

Sheppard Pratt Health System

Towson, MD

USA

Trauma Disorders Service Line

Overview

Mission

- To provide tertiary care for the most disabled and treatment-refractory patients with trauma-related psychiatric illnesses in the U.S. (and Canada).
- To provide training to psychology post-doctoral fellows, as well as students in nursing, occupational therapy, art therapy and social work programs.

Program Structure

- Continuum of Care Including:
 - Inpatient 20 bed unit
 - Partial Hospital Program (IOP)
 - Outpatient Program
 - Acute trauma Services
 - Training
 - Supervision / Consultation (internal and external)
 - Research

Program Structure

- Service Line Director: Psychiatrist
- Unit Chief: Psychiatrist
- Unit manager: Psychiatric RN
- Training Director: Psychologist
- Consultation Service Director: Psychologist

Inpatient Trauma Disorders Unit

- 20 bed Secure, co-ed Unit
- Individual rooms
- Voluntary Admission
- Referral by treating clinician with agreement to accept the patient upon discharge
- Variable length of stay (21 day avg.)

Multidisciplinary Team Approach

- Psychiatrist
- Psychologist
- Social Worker
- Occupational therapist
- Psychiatric Nurses with trauma training
- Nursing staff with trauma training
- Art therapist
- Director of Pharmacy

Vision

- To be a specialized inpatient program providing state-of-the-art treatment in all treatment modalities to patients with complex post-traumatic stress disorders and dissociative disorders.
- To be recognized as a national center of excellence in providing treatment to these patients.

Reasons for Admission

- Safety / Crisis Stabilization
- Dissociative Disorder impairing functioning
- PTSD
 - Acute
 - Complex

Other Primary Diagnoses

- Anxiety/Mood Disorders
- Personality Disorders
- Eating Disorders
- Substance Abuse Disorders
- Somatoform Disorders
- Psychotic Disorders

Treatment Philosophy

- Patients are held responsible for their behavior and their treatment despite their current suffering and their histories of trauma and victimization.
- An emphasis on restoration of independent functioning through the development of the patient's own capabilities to manage symptoms and life stressors in a progressive, adaptive and self-generated fashion.

Treatment Philosophy (con't)

- Safety is a Primary Goal
- Includes:
 - Refraining from acting on impulses to harm self and/or others
 - Control of addictive, self-defeating, and risk taking behaviors
 - Avoid re-victimization
 - Development of supportive relationships
 - Ability to tolerate intense affective states

Treatment Philosophy (con't)

- Dedicated to the spirit of intellectual inquiry and openness, as well as to rigorous differential diagnosis of our patients.

Pre Admission Screening

- Referring clinician provides:
 - Goals for admission
 - History
 - Diagnostic Issues
 - Medication History
 - Review of legal issues
 - Agreement to accept Pt. upon discharge
 - Medical History

Course of Treatment

- Assessment-

Diagnostic

Psychosocial

Somatic

Pharmacological

Coping Skills

Discharge Planning

Course of Treatment (con't)

- Treatment-

Therapy: A shift from external to internalized management of symptoms, with a focus on increasing awareness of precipitants of self-harm, by resolving internal conflicts or regulating intense affective states driving dangerousness.

Treatment Structure

- Daily Attending Rounds
- Individual Psychotherapy- 3x/wk for 45 min
- Group Treatment Modalities
- Milieu Therapy

Intensive Outpatient Program

- 9am -3pm , 5 days / week
- Capacity of 15-24 Pt.s
- Milieu Based therapeutic model
- Assessment Phase includes a multidisciplinary evaluation
- Diagnostic clarification
- Individual Psychotherapy NOT provided

Outpatient Services

- Outpatient Program
 - Individual Psychotherapy
 - Psychiatric Services
 - Family / Couples therapy
 - Children and Adolescent Services
 - Group Psychotherapy
 - Psychological Testing Services
 - Forensic Services
 - Education / Training/ Supervision

Acute Trauma Services

- Began July 2002
- Outpatient Program(with ability to admit and treat on inpatient unit when indicated)
- Designed to address needs of acutely traumatized and to provide Preventative Services for at risk populations
- Individual and Group Psychotherapy
- CISM services (internal and external)

Acute Trauma Services

- Resilience Focused
- Crisis / Early Intervention Services
- Advocacy Work (crime victims, military, occupational injury patients)

Acute trauma Services

- Supervision
- Consultation
- Workers Compensation Services
- Disaster Drill Management and Evaluation

Acute Trauma Services

- Training was a major component
 - HRSA Bioterrorism Funding Secured for 2 years (2004-2005)
 - Conducted 36 workshops (full day) for area medical facilities, and schools to prepare personnel to manage the psychological impact of disasters and terrorism
 - Multiple other acute trauma workshops

Lessons Learned

- You must balance the services that clinicians provide to prevent loss of staff due to burnout / secondary traumatization
- The impact of this type of service delivery on staff is much different than other types of Psychiatric care
- Staff care and peer support are essential components

Lessons Learned

- Research, Consultation, and Training are balancing factors
- Limiting Trauma Caseload
- A specialty center was greatly needed for the complex trauma patients
 - General psychiatric units were very willing to refer and transfer for specialty care
 - Pt.s often commented on the differences in care they received