Clinical Poster #3

EVIDENCE BASED SCREENING AND INTERVENTION FOR DEPRESSION AND POSTTRAUMATIC STRESS DISORDER IN TRAUMA CENTERS
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Body: Every year over 2.5 million Americans experience traumatic injury that requires care at a Level 1 trauma center. Of those who are hospitalized for injury, more than 1 in 5 go on to develop a chronic course of PTSD, with another 6% developing delayed PTSD by six months. The American College of Surgeon’s Committee on Trauma (ACS-COT) has shown increasing concern regarding the psychological health of patient’s following injury. In the most recent version of the Resources for the Optimal Care of the Injured Patient, which outlines requirements for verification of trauma centers, ACS-COT notes the growing evidence of PTSD, depression and functional impairment among individuals who sustain physical traumatic injury. While not a requirement for verification at this time, the ACS-COT suggests that early screening and intervention for PTSD and Depression may result in improved outcomes. The purpose of this presentation is to present an overview of a Trauma Psychology program imbedded within a Level 1 Trauma Center at Froedtert & the Medical College of Wisconsin. It will include information on the program structure, screening processes used with the trauma patients for PTSD and depression, and the evidence based interventions utilized to mitigate PTSD and Depression in those who are risk positive. A large component of this program is research; the Injured Trauma Survivor Screen was developed to predict PTSD and depression, the sensitivity and specificity of which ranged from 75% - 96%. This presentation will include examples of how this screening instrument has been implemented into the hospital, how it assists with triaging based on need, and how this leads to psychological consultation and intervention. Furthermore, there will be time for discussion about the innovative model being presented and to discuss ideas about how it could fit within other trauma centers.