

LIVING WITH BURN TRAUMA

Individuals who are involved in impaired driving crashes often incur bruises, broken bones, and head injuries. But unlike many victims/survivors, those with burn injuries wear the scars of their trauma for the world to see. Burns can be physically and psychologically devastating. Fortunately, survival and mortality rates have improved substantially as a direct result of medical advancements. These advancements include painful and sometimes life long medical procedures. With survival comes a need for support and information to cope with the emotional, mental, and spiritual issues that remain with the physical scars.

ABOUT BURNS

The Experience. There is a physical, mental, and emotional experience associated with being burned. When a person is exposed to fire, the heat is so intense that it literally takes one's breath away. Fire grabs and feeds from oxygen, so it is nearly impossible to breathe. As a consequence, there is

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little or no time to react.

The human body responds remarkably to any potential threat of danger with a "fight or flight" response. When this reaction is triggered, our brain sends messages to the adrenal glands, which release chemicals into the bloodstream that cause our bodies to change. These changes include increased

respirations, increased blood flow to muscles and limbs, intensified awareness, enhanced impulses, and diminished pain. Many crash victims/survivors report recognizing the need to get out or away from the fire and after doing so, remember little else about the event. Some only remember vague details such as smells and images.

Despite removal from or extinction of the fire, the burn victim/survivor remains in immediate danger. Depending upon the size and degree of the burn injury there is now the risk of respiratory failure and shock. Shock is a physiological response to trauma and a life-threatening condition that should not be confused with the “fight or flight” response. Shock reduces blood flow to vital organs and affects a person’s blood pressure, heart rate, respirations, as well as state of consciousness. Shock may also account for a victim/survivor’s inability to recall details of a crash.

If you were burned as a result of a drunk driving crash you may not recall feelings of panic, fear, and anxiety often associated with burns. On the other hand, you may describe the experience as terrifying. Either way, immediately following a crash and for some time thereafter, a burn victim/survivor is faced with a potentially life threatening condition.

Types of Burns. A burn is an injury to the skin that damages or destroys skin cells and tissue. Burns are generally caused when skin makes contact with flames, chemicals, electricity, or radiation. Thermal

burns are burns caused by intense external sources of heat, such as flames, scalding liquids, or steam. Burns resulting from an impaired driving crash are most likely thermal burns.

Degrees of Burns. Your skin is the largest organ of your body. It prevents infection from entering your body and it limits the loss of important fluids. Your skin “holds everything together.” Once a victim/survivor with burn injuries is identified and stabilized, the burn team begins to assess and classify the burn injuries. Burns are assessed by their size in relation to the entire body and by their depth. They are rated according to how many layers of skin are damaged.

A first degree burn involves the top layer of skin called the *epidermis*. The epidermis is the outer most layer of skin made of flat, scale-like cells called *squamous cells*. Under these cells are basal cells, and at the deepest part of the epidermis lie *melanocytes*.

Melanocytes produce *melanin*, which gives skin its

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color. First degree burns are labeled superficial and the body can heal itself quickly by creating new, healthy cells in a process called *epithelialization*.

First degree burns are often caused by sunburn or scalds,

appear pink to red, can be painful with swelling, and typically leave no scarring.

Second degree burns involve the epidermis and the second layer of skin called the *dermis*. The dermis contains blood vessels, lymph vessels, hair follicles, oil glands, and sweat glands. Second degree burns can range from superficial to partial thickness depending upon the extent of the damage.

While the body can heal from second degree burns by epithelialization and a process called contraction, scarring and thickening frequently occur and healing can take up to six months. Contraction happens when the burn is deeper and the skin cannot heal with epithelialization. The body closes the wound by drawing on the surrounding skin, or *contracting*. Because of these factors, doctors often recommend skin grafts for second degree burns.

Third degree burns involve all layers of the skin and are referred to as full thickness burns. Full thickness burns destroy all of the epidermis and dermis, as well as nerves, hair, glands and vessels. Because of the damage caused by third degree burns, the body cannot repair itself and skin grafts must be performed to prevent infection to the body. Fourth degree burns involve the damage of bone and muscle and are rare.

The severity of a burn injury is not only determined by burn classifications, but also by the victim/survivor's age, the victim/survivor's previous health status, the size of the injuries, how much of

the injuries can be attributed to third degree burns, and other medical complications related to the fire. It is often difficult to accurately assess a burn at first glance as the injury may change over the first several days following exposure.

BURN TREATMENTS

When a victim/survivor reaches a trauma unit, the medical team works to stabilize the body's vital functions. The team assesses the injured for shock and respiratory failure. Fluid replacement may be required if large amounts have been lost. Depending upon the severity of the burns, intravenous feeding and mechanical assistance to breathe may also be necessary.

Burns are cleaned once or twice daily and then dressed with medicated creams. This cleansing with antiseptic solutions is called *debridement*. Debridement is necessary to remove dead skin, old cream residues, and secretions from the skin.

As skin protects the body from contamination it is easy to understand that there is serious risk of infection. This risk remains until the burns heal or are completely grafted. Because a burn victim/survivor's health is compromised, there is legitimate and ongoing concern, even when it seems their health status is improving.

Along with infection, doctors and other medical personnel carefully monitor and treat pain.

Burns themselves can be very painful as well as the regimens required to treat them. Pain medications, anti-anxiety medications, and relaxation techniques are often utilized to address pain issues. Some medications interfere with organ functions so doctors dose accordingly.

Skin grafting is the next crucial step in treatment for some second degree burns and all third degree burns. First the injured tissue is surgically removed if the destroyed skin does not separate naturally. Then a section of healthy, unburned skin (referred to as the donor area) is removed and attached to the area destroyed by the burn (referred to as the recipient area). Before this can be done, the area must be prepared to receive the donor skin.

At times skin donated from other people, called *homograft*, *allograft*, or *cadaver skin* is used. This skin donated from other sources is temporary and used when donor skin is scarce. Depending upon the extent of the injury, some victims/survivors require multiple surgeries.

The area of a graft is not moved for up to five days following surgery in order for the graft to become secure. Then exercise programs, tub baths, and other activities resume. Exercise helps manage swelling, helps the burn to heal, and promotes range of motion when contraction occurs.

THE BURN UNIT EXPERIENCE

The Burn Trauma Victim/Survivor. Burn victims/survivors are often heavily sedated or are in shock when they reach the burn unit, and may have little knowledge of the gravity of their circumstances. The first several days or weeks can be hazy. Victims/survivors are quickly introduced to grueling treatment regimens with little time to think or feel. Later, after interacting with family, friends, and medical personnel, they are able to develop a sense of their condition and may begin to fear what will happen to them. They may even fear that they will die as a result of their injuries.

As a burn trauma victim/survivor, you may recall spending the initial days and months after a burn injury fearing the unknown and the uncertainty of the future. You may remember being fearful of both physical and emotional pain. You may have wondered what would happen to your family, what pain and suffering they might experience as a result of your injury. Some burn victims/survivors rely heavily upon burn unit staff to meet their physical and emotional needs as not to burden their families. Because of the nature of the injuries and the treatments of burns, the hospital becomes a comfortable, protective, and insulated environment that is difficult to leave.

The Family Member and Friend Victim/Survivor. While the injured victim/survivor may be heavily sedated for some time after the crash, family and

friends are acutely aware of the gravity of the situation. When you learned of your loved one's crash and subsequent injuries, your initial reactions may have included shock, despair, and fear that your loved one might die from the burn injury. Because many burns appear painful and horrific, you may have been fearful of how your loved one would suffer. You may still be fearful.

Depending upon the severity of the burn injury you may feel anxious, depressed, guilty, and worried when thinking about your future and the future of your loved one. Anger may follow after learning of the consequences of the burn. Receiving good and reliable information can be difficult. Nonetheless, a victim/survivor's adjustment is heavily dependent upon the love and support you offer them.

If the victim/survivor has a child or children, they may be separated from them for long periods of time. Keep in mind that if the burns have caused any kind of disfigurement, children might not recognize their parent or they may be fearful of their parent's appearance. They may have been instructed by other adults not to touch the victim/survivor because touch can be painful. Children also might be fearful and anxious about their parent's ability to care for them. As an adult caregiver it is important to provide children love and support as well as ongoing information that is accurate and age appropriate.

GOING HOME

The length of stay in burn units has decreased over the years yet burn victims/survivors may be reluctant

Many burn victims report that counseling just before and just after discharge is helpful with the transition from hospital to home. to go home. Many people feel anxious about leaving the safe and insulated environment provided by the hospital and its staff. For the injured victim/survivor of a drunk driving crash, going home

also means facing the difficulties associated with the crash.

The reality of disfigurement or disability may not hit until arriving home. Victims/survivors may be confronted with altered appearances, altered self-images, physical impairments, and psychological reactions, all of which can be scary. Many people derive self-esteem and self-image from their physical appearance, particularly women, who are raised to place focus on their looks. As a burn victim/survivor, you may not look as you did before the crash. You may not be able to operate in the same capacity you once did. When you first return home it may be difficult for you to fulfill your roles as wife, mother, husband, or father due to physical impairments.

Burn victims/survivors may be subjected to painful treatments for weeks, months, or even years following a crash. Physical healing takes time, so be patient with the process. Recognize that a burn trauma victim/survivor may not be able to use limbs,

digits, etc., and therefore will be dependent upon others or devices to complete tasks. While in the burn unit, the medical team cared for the many needs associated with the burn injury. Upon returning home, both victim/survivor family members must assume responsibility for burn care.

Physical impairments and their subsequent treatments can contribute to emotional reactions including sadness, anxiety, and anger. Collectively, these reactions are often referred to as grief.

GRIEF

Grief is not an event but a process of experiencing the emotional, mental, physical, social, and spiritual

Common Grief Reactions:

- *Disbelief*
- *Sadness, sorrow*
- *Fear, vulnerability*
- *Anger, rage*
- *Guilt*
- *Impaired concentration*
- *Diminished self-concern*
- *Search for meaning*
- *Social withdrawal*
- *Sleep or appetite disturbance*
- *Decreased motivation*
- *Spiritual confusion*

effects of a loss. During the initial weeks, months, and perhaps even the first year following discharge from the burn unit, a victim/survivor may be very emotional. You may feel tearful, overly sensitive, and anxious upon returning home. These initial reactions to your injury and to the crash itself are normal. Because of someone's reckless behavior, you must contend with an injury that cost you

both function and appearance. Your grief may be compounded by the death of a loved one who was involved in the crash with you.

Family and friends are also profoundly affected by the crash and your injury. They too are victims/survivors and grieve not only for your losses, but for the losses they suffer as a result. As a loved one, you may feel the fear, sadness, and anger associated with grief. You may also be grieving the death of another family member or friend who was involved in the crash.

Grief is a personal experience. A loss to one person may not be considered a loss to another. Adjustment to losses imposed by the crash hinges upon many factors, including: the coping style of the individual; the quality of the victim/survivor's support system; the nature of the trauma; the damage the trauma caused; and the presence of additional stressors. There is no time limit as to how long or short you will grieve. Your grief is your own and it is your right.

A Change of Face. Burn injuries can change or disfigure the body and face. If you have burns on your face and /or exposed parts of your body, you may be using emotional and mental energy to deal with situations the rest of us take for granted. You may feel ashamed, fearful of being devalued or being uncovered, which results in diminished self-esteem.

It may be useful for you to discover new ways to present yourself, to prepare for the staring, comments, and questions of others. It may be easier to have a family member or friend go with you the first couple of times you decide to venture out.

Accept that it will be difficult at first, but in time will become easier.

Depression. An impaired driving crash can cause multiple physical, psychological, and social losses. A victim/survivor may also suffer secondary losses that stem from those primary losses. While grief

Signs and Symptoms of Depression:

- *Frequent crying spells*
- *Persistent feelings of helplessness or hopelessness*
- *Inappropriate feelings of guilt*
- *Feelings of worthlessness*
- *Sleep and/or appetite disturbance that affects overall health*
- *Social withdrawal*
- *Suicidal thoughts*

reactions such as sadness, anger, and fear are normal, a more serious psychological complication can develop over time. As a result, relationships with family and friends may be in jeopardy.

If grief becomes intense and interferes with functioning, depression and anxiety may be present. Depression that is left untreated can lead to thoughts of suicide or death

and if so, it is time to ask for help immediately.

Clinical depression and anxiety can be debilitating but are treatable.

Post Traumatic Stress Disorder. Today, you may be driving in your car and suddenly have thoughts of the crash or perceive sensations (images, smells) that “bring you back” to the crash. You may wake-up in the middle of the night in a panic due to a nightmare. Moments such as these may come without warning, and over time can cause you to avoid situations that you connect with the crash or these recurrences. You

may feel on edge, anxious, always ready to react. Recollections can feel so painful and scary that they disrupt your normal activities and relationships.

Some people experience recurrent and ongoing recollections of a trauma, which can obviously lead to distress. These intrusive thoughts can be triggered by things you see, things you hear, things you smell, things you taste, and things you feel. Sometimes the intrusive thoughts seem so real that you feel that you are reliving the traumatic event. Because you are always anticipating the next intrusion, you may be hypervigilant and easily aroused. On the other hand, you may have found ways to avoid feeling anything at all.

Trauma victims/survivors who consistently experience all of these symptoms for at least one month or longer may be suffering from Post Traumatic Stress Disorder (PTSD). PTSD is an anxiety disorder that is diagnosed by mental health professionals. If you believe you may be suffering from PTSD it is important to seek professional help as PTSD is treatable with a combination of therapies.

Understanding the Trauma. The world is forever changed when someone experiences a trauma. Safety, security, predictability, and sense of control are all distorted. In order to regain a more accurate perspective of the world around you, it is helpful to work toward an understanding of the crash. This search for meaning involves acknowledging your trauma and asking questions. At times there are no

answers but it is nonetheless important to get answers to those you can. Asking specific questions about the crash and obtaining a copy of the crash report are ways to begin.

HOW TO COPE

The methods of coping you choose to employ after your crash can be either productive or self-defeating. Dealing with physical changes and emotional pain may make you feel like you are on a roller coaster ride with many highs and lows. Coping is an attempt to adapt new circumstances into existing life; you may try a variety of means to achieve this, some that work and others that do not. Despite the hurdles most people recover from their burn injuries and adapt well.

Tips for the Burn Trauma Victim/Survivor

- Take things one day at a time. Set simple goals and develop a daily routine. Learn to accept responsibility for your own physical, emotional, mental, and spiritual healing. Allow others to help you as you learn.
- Follow the instructions of your doctors and therapists to insure proper rehabilitation. Attend regularly scheduled medical appointments for continued therapies and follow-up.
- Keep the lines of communication open between friends and family. Tell them how you are feeling and what you are thinking. Remember that they are hurting, too.
- You may experience feelings of sadness, anger, anxiety, and/or fear. Acknowledge these feelings by sharing them with family and

friends, a counselor, a support group, or by writing them down in a journal if you can.

- Employ the use of resources specific to burn trauma if you require them, such as corrective cosmetics and occupational devices.
- Pursue the professional help of a psychiatrist, psychologist, counselor, social worker or other mental health provider if your feelings of sadness, anxiety and/or anger persist.

Tips for the Family Member and Friend

Victim/Survivor

- Take things one day at a time. Set simple goals and develop a daily routine. Acknowledge to yourself that the burn victim/survivor is responsible for his/her own physical, emotional, mental, and spiritual healing, but he/she needs your support in order to do this. Pushing the burn victim/survivor before he or she is ready may produce undesired results. Each victim/survivor's healing and adaptation is highly individual.
- Take shifts in caring for the burn victim/survivor in order to provide much needed respite to one another. Keep a written schedule.
- Help the burn victim/survivor follow the instructions of medical personnel. This may include offering encouragement or agreeing to transport the burn victim/survivor to scheduled appointments. Make certain that the burn victim/survivor is involved in making decisions about his/her treatment.
- Keep the lines of communication open between friends and family *and* the burn victim/survivor. Tell them how you are feeling and what you are thinking in a sensitive manner.
- You may experience feelings of sadness, anger, anxiety, guilt and/or fear. Acknowledge these feelings by sharing them with family and friends, a counselor, a support group, or by writing them down in a journal if you wish.

- Pursue the professional help of a psychiatrist, psychologist, counselor, social worker or other mental health provider if your feelings of sadness, anxiety and/or anger persist.

HOPE AND HEALING

The Burns. Immediately following a burn injury the body begins to heal itself. For portions of the skin that cannot heal on their own, medical teams provide treatments to further facilitate the process. After the body has adequate time to develop mature scar tissue, a burn victim/survivor may undergo cosmetic surgery to either correct functional problems or disfigurement. Waiting for the scars to mature may be frustrating, but during this time you have the opportunity to undergo rehabilitation and work on emotional healing.

Your Changed Self. In grief we learn to identify our losses and define our changed selves. The physical and emotional healing that follows can be a long, involved journey. As you acknowledge your burn injury and give yourself permission to experience the thoughts and feelings that coincide, you begin to assign new meaning to your life. The roles, behaviors, relationships, needs, goals, and expectations you once held will inevitably change. With each new role you assume, each changed relationship you nurture, and each new behavior you adopt, you are reinforcing your changed self.

The love and support of family and friends are crucial in this healing process. As a loved one, it is important to listen to the thoughts and feelings a victim/survivor expresses about the drunk driving crash and about the burn injury. They may need to tell their story over and over again as they work toward reorganizing the world around them. Regaining physical independence is equally as important and your encouragement will aid in their healing.

Life after a drunk driving crash is redirected, whether or not you were involved in the crash. Burn injuries have the power to change appearances, functioning, and identities. As victims/survivors, you have the power to choose how to incorporate those changes into the rest of your lives.

FOR PARENTS OF CHILDREN WITH BURNS

The love a parent has for their child is special. Parents want to care for their child, to solace them, and to help them find happiness. Parents feel their child's joy and find it almost intolerable to see a child in pain yet be unable to help. In no other relationship is the protective urge as intense or compelling as in the parent/child relationship.

When a child sustains a burn injury, it is not uncommon for parents to feel extremely guilty for what has happened. Feelings of guilt, sadness, anger, and rage are all to be expected. However, if parents harbor inappropriate feeling of guilt, they may inadvertently encourage helplessness and dependence in their child. When a child experiences a traumatic event, he or she is likely to regress or exhibit other undesired behaviors. When parents establish limits while offering love and support, the child burn victim/survivor is empowered to thrive, in spite of periodic setbacks.

Like their parents, children who have burns experience feelings of grief. Some kids show signs of difficulty coping, while others seem to take their burn injuries in stride. Children rely on their parents to model adaptive coping behavior that will carry them through their treatments and subsequent healing. The key seems to be the unconditional acceptance of family friends in the wake of something that is life changing.

Children of different ages have different concerns. Younger children take their cues from their parents. Older children and teens are heavily influenced by input from their peers. Teens, in particular, struggle with self-esteem and body image under the most normal of circumstances. Helping kids with burn injuries to identify things that are special about them may help to rebuild and strengthen their self-concepts. Creating an environment of normalcy is important so that the child burn victim/survivor will not feel so different from their peers.

If your child is a burn victim/survivor, going back to school can be a source of fear and anxiety for him or her. It may be useful to reintroduce them to their peers by asking a few close friends for a visit before returning to school. Burn Foundations throughout the country have developed school re-entry programs for children suffering from burn injuries. These programs help prepare and educate teachers, counselors, and peers. During these programs, children with burn injuries answer questions and feel empowered in the process.

As teens rely so much upon their peers, teen burn victims/survivors may benefit from support groups with other teens, or from attending a burn camp. Burn camps are located throughout the United States. You can find information about them by searching the internet or by requesting information from the burn/trauma unit that treated your child.

For the first months and perhaps the first couple of years following a burn injury, both children and parents will naturally struggle with treatments, rehabilitation, and healing. Over time, children with burn injuries will undergo multiple surgeries because their grafts will not grow as they grow. Healing is therefore an enduring and ongoing process. When parents foster independence but balance this with an appropriate level of support, their children seem to respond positively and adjust to their circumstances.

NOTES

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Literature Available from MADD

All titles available online at www.madd.org.

Most titles available in Spanish

BROCHURES

- Closed Head Injury**
A common complication of vehicular crashes
- Don't Call Me Lucky**
For those injured by drunk drivers
- Every Child Deserves a Designated Driver**
- Financial Recovery After a Drunk Driving Crash**
- Helping Children Cope with Death**
- How Are You Feeling?**
A teen's guide to loss, grief, and healing
- Living with Burn Trauma**
- Living with Spinal Cord Injury**
- Loss, Pain, and Healing**
A parent's guide to grief
- Men and Mourning**
A man's journey through grief
- Monday Mourning**
A guide for the workplace when an employee becomes a crash victim
- Picking Up the Financial Pieces, Part 1**
Managing financial issues at home
- Picking Up the Financial Pieces, Part 2**
Managing work issues after a drunk driving crash

- Picking Up the Financial Pieces, Part 3**
Financial recovery issues in court
- Selecting a Civil Attorney**
- Someone You Know Drinks and Drives**
- Unique Grief**
For the non-family bereaved
- Victim Information Pamphlet**
A guide through the criminal justice system
- We Hurt Too**
For adult siblings
- Your Grief: You're Not Going Crazy**

BOOKLETS

- Death at School**
- Your Victim Impact Statement**
A workbook
- Hangin' in there with Nigel (for children)**
Your grief workbook
- Hangin' in there with Nigel (for children)**
For coping with the injury of a loved one

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