Use of Narrative Exposure Therapy in a case series of parents traumatised in paediatric settings

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Outline

• Evidence of PTSD in parents in paediatric settings
• Narrative Exposure Therapy
• Sample characteristics
• Pre-post results
• Parent themes
• Therapist considerations
• Complicating factors
PTSD in parents after PICU

• 18% to 45% parents have significant level of PTSD symptoms after child's critical care treatment

• Baluffi et al 2005; Bronner et al 2008; Colville et al 2005; Colville & Pierce 2012; Rees et al 2005
Parents: new cases at 1 yr ($n=102$)

Ref: Colville & Pierce ICCN 2012
Post traumatic stress patterns at 1 year

Ref: Colville & Pierce ICCN 2012
Treatment of Post Traumatic Stress Disorder (PTSD) The Linen Cupboard Metaphor

Memories in PTSD are a bit like items stuffed in a messy linen cupboard. Whenever you brush pass the cupboard the door flies open and items fall out: in other words, whenever you come across a reminder of the trauma you have flashbacks or intrusive memories, and feel intense fear. A typical response is to try to stuff things back in the cupboard, and to close the door as quickly as possible. But this just keeps the problem going: memories are jammed in the cupboard, and the door will still swing open at the lightest touch.

Treatment for PTSD involves

- slowly taking things out of the cupboard
- examining them carefully
- folding them neatly
- putting them back in the right place

In this way, memories of the traumatic event find their proper place: you can find them if you choose to, but they won’t come back so often when you don’t want them to.
Narrative Exposure Therapy

- **Narrative therapy**: Importance of putting a coherent story together and finding meaning
- **Exposure therapy**: need to revisit difficult experiences and relive feelings
- **Witness testimony**: value of being listened to, having experiences acknowledged
Narrative Exposure Therapy

Aim is to produce a coherent account of life to date, incorporating traumatic experience(s)

- Examining the feelings, thoughts and sensations at the time of the trauma in detail
- Understanding fear memory network - making links with other times anxiety is felt in present
NET Fear network

sick

Pine forest
Time commitment

- 2 sessions pw x 3 wks
- Typing up account between sessions
- Adding to it and editing it each time
Sample characteristics

Parents:
• 3 mothers, 2 fathers
• Age 32y to 46y

Children:
• Age 5m to 13y
• LOS PICU 12hrs to 4m
• LOS Hospital 2wks to 20m
• Reasons for referral to PICU:
  Acute infection
  Severe asthma
  Road accident
  Complications relating to prematurity
  Meningitis

• Time between child's discharge and parent's treatment: 6m to 19m

• No sessions: 6 to 10
Measures

Posttraumatic Stress Diagnostic Scale (PDS)

Hospital Anxiety and Depression Scale (HADS)

- Pre-treatment
- @ 2 months post treatment
- @ 6 months post treatment
Pre post results

![Graph showing pre-treatment, 2m, and 6m results for PTSD, Anxiety, and Depression]
Case example
Case: Mother of 2y girl

- Child dx chronic haematological condition
- Protracted hospital admissions since age 6m
- Admission to PICU for line infection at age 2y
Assessment

• Hospital Anxiety and Depression Scale (HADS)
  - Moderate/severe Anxiety;

• Posttraumatic Diagnostic Scale (PDS)
  - met criteria for PTSD (moderate)
Lifeline up until child's illness

Lifeline from illness to present

admission

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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Whole Lifeline

Outcome

• Went on two holidays abroad with family

• Set up regular date night with husband

• Talked to boss re reducing working hours
Themes

• Power of emotions associated with traumatic memories
“In the ambulance I had the most painful and overwhelming feeling I have ever had in my life. It felt like being belted in the guts five or six times over – the feeling that I should have kept my child safe”

Parent of 13y Road Traffic Accident victim
“I really thought my child could die. I felt it physically. I felt a sort of internal shaking which was terrifying but which for some reason did not show on the outside. This is a feeling I have had since.”

Parent of 2y with acute infection
Themes

• Power of emotions associated with traumatic memories
• Struggles with chronology
Themes

• Power of emotions associated with traumatic memories
• Struggles with chronology
• Positive as well as negative experiences
Themes

• Power of emotions associated with traumatic memories
• Struggles with chronology
• Positive as well as negative experiences
• Value of visual lifeline
Therapist considerations

- Demanding work – sessions often > 1hr and twice a week
Therapist considerations

• Demanding work – sessions often > 1hr and twice a week

• Need for recovery for therapist between sessions
Therapist considerations

• Demanding work – sessions often > 1hr and twice a week

• Need for recovery for therapist between sessions

• Need for time to work on account between sessions
Complicating factors

- Extensive prior trauma
- Re-exposure to trauma after treatment
- Ongoing trauma in relation to child’s medical condition
Extensive prior trauma

Previously traumatised people are more likely to be affected

Brewin et al 2000; Ozer et al 2003
Centrality of Traumatic Event to Identity

Ref: Berntsen & Rubin BRAT 2005
Re-exposure to trauma

• Eg return to stressful job
Critical Incidents related to work

- Seriously injured intentionally
- Being shot at
- Life threatened by toxic substance
- Loved ones threatened
- Kill or injure on duty
- Threatened with gun
- Trapped in life threatening situation
- Colleague killed intentionally
- Colleague killed accidentally
- Threatened with weapon
- Being seriously beaten
- Colleague injured accidentally
- Animal neglected, harmed, killed
- Sexually assaulted child
- Badly beaten child
- Decaying corpse
- Badly beaten adult
- Sexually assaulted adult
- Life threatening car chase
- Telling re death
- See someone die
- Severely neglected child
- Dead body
- Mutilated body/human remains
- Exposed to AIDS/disease
- Colleague injured intentionally

Ref: Weiss et al J Trauma Stress 2010
Re-exposure to trauma

• Eg return to stressful job

• Eg context of child’s ongoing medical condition
References: Narrative Exposure Therapy (2nd Ed). Schauer, Neuner & Ebert, 2011 *Hogrefe*

Colville: Narrative Exposure Therapy With Parents Who Have Been Traumatised in Pediatric Settings: A Case Series. *Clinical Practice in Pediatric Psychology* (in press and available on PICUpsychology.net)

Thank you