

IMPACTING ACUTE TRAUMA: Does a brief preventive intervention affect PTSD outcomes? (IMPACT)

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Why IMPACT?

- Studies suggest 20-40% of acutely injured patients present with high posttraumatic stress symptoms yet only 7% of level I and II trauma centers implement screening procedures for PTSD.
- It may take years for trauma-exposed individuals to seek treatment and the health problems and functional impairments that accompany the disorder translates into significant financial burdens on healthcare systems.
- This gap places trauma centers in a unique position to advance the evidence base for effective PTSD treatments via detection and early intervention.

Research Aims

AIM 1

To assess the prevalence of patients at-risk for the development of PTSD among trauma patients admitted to UMCB.

AIM 2

To implement and assess the effectiveness of a brief preventive intervention to prevent development of PTSD.

AIM 3

To analyze disparities of health outcomes, treatment seeking-behaviors and barriers to care among study participants through analysis of study specific and trauma registry data.

The Brief Preventive Intervention

Evidence Based Approaches

- **Seeking Safety**

Emphasis on emotional safety as priority of first-stage treatment

- Orient patient towards feelings emotional safety
- Identify ways to calm nervous system (engage coping)
- Activate resources for safe coping (who, what, where)

- **Psychological First Aid**

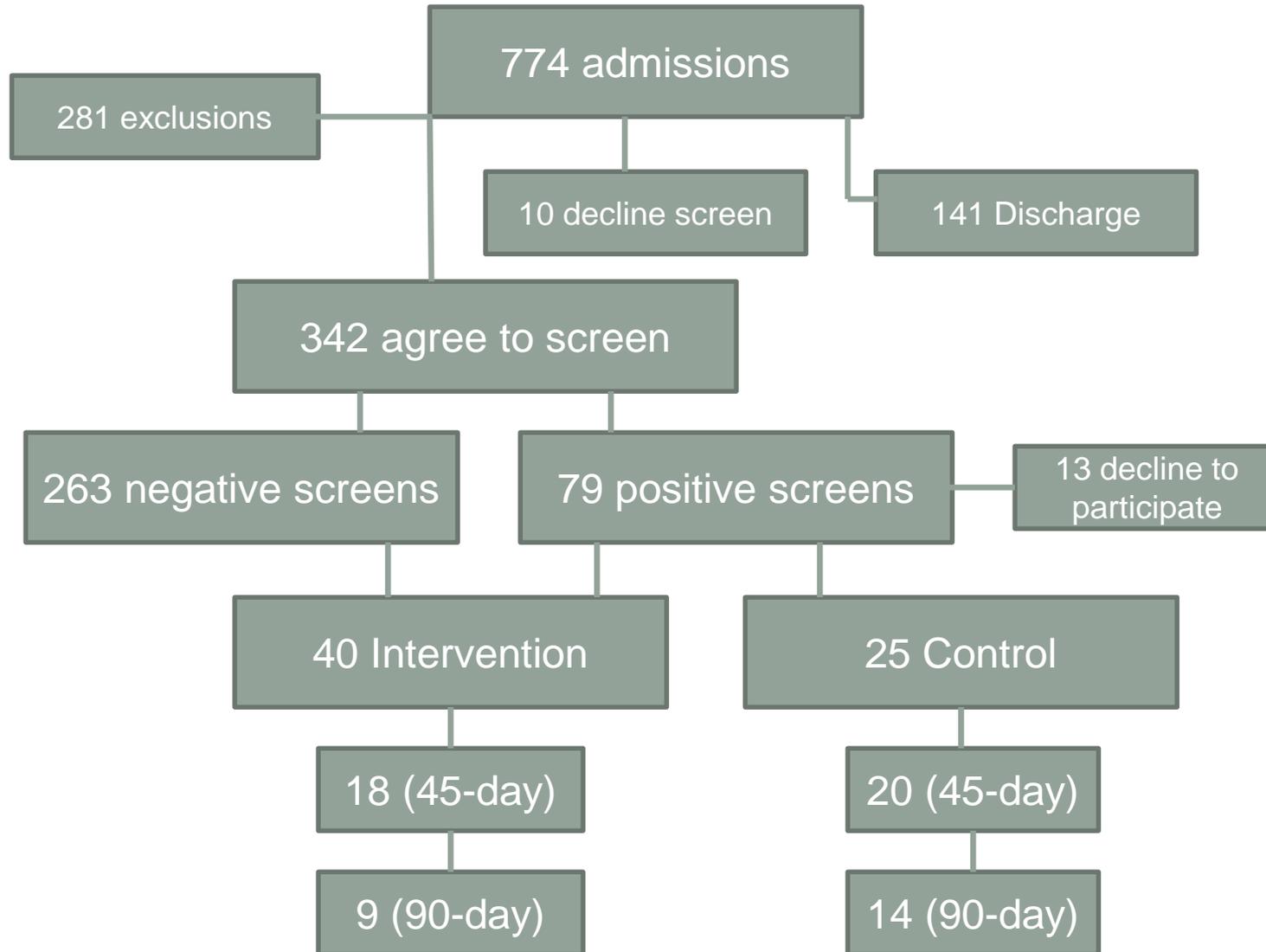
- Engagement, Safety and Comfort, Stabilization
- Information Gathering: Current Needs and Concerns
- Connection with Social Supports

The Brief Preventive Intervention

Protocol:

- I. Educate and Normalize
- II. Safety Check In
- III. Safe Coping Plan
- IV. Treatment Options
- V. Resources

Recruitment and Participants

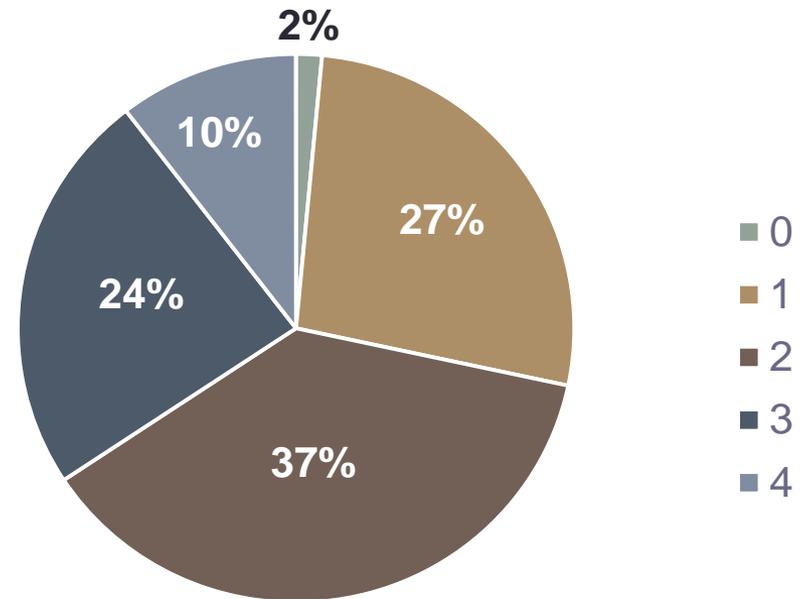


Initial Descriptive Results

AIM 1

To assess the prevalence of patients at-risk for the development of PTSD among trauma patients admitted to UMCB.

- 4-item PC-PTSD screen
- 34% (n=65) screen positive using the PC-PTSD guidelines of 3 or more positive responses.
- 10-item PAS screen
- 81% (n=54) screen positive using the PAS guidelines of 16 or higher.



Number of Symptoms (PC-PTSD)

At-Risk Screen Results

Although research indicates a score of a “3” or above on PC-PTSD screen as risk for developing PTSD, UMCBC hospitalized trauma patients who present with only 1 or 2 symptoms show as much risk or more of meeting criteria for PTSD diagnosis at 45 days post injury.

# of Traumatic Symptoms at Bedside	% Participants Meeting PTSD criteria: 45 Days	Ratios (n= 41)
1	41.6%	5/12
2	72.7 %	8/11
3	61.5 %	8/13
4	60 %	3/5

Initial Descriptive Results

AIM 2

To implement and assess the effectiveness of a brief preventive intervention to prevent development of PTSD.

Timepoint	Intervention (n=40)	Control (n=25)
+ Baseline Screen (n=65)	33.3%	34.6%
+ Baseline PAS (n=54)	75%	90.9%
+ 45-day PCL (n=48)	60.9%	40%
<i>Matched 45 and 90-day:</i>	<i>n=18</i>	<i>n=6</i>
+ 45-day PCL	66.7%	33.3%
+ 90-day PCL	50%	33.3%

Most Common PTSD symptoms

45 Day Follow Up : Preliminary Results (n=43)

- ~ Physical reactions (heart pounding, trouble breathing, sweating) when reminded of stressful experience 40%
- ~ Being super alert, watchful on guard (hypervigilant state) 44%
- ~ Trouble falling asleep 56%
- ~ Repeated disturbing memories, thoughts, images 62%

Treatment Seeking

AIM 3

To analyze disparities of health outcomes, **treatment seeking-behaviors** and barriers to care among study participants through analysis of study specific and trauma registry data.

At 45-day follow up (preliminary findings):

- ~ Sought mental health treatment since leaving hospital **26%**
- ~ Want treatment referral for traumatic stress today **43%**

Treatment Barriers

AIM 3

To analyze disparities of health outcomes, treatment seeking-behaviors and **barriers to care** among study participants through analysis of study specific and trauma registry data.

At 45-day follow up (preliminary findings):

- ~ Believe you **WILL** experience barriers to accessing care **34 %**
- ~ Have experienced barriers to accessing mental health care **76%**
 - No or poor transportation
 - Lack of insurance and inability to pay out of pocket for treatment
 - Providers accessible but don't accept their insurance
 - Ongoing medical needs and physical complications which preclude attention to mental health
 - Rural communities huge lack of access to providers

Reflections and Discussion

Positive developments:

- Collaboration among study staff at UMCB and UT School of Social Work
- The study is going well but fewer participants than expected will be enrolled
- Study will provide solid pilot data to seek other funding sources for a larger, potentially multi-site study with extended follow up interviews

Challenges affecting implementation:

- Differences between UT and Seton hiring policies and procedures
- Differences between UT and Seton regarding fund utilization
- Lengthy data use agreement approval
- Seton IRB modifications to the study

We anticipate request of a no cost extension due to these delays.

Thank you.

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