Psychosocial Care of the Trauma Victim & Family

Patient Reactions to the Trauma:

- Anxiety over not knowing what is wrong
- Fear of physical discomfort and pain
- Fear of loss of control, embarrassment & humiliation
- Fear of separation and a prolonged hospitalization
- Fear or change in body image
- Fear of dependency
- Fear of role changes
- Grief or sorrow
- Guilt or shame
- Powerlessness
- Depression with loss of self-esteem

When Working with Trauma Patients:

- Let the patient know you are accepting of him/her
- Explore with the patient his/her previous coping techniques
- Assess the patient’s coping ability and regulate the amount of information provided to him/her accordingly
- Provide the patient with the necessary information for decision making
- Facilitate the expression of feelings
- Teach the patient how to interact and communicate with other hospital personnel
- Allow the patient the greatest amount of self-sufficiency possible
- Provide feedback to the patient which will encourage self-esteem

Family Reactions to the Trauma:

- Initial reactions include shock and disbelief
- Anxiety over the unknown
- Fear of possible death of their loved one
- Feelings of helplessness and inadequacy
- Feelings of being out of control
- Anger
- Guilt
- Remorse
- Intense sadness or grief
- Denial of the injury severity

Impact on the Family:

- Family members may need to assume new roles
- The family encounters new and additional burdens
- Unresolved family conflicts may surface
- The family may approach a crisis state with changes in the patient’s condition
- The family may become socially isolated or withdrawn
When Working with Trauma Families:

- Provide the family with specific, concrete information as soon as possible
- Introduce the family to their surroundings
- If the family is out of control or has no social support systems, call a hospital social worker or Chaplin
- Prepare the family for their first patient visit
- Serve as a role model for interacting with the patient
- Let the family know that their loved one is receiving the best medical care possible
- Allow the family plenty of time to process the new information
- Provide empathetic listening so the family can verbalize their fears and hopes
- Discuss the patient’s qualities
- Highlight gains the patient is making (don’t highlight their significance)
- Allow the family to voice their anger
- Allow the family to resolve their grief in their own time-frame
- Encourage the family to voice their emotions to others
- Know your own reactions to the family (We are HUMAN TOO!)

Points to remember which may increase your awareness and help you cope with family reaction in a less stress filled and more therapeutic manner.

- Recognize that family reactions CAN have an impact on your morale
- Be aware of the attitudes and feelings that you bring from your own life that may affect your interactions with families
- Try not to personalize anger; look for feelings behind it and/or reasons for it
- Don’t expect families to react the way you “think they should”, or to proceed through the grieving process on your time table
- Be aware of your need to “fix things and make them better”
- Know that you will not be able to “solve” all problems
- Try to give the family as much control as possible
- Be aware that the family constellation may effect that way in which family members respond/adjust (siblings, grandparents, friends)
- Recognizing the cultural differences may determine how families publicly and privately handle a catastrophic event
- Be aware that “normal” developmental milestones and “anniversaries” can be especially painful, stressful and anger producing to families
- Avoid blaming or labeling or coming across as the “experts”
- Recognize that the objectivity you must maintain as a professional need not conflict with your feelings of empathy toward the family
- Recognize when you need more help working with the family and obtain supervision and/or guidance (i.e. Supervisor, case manager, social worker, etc.)