collateral contacts. What is significant in our observation is that the social workers need relevant cultural competency in understating gender perspectives during the entire process of social work interventions. More quality time is needed to work with victims and other significant members in their psycho social network in order to understand the causes, consequences and outcomes. It cut across the age of the victims, occupations, socio economic conditions, behaviour and personality of the all persons involved. Alcoholism and addiction behaviour of the victims as well as the perpetrators have to be taken into consideration while dealing with the assessment, diagnosis and interventions. Burn injuries can be highly complex, often involving injuries related to self-immolation, domestic violence and other criminal elements or events. The social worker will often be required to spend more time with burn-injured patients, their families and various external agencies and support services to ensure that patients' needs are met and their rights in terms of legal, financial and insurance matters explained. A burn injury is a traumatic, painful and potentially life-changing event for patients and their families. The impact of a burn injury on a patient and their family is enormous. The psychosocial support and assistance provided by social work is therefore a vital part of the holistic, multidisciplinary care delivered in a burns unit setting. A patient with a burn injury may go through various physical, psychological and emotional stages while receiving treatment. A patient's family and support network may also experience different emotions and needs as the patient reaches different stages of treatment and ability. The burns treatment process may be long-term, painful and extremely complex and extensive – even following a patient's discharge from an acute care burns unit. A social worker working in this area needs to be aware of the possible physical and psychological impacts on patients and family members alike. A burn injury can be a life altering event. Trauma and grief and loss responses, scarring, disfigurement and self-esteem and return to their family, community and work place all need to be assessed and responded to by the social worker.

Key Words: burns survivors, social work intervention.

Introduction

The Practice areas and Standards for social workers working in the burn injury area have been generally divided into five main categories:

- Direct Practice/Clinical Practice
- Teamwork
- Professional Development and Education
- Organisational Administration

However, in this paper only the direct Practice experiences have been discussed.

We need to provide all patients, their families and carers with a timely and effective crisis social work service upon admission to hospital following a burn injury. Referral to social work as soon as possible after admission

(at least within the first 24 hours) is important to ensure that appropriate psychosocial crisis care and support are provided to the patient, family and carers, and that their immediate practical needs are also addressed as soon as possible. Social workers working in the burn injury wards have to equip themselves with certain specific skills and social work interventions. Some of the skills and Social work interventions are discussed here.

Application of relevant theories

Crisis Theory and Intervention

Crisis Theory can be explained through the term ‘Psychological First Aid’ which involves ‘approaching and offering support to people involved in the incident, with a focus on the establishment of safety, the provision of practical help in meeting basic human needs and physical care, for example, food, shelter and contact with loved ones. Supportive counseling is also provided’ (Pockett, 2006:135). Roberts (1991) lists seven stages for social workers of working through a crisis:

1. Assess risk and safety of clients and others
2. Establish rapport and appropriate communication with clients
3. Identify major problems
4. Deal with feelings and provide support
5. Explore possible alternatives
6. Formulate an action plan
7. Provide follow-up support

Trauma theory and intervention

“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning” (Herman, 2001:33). The distinguishing features of a traumatic event are:

- unpredictability
- uncontrollability
- the nature of the event tests and changes values and priorities
- everything changes (Saari, 2005) From the outset, social work intervention is structured to ensure the patient, family and carers are actively involved in the recovery process, with promotion of recovery the primary goal.

Intervention consists of:

- encouraging discussion about what occurred. (Gender, violence prone environment, addiction behaviour of the clients or their spouse, premorbid personality have to be assessed)
- examining likely consequences and implications
- identifying and seeking solutions to any associated issues
- resolving any prominent post-trauma reactions (Watts, Anson & Battistell,1997).

Interpersonal communication skills

Interpersonal communication for social workers includes verbal and non-verbal communication skills. The basic range of skills required to ensure effective and appropriate communication with patients and families include attending, empathy and active and reflective listening (Egan, 2007).

Practical information and assistance as required

Assessing and attending to the immediate and ongoing day-to-day needs of patients, families and carers is a vital social work role. Issues such as accommodation, transport, financial responsibilities, child-care, family location, employment and hospital orientation all need to be addressed adequately for patients, families and carers to be able to focus on the short- or long-term hospitalisation period.

Provision of orientation to hospital/ward setting

In addition to any traumatic component of being injured, admission to an acute medical hospital, characterised by fleeting encounters with a large number of clinical staff, can be distressing' (Watts et al, 1997). Added to this is the possibility that patients may have been transferred to the burns unit from a rural or regional area and they, their families and carers may be unfamiliar with the general geographic area as well as the hospital environment. It is important for social workers to assist patients, families and carers by orientating them to the ward and general hospital environment as well as providing assistance with parking, food and other basic services as required. Providing written information on the role of social work may also be appropriate.

Psychosocial assessment

A psychosocial assessment is an important tool in gaining information about a patient, their family and carers and their past and current psychosocial situations. Assessment is an ongoing and changing process, and it is not necessary to gain all the information needed in one interview/intervention. Information that forms part of a psychosocial assessment includes:

- Immediate details surrounding events that led to burn injury and hospital admission
 - Practical information such as current accommodation, employment and financial status
 - Family structure
 - Other support structures
 - Current involvement with any health or welfare service providers
 - Mental health
 - Drug and alcohol issues
 - Past trauma and/or bereavement experiences
 - Previous hospitalization
 - Any other issues that may impact on current hospital admission and treatment
- Possible Interventions Social worker to:
- Receive referral for patient and/or family and carers, and to liaise with medical and nursing staff to obtain initial information about the patient, their injury and possible short-term outcomes
 - Provide crisis intervention responses and support as necessary
 - Meet with patient, if possible, and address initial concerns or information needs

- Provide information on possible trauma responses for patient, family and carers and to normalise these emotions and responses
- Meet with the patient's family and carers and conduct initial basic psychosocial assessment to ascertain any immediate needs or concerns
- Provide relevant assistance regarding accommodation, transport and orientation for patients, families and carers who have been admitted or transferred to the hospital from a rural or regional area
- Assist in preparing family and carers to see the patient for the first time by providing them with information about the patient's appearance and medical environment.

Grief and Loss Theory and Counselling Skills

'Working with and recognising grief and loss issues have long been identified as one of the core skills of social work practice' (Goldsworthy, 2005:167). Grief is a predominant emotion after a burn injury (Smith, Smith & Rainey, 2006:105) so it is important for social workers to be familiar with grief and loss theory and intervention and support skills not just in the area of death but also linking grief and loss theory to issues of change. Social workers will provide support to families following the death of a patient, but will also provide grief and loss interventions and support to the patient and family in relation to the losses and changes that occur following burn injury.

Liaison

Liaison involves verbal and/or written communication undertaken by a social worker with other members of the multi-disciplinary team, the patient, family and carers and external agencies and service providers in order to help communicate the needs and wants of the patient, family and carers. Liaison is the forming and facilitation of a communication link between all parties involved in the patient's care and well-being. Liaison involves the social worker communicating with the patient, family and carers, other multidisciplinary team members, hospital staff and relevant external government and nongovernment agencies and services to ensure that the needs of the patient and family and carers are addressed in an effective way.

Advocacy

Advocacy in direct client practice refers to the work that a social worker does to ensure that the needs and wants of the patient and/or family and carers are heard and recognised by relevant service providers and agencies. 'Case advocacy refers to the process of working with, or on behalf of, another or a small group, to obtain services to which they are entitled or to influence a decision that affects them' (O'Connor, Wilson & Setterlund, 2003).

Organisational skills

Effective organisational skills require a social worker to be able to manage competing priorities within their direct client work along with other tasks required of their role. Effective time management and the ability to prioritise are essential. Possible Interventions Social worker to

- Provide immediate crisis intervention and support to patients, families and carers
- Provide initial trauma and grief and bereavement counselling as required
- Provide information regarding trauma responses, burn injury and the recovery process, children's and adolescents' responses to trauma and loss, and information regarding available local services
- Assess and attend to the immediate practical needs of patients, families and carers
- Assist with accommodation, financial assistance and access to legal assistance and information
- Provide support to patients, families and carers throughout official interviews with police or other agencies

- Liaise with relevant hospital staff and government and non-government agencies as required.

To obtain information, through psychosocial assessment and liaison with health professionals and other agencies, regarding the circumstances of the burn injury in order to ensure appropriate and relevant intervention details surrounding the circumstances of the burn injury are important in assessing for possible domestic violence or self-inflicted injury, and to identify any child protection and victim of crime issues. It is important to remember that the full history of the circumstances of the injury can emerge over a number of days due to the trauma and shock experienced by the patient, family and carers.

Possible Interventions Social workers to:

- Conduct initial and ongoing psychosocial assessment with patient, family and carers
- Liaise with medical, nursing and allied health staff, and external agency staff as appropriate
- Make referrals to relevant statutory and support agencies as necessary.
- Document psychosocial assessments in patient file.

Brief intervention skills

Some basic assumptions of brief therapy or intervention are that the clients should define the goals of therapy or intervention and that the social worker should acknowledge the strengths, skills and resources of the client. In this way, brief intervention involves the social worker being able to make an assessment regarding the strengths, resilience and coping skills of the patient and family and then assist them to clarify goals and develop strategies to achieve them (Durrant, 2001).

Possible Interventions Social worker to:

- Conduct initial and ongoing psychosocial assessment with patient, family and carers to ascertain support needs
- Devise and document intervention/supportive contact plan for patient, family and carers for duration of inpatient admission (being aware that plan may change in accordance with patient and family circumstances and needs)
- Liaise with and refer to other multidisciplinary team members, health professionals and external support agencies and services as appropriate and necessary and with the knowledge and consent of patient and family and carers
- Maintain supportive contact with patient, family and carers throughout hospital admission as required.
- Social worker to be involved in patient discharge planning

Report writing and documentation skills

It is important that social work case notes and reports are accurate and concise and contain only information essential to the relevant aspects of patient care and service provision (AASW, 2003:10). Information obtained through the psychosocial assessment process should be documented in the patient's file and any information relevant to other health professionals within the multidisciplinary team highlighted appropriately. The social worker also needs to refer to the mandatory documentation requirements of the health facility in which they are based.

Case and intervention planning

Case and intervention planning involves the social worker devising and documenting a clear and detailed intervention plan within the patient's file. Information to document in this plan could include: psychosocial

assessment information, social work interventions to be implemented, service providers to be contacted and outcomes of interventions.

Possible Interventions Social worker to:

- Conduct an initial psychosocial assessment as soon as possible after admission, with ongoing psychosocial assessment of patient, family and carers as required. Tedstone, Tarrier & Faragher (1998) found that post-burn psychological morbidity was strongly associated with psychological factors, including psychological morbidity, in the first two weeks of sustaining the injury. This indicates an early and ongoing psychosocial assessment process by social work and other multidisciplinary team members is required
- Assess pre-injury functioning level of patient, family and carers, including previous psychiatric or mental health history, drug and alcohol use, domestic violence, learning difficulties, developmental delay, previous bereavements or losses, previous traumas and previous hospitalization
- Assess patient and family and carer strengths, previous coping strategies and current available supports

Families also said they needed support in understanding how a burn patient may change or respond following injury, and advice regarding constructive methods of coping with altered family dynamics and after-effects of burn (Phillips, Fussell, & Rumsey, 2007). Other literature also discusses patients' need for information and explanations regarding their injuries and what is going to happen to them (Partridge & Robinson, 1995).

Knowledge of burn treatments and terminology

It is important for the Burn Unit Social Worker to have an understanding of the physical and psychological impacts of burn injuries, and the subsequent range of treatments that may need to be applied, in order to then assist the patient, family and carers in understanding the process. Social workers should attend relevant ward meetings, case conferences and education and training sessions, as well as liaising with medical, nursing and allied health staff, so as to be aware of the relevant burns information. It is important that all medical information and advice be provided by the medical team. The social worker can provide an important supportive and educative role in this process and check understanding of medical information with the patient, family and carers. If further discussion is required, the family and carers are referred back to the medical team.

Enhance existing coping strengths and strategies of the patient, family and carers

Through ongoing psychosocial assessments, a patient's strengths, existing coping mechanisms and support networks are identified (Molter, 1993). Although some research has shown patients with a burn injury develop high levels of emotional distress, it has also been shown that some patients report high levels of resources such as general optimism, self-efficacy and perceived social support (Wallis et al, 2006). Social workers are well placed to work from a strength perspective in their work with patients, families and carers. Through regular supportive contact and counselling sessions, the social worker is able to focus on an individual's previous coping methods, as well as helping to enhance functional responses to try to prevent possible maladaptive adjustment to the burn injury. This is achieved by discussing and addressing issues such as adjustment to body image, grief and loss responses, trauma responses, the hospitalisation and treatment processes and changes in lifestyle and future functioning ability.

- Identify possible maladaptive coping mechanisms and address with patient, family and carers in a supportive and constructive manner
- Provide supportive contact around building on strengths and coping mechanisms to patient, family and carers throughout period of hospitalisation and on discharge.

Knowledge and Skills for Discharge Planning

Discharge planning skills involves working with the patient, family and carers, the multidisciplinary team and relevant external agencies and services to prepare the patient and family and carers psychologically and physically to leave the acute hospital setting and go home or move into rehabilitation.

Referral

The social worker needs to be able to assess when a service or agency may be required for the patient, family and carers, and have knowledge of relevant and available services. In order for the referral to be made, the social worker must have knowledge of the appropriate referral structures and processes for each agency and service.

Conclusion

Social workers demonstrate a commitment to the provision of a high quality level of service provision and to the issues of quality assurance and continuous improvement (AASW, 2003:16). Regular and consistent service evaluation allows social work practitioners and managers to reflect on practices that are working well, and to initiate strategies for practices that may need changes or improvements. These involve the ability to reflect on and monitor practices in a consistent manner through the use of supervision, statistics, case discussions and feedback from patients, families and carers, multi-disciplinary team members and external agencies and services.

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