An Exploration of Complex Post Traumatic Stress Disorder and the Perinatal Period: Audit & Team Development

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Introduction

Complex Post-Traumatic Stress Disorder has been defined in the International Classification of Diseases 11[1], published in 2018. This diagnosis helpfully links threat-based symptomatology with affect regulation and inter-personal disturbances, while placing the focus on the patient's history of trauma. Meanwhile the diagnosis of Emotionally Unstable Personality Disorder is no longer specified in ICD-11. The Hampshire Perinatal Mental Health Community Team has taken a pro-active stance towards exploring this relatively new diagnosis where it is clinically relevant. Our experience has been that patients find this diagnosis meaningful and validating. In order to embed this new diagnosis in our practice, we have prioritised education of staff and stakeholders, focussed our assessment of patients and created new psychoeducation resources.

Complex PTSD poses particular challenges to women in the perinatal period. Negative view of the self and attachment anxiety have been identified as two key correlates of complex PTSD[2], both phenomena that have the potential to be exacerbated by the unique stresses of the Perinatal period[4]. Our recent audit (March 2020) has revealed that up to 90% of our caseload report a personal history of complex and/or childhood trauma, while up to 35% of these patients meet the criteria for Complex PTSD. This has implications for the future commissioning of Perinatal services. There is a need for further research on this relatively new diagnosis and how it impacts new mothers.

Audit Results

30 patients randomly selected from Community Perinatal Team Caseload
60% patients had a 'Trauma-related' diagnosis (EUPD, cPTSD, other personality disorder, dissociative disorder)

93% had a history of significant trauma
Significant trauma as defined as an Adverse Childhood Event by WHO

70% good quality documentation of Personal History

Average ACE score = 2.3 (Range 0 – 7)

	Trauma-Related diagnosis	No Trauma-Related diagnosis
Weeks in Service	44.9	30.3
Average no. of practitioners involved	2.5	2.08

Comparing Diagnoses[1,3]

	cPTSD	Personality Disorder	PTSD
Threat-based symptoms	Avoidance Hypervigilance Re-experiencing		Avoidance Hypervigilance Re-experiencing
Affective symptoms	Emotional dysregulation	Emotional dysregulation	Mood disturbance
View of Self	Stable: diminished, defeated, shame, failure	Unstable: emptiness, poor self-direction, 'contagion'	
Interpersonal Relationships	Varying e.g. avoidant pattern, difficulty sustaining & feeling close in relationships	Varying e.g. idealisation/deval-uation, avoidance of abandonment, managing conflict	
Dissociative phenomena		e.g. Dissociation, voices	

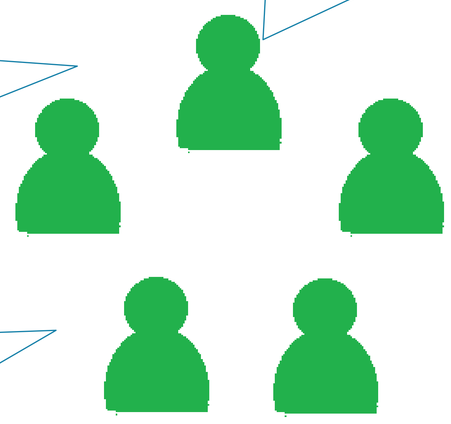
Team Development: Experiences of Supporting Women with Complex PTSD

Anonymous survey of 23 team members

"I have found this diagnosis to be very relevant and appropriate for women displaying distress & dysregulation in the perinatal period who have experienced ACES."

"Having a baby is often a period of time that leads to women reflecting on their own experiences of being parented and their own childhoods. I have always found CPTSD diagnosis helps women to better understand their emotions and validate their own distress"

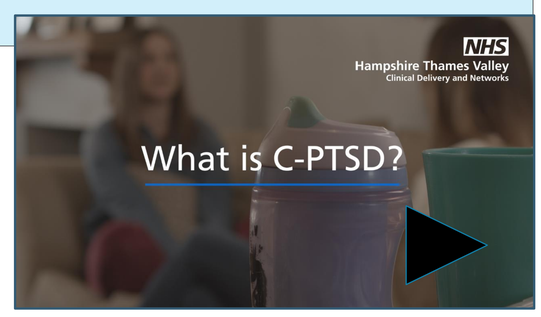
"Making clear links between complex traumatic events and resulting mental health difficulties has been welcomed by the majority of patients I have met with this diagnosis. It importantly directs ownership and blame for the difficulties with the trauma rather than with the individual's personality."



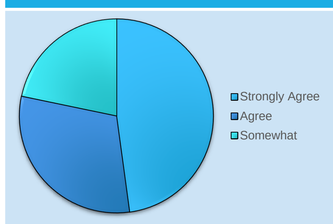
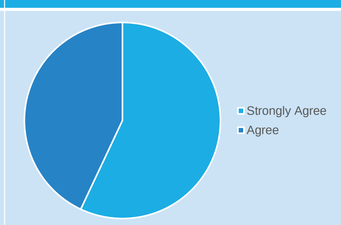
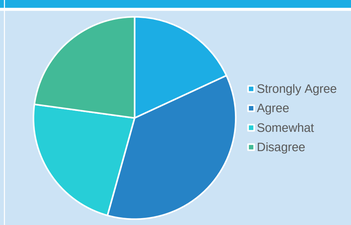
"It also helps to reduce the stigma between professionals/other teams when discussing ladies."

Interventions Offered for Complex PTSD

- 'Emotional Coping Skills' group for Complex PTSD in the Perinatal period
- 'Family Connections' group for family members
- Psychoeducation workshops for patients/carers
- Education for stakeholders
- Patient Information Leaflets
- Educational film produced by team Lead Psychologist Dr Hannah Wilson in conjunction with Hampshire Thames Valley Clinical Network for the NHS Healthier Together website https://what0-18.nhs.uk/popular-topics/mental-health/maternal-mental-health/complex-post-traumatic-stress-disorder-c-ptsd



Staff Member Survey (23 respondents)

I have an adequate understanding of Complex PTSD and can explore this diagnosis with my patients	The Diagnosis of Complex PTSD helps to validate my patients' experiences	The Perinatal team has adequate resources to support patients with Complex PTSD
		

Conclusions & Next Steps

Conclusions
This project confirmed the high prevalence of complex childhood trauma in our caseload and the value of sensitive exploration of this personal history in the Perinatal period. Staff reported that Complex PTSD was perceived by their patients as clarifying, validating and relevant. 50% of staff felt that the team was adequately resourced to support women with this condition. Resources identified as missing included: Increased availability of psychological interventions, further psychoeducation resources for patients, education for other healthcare settings.

Next Steps
Staff were asked to identify areas for further educational development. These included: diagnostic criteria, construct validity, overlap with other conditions and approaching the diagnosis with patients. We will continue to develop the resources available to patients and training for staff around Complex PTSD, while working pro-actively with other stakeholders.

Contact

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