



Psychiatric liaison care in a family affected by acute burn injury

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Abstract

Burn injuries are often accompanied by significant psychological distress, especially when they occur suddenly and involve multiple family members. Emotional reactions such as anxiety, fear, and uncertainty may influence pain perception, treatment engagement, and recovery. Liaison psychiatry plays an important role in recognizing these reactions early and supporting both patients and the treating team. We describe the case of a family who sustained acute burn injuries following a household accident, consisting of a father, mother, and infant. All three were admitted for burn management, and psychiatric consultation was requested to assist with anxiety, pain-related distress, and family coping. Psychological assessment revealed heightened stress responses related to fear of disability, financial concerns, and parental worry for the child. Supportive psychotherapy, psychoeducation, and brief anxiolytic treatment were provided alongside coordinated communication with the burns team. The interventions helped reduce distress, improve emotional regulation, and support treatment adherence. This case illustrates how early psychiatric involvement can assist patients and families facing acute burn trauma, particularly when multiple members are affected. Integrating psychological care into burn management may improve emotional adjustment, enhance communication, and strengthen collaborative care.

Keywords: burns, liaison psychiatry, psychological stress, pain perception, family relations.

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Консультативная психиатрическая помощь семье, пострадавшей от острой ожоговой травмы

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Аннотация

Ожоговые травмы часто сопровождаются значительным психологическим дистрессом, особенно если они случаются внезапно у нескольких членов семьи. Эмоциональные реакции, такие как тревога, страх и чувство неопределенности, могут влиять на восприятие боли, приверженность лечению и процесс выздоровления. Консультативная психиатрия важна для распознавания таких реакций на ранней стадии и поддержки как пациентов, так и осуществляющего лечение коллектива врачей. Мы рассмотрим случай семьи, которая получила острые ожоговые травмы в результате несчастного случая бытового характера, состоящей из отца, матери и младенца. Все трое были госпитализированы для лечения ожогов, им понадобилась консультация психиатра, чтобы преодолеть тревогу, связанный с болью дистресс, а также решить семейные проблемы. Психодиагностика выявила высокие показатели стресса, связанного со страхом инвалидизации, финансовыми трудностями и беспокойством родителей за ребенка. Поддерживающая психотерапия, обучение психологической самопомощи и короткий курс лечения анксиолитиками были применены параллельно со скоординированным взаимодействием с бригадой специалистов по лечению ожогов. Вмешательства помогли уменьшить стресс, улучшить эмоциональную регуляцию и повысить приверженность лечению. Представленный случай показывает, как вмешательство психиатра на раннем этапе может помочь пациентам и семьям, столкнувшимся с острой ожоговой травмой, особенно если травмированы несколько членов семьи. Включение психологической помощи в схему лечения ожогов может улучшить эмоциональную адаптацию, повысить качество общения и укрепить сотрудничество в процессе лечения.

Ключевые слова: ожоги, консультативная психиатрия, психологический стресс, восприятие боли, семейные отношения.

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Introduction

Burn injury is a physically and emotionally distressing experience that often leads to anxiety, fear, and heightened pain perception during treatment [1]. These reactions may influence coping, cooperation with care, and overall recovery. When more than one family member is affected, the psychological burden may be greater due to shared concern and uncertainty [2, 3]. Liaison psychiatry can play an important role in recognizing these difficulties early and supporting both the patient and the treating team [4, 5]. This case report describes a family who sustained acute burn in-

juries and required psychiatric consultation during hospitalization, illustrating the importance of integrating psychological care into burn management.

Case presentation

A family of three, consisting of a 29-year-old father, a 25-year-old mother, and their 10-month-old daughter, was admitted to the burn unit following an explosion of liquefied petroleum gas in their single room boarding house. The incident occurred in the early morning while the mother was cooking breakfast, with the father and infant asleep at

the time. All three sustained partial thickness burn injuries and were initially treated at a nearby hospital before being referred to the regional hospital approximately 16 hours later for definitive care. Emergency debridement was performed for all patients upon arrival, and they were subsequently managed together in a single room in the burn unit. During hospitalization, the maternal grandmother assisted with the infant's daily care and remained present as a key source of support for the family.

Case 1. The father sustained partial thickness burns involving the extremities and required repeated wound care procedures. Although he remained medically stable, he reported severe procedural pain, persistent sleep disturbance, and ongoing worry about his physical recovery and ability to return to work as the family's primary provider. He appeared tense and withdrawn during interactions and described intrusive recollections of the explosion, frequent nightmares, hypervigilance, and avoidance of reminders related to the incident. He also expressed marked guilt and self-blame, particularly regarding his perceived failure to protect his wife and child.

Case 2. The mother sustained burns of moderate severity and did not develop medical complications. Psychologically, she appeared increasingly anxious and emotionally overwhelmed during the course of treatment, particularly during wound care and when witnessing her child's procedures. She reported poor sleep, reduced appetite, and persistent worry about her child's recovery, alongside feelings of guilt related to the accident. Although she attempted to remain composed, she demonstrated heightened vigilance and difficulty calming herself following painful procedures, often suppressing her own distress in order to focus on her child.

Case 3. The 10-month-old infant sustained partial thickness burns requiring inpatient wound care and remained hemodynamically stable throughout admission. She became visibly distressed during medical procedures, crying and showing signs of fear when approached by healthcare staff. These episodes significantly heightened parental anxiety and frustration, as both parents felt emotionally compelled to comfort her but were often physically unable to do so. The grandmother described the incident as catastrophic for the family and assumed a stabilizing role, providing practical assistance with childcare while also attempting to contain her own emotional response.

Given the degree of emotional distress observed across family members, liaison psychiatry was consulted to assist with psychological assessment and support. Evaluation identified acute stress reactions related to pain, fear of disability, parental guilt, and disruption of family roles. Interventions included supportive psychotherapy, psychoeducation regarding normal stress responses to trauma, relaxation techniques, and close collaboration with the burn care team to promote consistent communication and reassurance. Short term anxiolytic medication was prescribed when clinically appropriate. Over the course of hospitalization, the family demonstrated improved emotional regulation, reduced anxiety during procedures, and better engagement with ongoing burn treatment.

Discussion

Burn injury is not only a physical trauma but also a psychological crisis that often produces anxiety, fear, and distress, especially during painful procedures such as dressing changes and debridement. These emotional reactions may heighten the perception of pain, interfere with sleep, and influence cooperation with treatment [6, 7]. When more than one family member is affected, the psychological impact is multiplied by shared worry, guilt, and uncertainty about recovery [2, 3]. In this family, the parents experienced significant anxiety related to pain, potential disability, and concern for their infant's wellbeing. These responses are consistent with the understanding that burn trauma affects identity, roles, security, and long-term expectations, not only physical health.

Liaison psychiatry plays an important role in supporting patients and medical teams in acute burn care [4, 5]. Early psychiatric involvement allows anxiety and maladaptive coping to be identified before they evolve into persistent psychological problems. Simple interventions such as psychoeducation, emotional support, reassurance, and structured communication can reduce distress and strengthen patients' ability to cope with treatment demands. Collaboration between psychiatry and surgical teams also helps ensure that both physical and emotional needs are addressed together, rather than separately [2, 8]. In this case, psychiatric support helped the parents regulate anxiety, understand their stress responses, and remain engaged with care. This highlights the value of integrating psychological assessment and support into routine burn management, particularly when a traumatic event affects the entire family.

Conclusion

This family case highlights the importance of routine psychological assessment in acute burn care, particularly when multiple family members are injured. Severe anxiety, guilt, and distress may amplify pain perception and interfere with procedural tolerance and recovery, even in the absence of major psychiatric illness. Early liaison psychiatry involvement can assist burn teams in identifying acute stress reactions, guiding communication, and implementing timely supportive interventions that improve patient cooperation and emotional stability. Incorporating psychiatric consultation into standard burn management may help prevent escalation of distress, support family coping, and facilitate continuity of care during prolonged and painful treatment courses.

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