The Role of Social Work
in a Lead Trauma Hospital

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TALK TRAUMA - April 30th, 2009
Family Structure

Father - 40 yrs. old
Mother - 38 yrs. old
Brother - 16 yrs. old
Sister - 12 yrs. old
Arrival to LHSC

- All three brought to LHSC
- Mother died in Emergency Department
- Father transferred to Adult Trauma Unit
- Daughter went to Pediatric Inpatient floor
- Brother brought to Hospital by family
Additional Details

- Father- confirmed toxicology test of ETOH
- Daughter’s diagnosis- Multiple pelvic fractures and superficial lacerations
- Daughter on bed rest for 7 days
- Daughter in hospital for 3 weeks in total
The Role of a Trauma Social Worker

• Provide Counseling
  ▪ Crisis Intervention
  ▪ Individual/Family/Marital
  ▪ Grief/Bereavement
  ▪ Short/Long term
The Role of a Trauma Social Worker

- Team Collaboration

- Interdisciplinary team approach

- Facilitate Community Linkage

- Assist with discharge planning
The Role of a Trauma Social Worker

- Assess the patient’s and family’s social and emotional needs
- Address the social/emotional effects of illness/treatment
- Assess who/what support is available
The Hospital Experience

• Meet with family daily to provide counseling and practical assistance

• Coordinated services between Adult and Pediatric Social Workers

• Discharge planning started as soon as the family was admitted to the hospital
Instrumental Tasks During the 1st Few Days of Admission

- Contact Funeral Home to facilitate dad and daughter’s attendance at the Visitation/Funeral
- Assist with arranging appropriate transportation to Funeral Home
- Provide support to family surrounding funeral
- Collaborate with team to provide a safe discharge plan
Auto Insurance

- Assist with initiating a claim

- Right to compensation if injured in a car crash

- “Accident Benefits” are available regardless of who is at fault
“Accident Benefits”

- Income Loss
- Assist with medical/rehabilitation expenses
- Provide attendant care
- Caregiver Benefits
Father’s Issues

• Everyone deals differently with a traumatic event
• There is NO right or wrong way to do this
• Everyone has their own inner coping skills
• Assess dad’s coping ability
• Assist with helping dad find some control over the situation
Father’s Presentation

- Dad overwhelmed with shock and guilt
- Dad felt he has robbed his children of their mother (driver + ETOH)
- Assess dad for post-traumatic adjustment issues
  - More than normal reactions to the current situation
  - Suicidal ideation
- Assist dad in identifying any family/community/financial support
Follow Up Clinic

- Dad to return to Trauma Clinic to be assessed by Adult Trauma Social Worker:
  - Depression
  - Suicidal Ideation
  - Post Traumatic Stress Disorder
  - Parenting Capacity
12 yo’s Clinical Presentation

- The daughter was in shock while in hospital.
  - She wanted to avoid conversations and feelings associated with the trauma
  - She requested minimal visitors
  - She presented as detached from the here and now
  - She had a restricted range of emotions and appeared quite numb
Trauma as a Sensory Experience

“Trauma is what we experience, not what we know, understand or comprehend”

“It is NOT the event that is traumatic but the individual experience in the trauma”

(Steele, W., 2001)
Trauma as a Sensory Experience

- Provide items that may bring comfort such as a teddy bear or blanket
- Offer a calm environment with minimal stimulation
- Offer a safe space with child friendly objects including art and play toys
Secondary Trauma

Ongoing investigations:

- CAS
- Police
Secondary Trauma

In Hospital:

• Uncertainty about what might happen next
• Being in pain or going through painful procedures
• Having a noticeable injury or being permanently injured
• Fear about what others will think of them
• Fear of dying
• Retelling of their story
Asking About the Trauma

Do’s

• Educate about grief, trauma and acute stress
• Normalize feelings and behaviours

Don’ts

• Ask to re-tell their story repeatedly
How Do We Help?

• We don’t focus on symptoms but on the major themes of trauma.
  ▪ Fear/Terror
  ▪ Worry
  ▪ Powerlessness
  ▪ Unsafe

• Provide structure
Pain Management

Involved:

• Medication

• Emotional intervention
Discharge Plans

• School integration for children

• Referrals for ongoing social work counselling
Follow-up Clinics

- Follow-up by social work while in clinic
- Grief work with daughter included memory box
References

1. The National Institute for Trauma and Loss In Children
   www.tlcinst.org

