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Predicting who suffers psychological trauma in the first year after a road accident

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Abstract

This study followed up a cohort ($n = 72$) of consecutive road accident attendees to hospital for one year, assessing them soon after the accident and 3, 6 and 12 months later with the General Health Questionnaire (28-item version); Impact of Event Scale and Posttraumatic Stress Disorder Interview. The aim of the study was to identify demographic, accident and subjective reality variables that could predict who was likely to suffer psychological disorder in the future. The extent of injury was a particular focus for the study. Results showed that at different time periods, using stepwise multiple regression analyses, between 12 and 77% of variance in trauma measures could be predicted. Severity of injury was a stronger predictor longer after the accident. © 2000 Elsevier Science Ltd. All rights reserved.

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1. Introduction

The psychological aftermath of motor vehicle accidents (MVAs) for some people may involve symptoms such as posttraumatic stress disorder (PTSD) remaining undiagnosed or untreated, and possible ongoing impact on their lifestyle such as reduced capacity to drive or travel by car. For instance, when Green, McFarlane, Hunter and Griggs (1993) looked specifically at PTSD in patients seen by a hospital's trauma team 18 months post accident, they found 6 of the 24 subjects had PTSD which had not been previously

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diagnosed or treated. Bryant and Harvey (1995) followed up 56 hospitalised patients and found 41% to have significant levels of psychological impairment one year later. Less than half of those with such impairment had sought help for their conditions.

A previous postal survey that this author conducted with road accident victims found that there were high levels of psychological disorder, with two-thirds reporting worse psychological health following accidents and 98% of these attributing this to the accident. Less than a quarter of these people reported receiving any counselling for their symptoms (Jeavons, Greenwood & Horne, 1998).

Other researchers have confirmed the existence of psychological disorder such as PTSD in this population but have not found it to be related to factors such as severity of injury or previous psychiatric history (Burstein, 1989; Goldberg & Gara, 1990; Smith, 1989).

A series of studies by Blanchard and Hickling's team (Blanchard, Hickling, Mitnick, Taylor, Loos & Buckley, 1995a; Blanchard, Hickling, Taylor & Loos, 1995b; Blanchard, Hickling, Taylor, Loos & Gerardi, 1994; Blanchard, Hickling, Vollmer, Loos, Buckley & Jaccard, 1995c; Blanchard, Hickling, Taylor, Loos, Forneris & Jaccard, 1996b) have looked at PTSD following motor vehicle accidents with samples of people referred for medical attention. PTSD incidence ranged from 39–46% with a reduction of a quarter 4 months later. Those who had PTSD were more likely to have experienced previous trauma, to have concurrent or previous depression and to be more subjectively distressed than those who did not. Four factors found to predict PTSD were prior major depression, fear of dying, severity of injury and initiation of litigation (Blanchard, Hickling & Taylor, 1996).

In an important prospective study, Mayou, Bryant, and Duthie (1993) followed up 188 accident victims and identified almost a quarter of these as having psychiatric problems one year post-accident. PTSD was diagnosed in 11% and was not associated with neuroticism, previous psychological problems or baseline depression. The principal predictor of PTSD was the rating of horrific intrusive memories at the post-accident interview. Responsibility for the accident, being trapped, and involvement in compensation proceedings did not predict any aspect of psychological outcome. A subsequent Oxford study (Ehlers, Mayou & Bryant, 1998) assessed 967 consecutive patients and identified 23.1% with PTSD at 3 months and 16.5% at one year.

Another repeated measures study of consecutive trauma admissions (Gordon, Blaszczyński, Silove, Sloane & Hillman, 1996) reported preliminary results using the Impact of Event Scale (Horowitz, Wilner & Alvarez, 1979) of 58% with medium to high levels of intrusion and 52% with medium to high avoidance 9 months post-accident. There were also 20% with moderate to extremely severe depression.

The results of studies investigating the relationship between extent of injury and the severity of trauma reactions have been inconclusive. Green (1994) and Epstein (1993) both reported no significant differences between PTSD and non PTSD subjects on severity of injury, and Pilowsky (1992) cited case studies illustrating psychological disability despite minimal injury. Blanchard, et al. (1995a) reported a correlation of 0.31 between physical injury and PTSD and Blanchard, Hickling, Barton, Taylor, Loos and Jones-Alexander (1996a) also reported injury to be a predictor of PTSD at 12 months. This relationship is to be explored in this study. The attitudinal focus of the participants in terms of their perceptions of the impact of the accident,

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