

Meeting Parents with Complex Trauma: what we can do

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What is Complex Trauma or Complex PTSD?

- Traumatic events that usually are recurrent, inter-personal, and beyond one's coping capacity.
- Quotes from ICD-11:
 - *Complex PTSD... may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly **prolonged or repetitive events** from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged **domestic violence**, **repeated childhood sexual or physical abuse**).*
 - *Complex PTSD is characterised by severe and persistent*
 - 1) problems in **affect regulation**;*
 - 2) **beliefs** about oneself as diminished, defeated or worthless, accompanied by **feelings of shame, guilt or failure** related to the traumatic event; and*
 - 3) **difficulties in sustaining relationships** and in feeling close to others.*

These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Relationship between maternal childhood abuse /neglect and infant brain development

In a study of infants in their first 2 years of life (57 mother-child dyads) by *Lyons-Ruth, et al, 2023*:

- Mother's history of neglect was associated with lower infant GMV → implication on cognitive functioning development?
- Mother's history of abuse, interacted with age, was associated with smaller infant amygdala volume at older ages (2 years old) → implication on development of stress response/ danger detection system?

How do we know if there's such a risk?

Some screening tools:

1. Adverse Childhood Experiences (ACEs) Questionnaire

<https://elcentro.sonhs.miami.edu/research/measures-library/aces/index.html>

<https://www.depression.org.tw/communication/info.asp?/62.html>

2. Brief Betrayal Trauma Survey (BBTS)

<https://dynamic.uoregon.edu/jjf/bbts/>

3. International Trauma Questionnaire (ITQ)

<https://www.traumameasuresglobal.com/itq>

When survivors of CT become parents....

What we need to know in assessment (protective/risk factors):

- 1. Are they are still in unstable/chaotic condition: e.g., drug use, high conflicts relationships, acting out/excitement seeking behavior...?**
- 2. Have they received/are they receiving therapy/counseling to treat trauma impacts?**
- 3. Do they currently have secure/stable relationships or support as antidot to previous unstable life exposure?**
- 4. Are they still easily triggered in daily life that can activate their traumatic reactions ?**

Parenthood can be a haunting task when they have

1. Difficulty in differentiating past from present

- The past is not really past.
- The child is a reminder of one's past (childhood traumatic memory)

2. Difficulty in differentiating themselves from their abusive parents:

- When part of their personality has imitated the thoughts and behavior of their abusive parents → 'perpetrator-imitating part' of one's personality → This is for survival function to feel powerful in the past
- Risk of repeating the abusive acts in the present time

When survivors become parents....

- 3. Difficulty in regulating when traumatic reactions are being triggered**
 - **The child's behavior (sounds, action, appearance) can be a trigger of parent's own childhood traumatic memory.**
 - **Parents lack the grounding/regulating skills in calming themselves**

- 4. Easily mis-read situational/interpersonal cues as danger → trigger defense/protective mechanism → fight/flight/freeze**

- 5. Difficulty in developing secure attachment relationship with the child**
 - **When the above are present, parents will have difficulty to calm themselves or a child in distress.**

- 6. Difficulty in accessing resources**

Because of these difficulties, traditional parenting skills coaching is not suffice

- **What they lack is not just skills, but also:**
 - **the ability in differentiation**
 - **sufficient mental energy to learn new things because of exhaustion**
 - **the ability to regulate/calm themselves and/or their children**
- **Even if they learned the skills, they may not be able to apply when they shift between mental states of daily functioning and traumatic memory → trauma based behavior in parenting**

What we can do when they bring the child for assessment

1. Minimize the chance that the medical interviews become triggers to their activation of defense/protective mechanism. e.g.:

- a. doctor-patient relationships → how they perceive doctors as 'authority figure' or meeting doctors is not safe.
- b. Hypersensitive to comments/ behavioral cues → being seen as an incompetent parent

What to do:

a. Predictability

- a. Brief in advance what's going on → the procedures/purposes /intervention

b. Sense of control

- a. Promote a sense of collaboration/ working together:
- b. Provide opportunity for questions
- c. Recognition of their effort

2. Communicate Understanding

a. acknowledge their difficulty to be a parent:

“我明白做媽媽唔係一件容易嘅事。”

“揸小朋友一D都唔容易，搵人幫手好平常。”

b. Regular check to see if there's any internal reactions/mis-perception:

“有冇什麼地方我講唔清楚?”

“我聽到你嘅意思是...,如果我誤會,請你話我知。”

“我見到你好靜唔出聲,你可否話畀我聽你而家覺得點?”

c. Communicate 'both-and' messages:

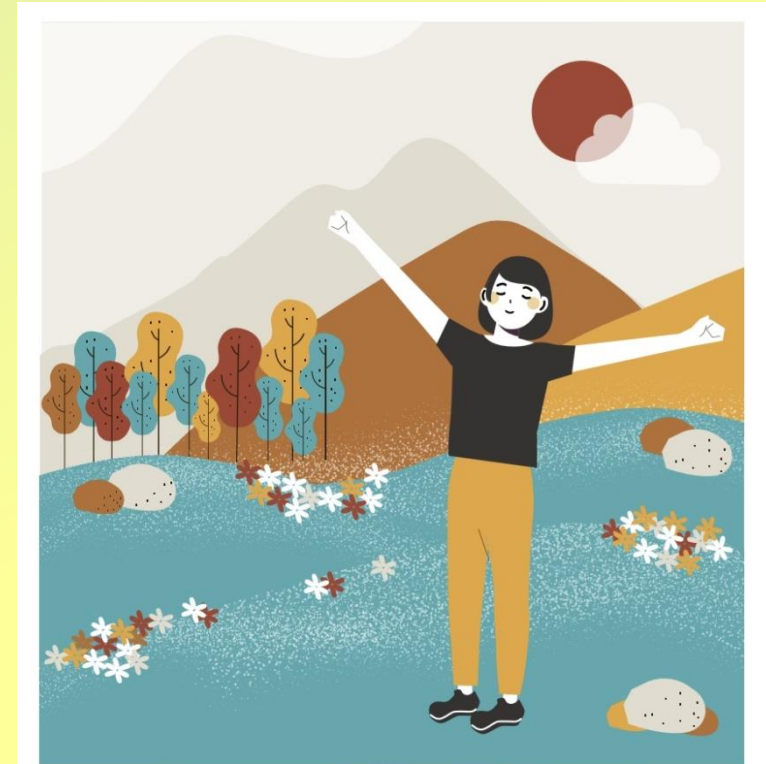
“小朋友嘅健康好重要,你嘅健康都一樣重要”

“你可以激氣,同時又係愛仔仔.....”

3. Promote differentiation and regulation

- **Communicate a sense of focus on the present, as different from the past**
 - “今天係2023年，你已經是一個23歲的成人/ 媽咪...”
 - “呢度係我陳醫生旺角嘅診症室，你可以安心慢慢講...”
- **Communicate the importance of self care/ regulation**
 - “我除了關心小朋友的健康，亦關心你嘅健康...”
 - “你嘅健康係很重要的，你能夠照顧到自己的健康，才可照顧小朋友嘅健康...”
 - “如果你現在覺得緊張焦慮，你可以你望住今天你雙手，係一對大人嘅手.... 然後順其自然吸氣...呼氣...”
- **Encourage seeking help**

Resources you can access in CPSB/SWD website



做情緒的主人：

調節情緒，
從身體出發



療愈為本照顧小錦囊



兒童的腦部發展 與心理創傷



全腦教仔攻略