

Effects of Perinatal Trauma and Treatment: Sarah's Story

10TH NOVEMBER 2021

STARTTS Clinical Master Class

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and Rehabilitation of Torture
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Introducing Sarah

Sarah is 3 years old with dark curly hair and huge black eyes. She has golden brown skin and a ready smile.

Sarah is friendly



Image: Naila Hassan

Home visit - vignette

It is a sweltering summer afternoon. Mum is sitting on the floor with a big shawl on her head covering her body. There are some toys scattered on the floor. I arrived with a few toys in a basket. Sam is interested in the doll but does not want to interact with me. Sarah runs to me hugs me and sits on my lap.

Mum begins to cry softly as she often does during the session. Sarah asks me to accompany her to a room with toys, which looks out to the road. Both mum and I walk with Sarah to the room. Sarah sits at the window and looks longingly at the children who live across the road. They have just returned from school. There is a lot of laughter on the street. Sarah looks me in the eye and asks:

Can you be my friend?

I have no friend.

Presentation overview

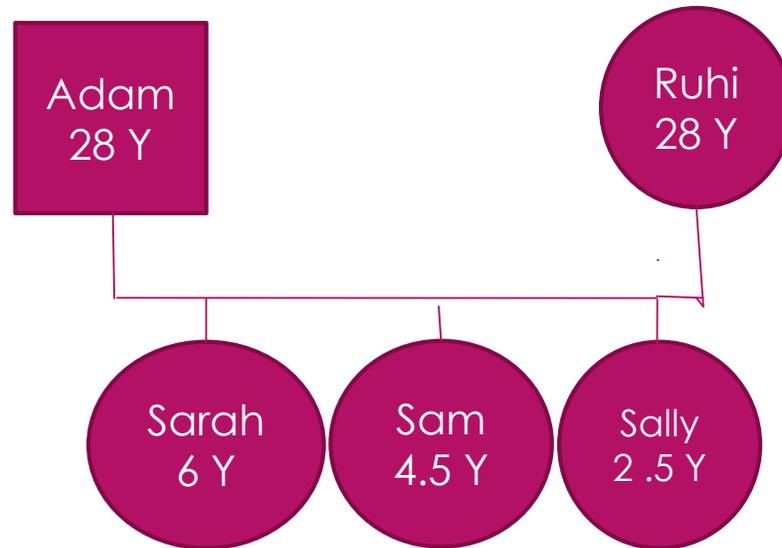
Trauma history:

- Prenatal
- Conception
- Foetal life
- Early childhood experiences
- Presenting problems and assessment
- Clinical Interventions
- Treatment outcome

Demographics

- Asylum seeker family
- Sri Lankan background
- Language: Tamil
- Religion: Christian
- Arrived in Australia in 2013 - detained in a offshore detention
- Born offshore, December 2015, aged 6 years old
- Younger sisters are born in Australia
- Referred in late June 2018, first seen in July 2018
- Total no. sessions 48 (Office, home, telehealth)
- Individual sessions with the child, with the mother and siblings.

Genogram



Trauma history

Preconception/conception/Fetal environment

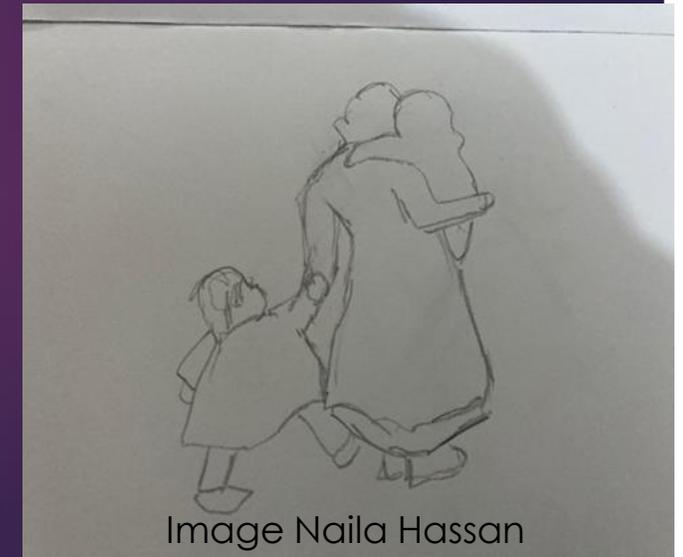
- Parents were born in Sri Lanka.
- Mum suffered from sexual abuse in childhood.
- Dad came from a family with a history of political persecution.
- They had ongoing death threats and fled one month after getting married.
- Dangerous boat journey.
- Lived in offshore detention for 2 years.
- Sarah was conceived and born offshore.
- Being pregnant in detention is difficult as we know.



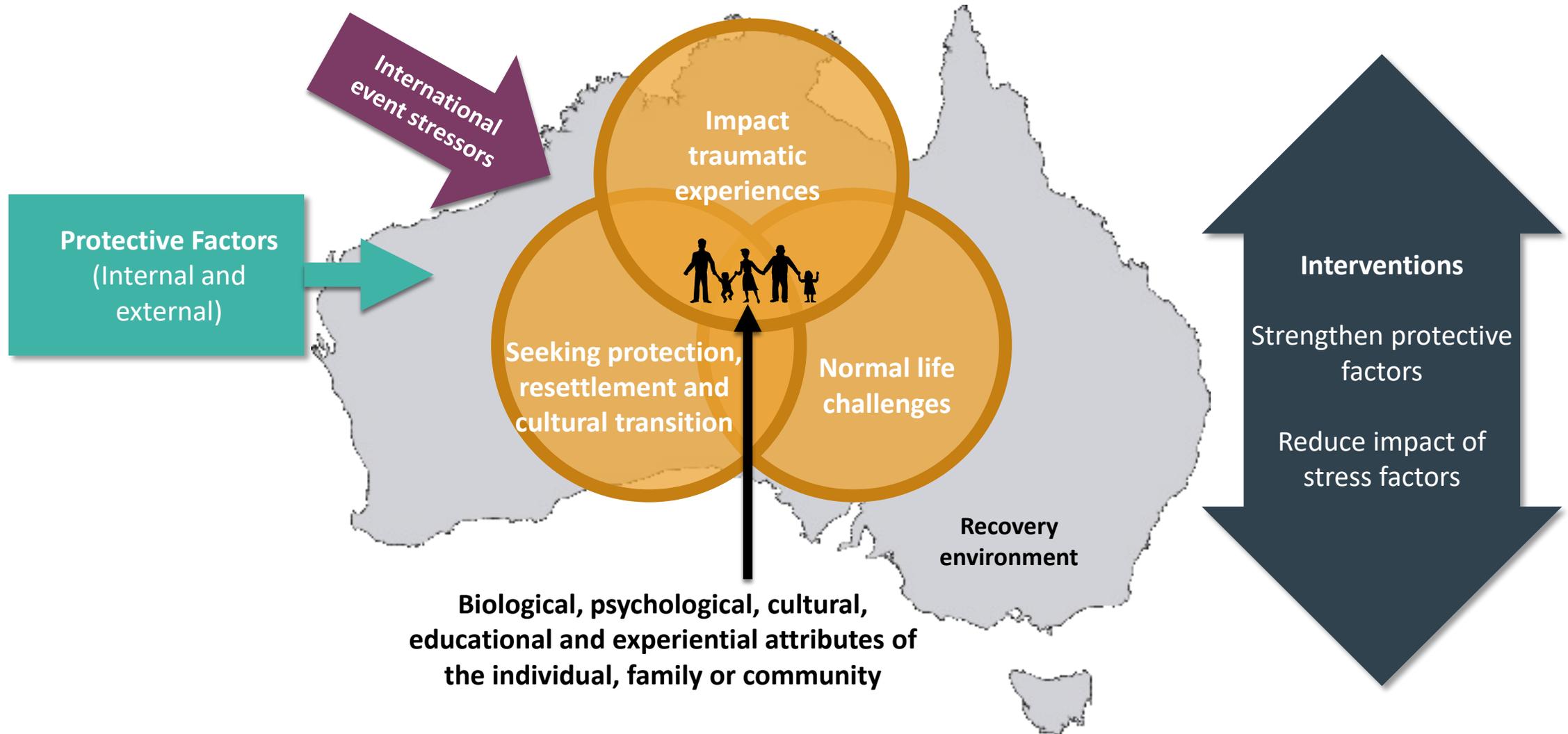
Image: Naila Hassan

Postnatal experiences

- Mum had postnatal depression and was hospitalised for 2 weeks after Sarah's birth.
- Moved to community detention in Sydney as a result of her mental health.
- Sarah did not get the kind of attention she needed from the mother.
- Mum made up for this lack of attention by becoming over focused especially with feeding resulting in Sarah becoming overweight.
- Mum also developed OCD type of behaviors.



The complex interaction of challenges



Initial parent interview

The ideal situation is to see both parents without the children for the assessment (this was discussed on the phone)

- The goal was to establish a rapport
- Obtain background information
- Assess the situation
- Discuss expectations



Image:Nalia Hassan

Assessment can be re-traumatising: Mum did not want to talk about the past

Phone conversation

- Mum talked about her reasons for wanting counselling for Sarah.
- She felt she had failed her children.
- She had also stopped her medication because she was pregnant.
- Sarah was settling well in childcare; this was further proof of the fact that the child no longer needed her.
- An incident at the childcare a few weeks later resulted in withdrawing her from the childcare.

Assessment

First visit at STARTTS office

Observations

Mum:

Lack of self esteem as a mother. Lots of tears.

Mum and children:

Role reversal as children put their hand on mums shoulder.

Sarah

- Parentified behaviors
- Lack of focus and concentration
- Lack of curiosity and interest in the toys
- Wanted to pull the toys from the sister/hitting her

Family:

Played with dad and could rest in his presence.

Request for an urgent appointment

- Requests for an urgent appointment.
- In the reception, mum came and gave me a hug and held on to me saying please help me.
- Mum's trauma memories had begun to reoccur as they moved house.
- She refused to leave the office.
- Called SSI emergency asking for accommodation for the night. They said they would take her but not the children. She refused.
- She asked the husband to let her sleep in the car.
- A referral was made for mum to see a counsellor at STARTTS.

Mum in therapy

- Mum started seeing a STARTTS counsellor.
- Improvement in her mood was noticed.
- At the end of her session she would join the session with children.
- Parent child interaction coaching model was used but she did not respond well.
- Children were thrilled to have her in the room and we included her in our play. Mum also had a lot of questions about child development.
- Mum's suicidal ideation when the counsellor goes on leave.

Intervention: for mum and baby

In order to reduce the impact of perinatal trauma (as mum was pregnant when I first started seeing Sarah) the following suggestions were given:

- Skin to skin contact when baby is born particularly if mum is unable to breast feed.
- Lots of physical touch, massage baby.
- Mum calming her nervous system so baby is calm.
- Talking to the baby about what you imagine the birth and being in utero was like particularly as mum is still quite depressed. And talking about how happy they are to have the child.

Interventions: play activity

Aim:

- Establish an atmosphere of safety
- Develop a sense of control
- Involve mum in the play

In the play sessions:

- A lot of peek a boo, hide and seek type of activities, crawling on the floor and in the tunnel.
- Pouring activity, Sarah loved, developed her focus.

The theme:

- Caregiving, feeding and self regulation

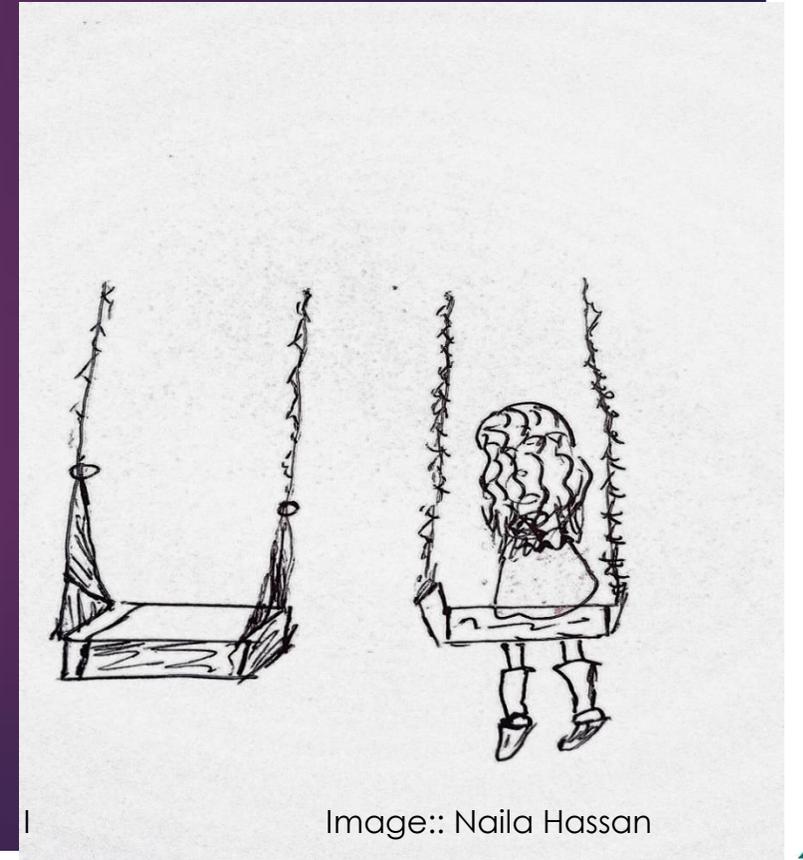


Intervention: fears of sexual abuse

Mum wanted to know how to talk to her about protecting her body.

We talked about teaching the different body parts clearly.

No body secrets, no one is allowed to touch private parts and that is why they are called private etc.



Intervention: cooking session

- Sarah was always excited about the sessions in the home but mum often had a flat affect and was monosyllabic; she was teary!
- Suggestion to bake a cake.
- Sarah found it hard to believe that it was possible to make a cake at home.
- It turned out to be a really fun activity.
- This became a regular activity.
- Sarah and mum made muffins together.



Image: Naila Hassan

Interventions: home visits activities

- Symbolic and imaginative play and lots of drawing and coloring.
- Going into the garden and picking up all the varieties of leaves. noticing the shades and drawing them.
- Painting the wall outside with water.
- Mindful eating, breathing etc.

Image: Naila Hassan



Monsters in her dream

Sarah was also having nightmares of monsters which she drew in the sessions:

Finally what helped her was to put the pictures on her bedroom wall that way she could see them out there and not in her dreams.

Mum was not comfortable with this but it worked.



Image : Naila Hassan

Coronavirus

- Sarah is getting interested in reading and sounds.
- Posted coloring in sheets and join the dots type of activities.
- Mum requested twice more for these sheets as she said Sarah loves to sit and work on them.
- Sarah started to make her own appointments. she would record a message on WhatsApp and send it. “Naila can I have an appointment for Tuesday next week, please call me”.

Home visit a year later

Sarah insists on making waffles for me. They have a machine and so she does it herself with some supervision from her mother.

I had taken some yoga cards and each one of us picked one and we all did that pose. Mum asked if she could borrow them until the next session.

She played with some of the toys I had taken, she drew but quickly gravitated towards showing me some of the games she had on the computer.

She looked very absorbed. I ended up spending time with all the 3 children and mum said that she really appreciates me going as it helps her.

I think the family is very lonely and they do not have friends. They tend to spend a lot of time huddled together.

Treatment outcome

- Sarah did not have a friend, she has gradually become one of the most popular girl in her class.
- She is attending dance classes.
- She is excelling academically.
- She has developed a secure attachment with her mother and adores her siblings.
- Her weight is in the normal range.

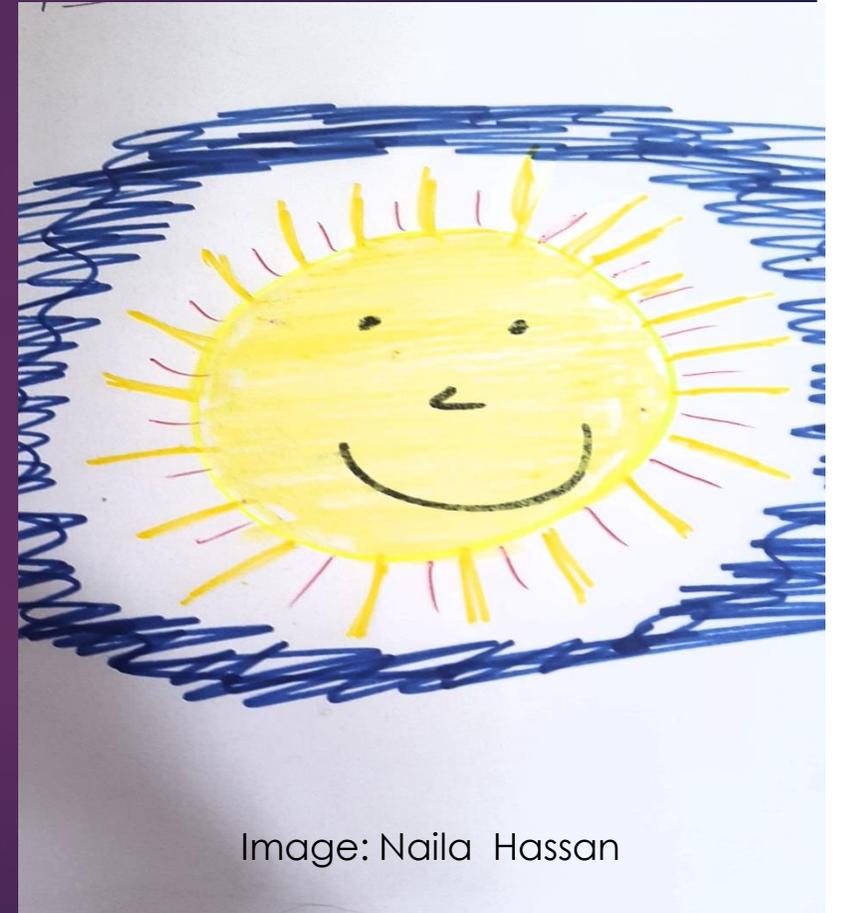


Image: Naila Hassan

Treatment outcome mum

- Mum was more confident in mothering her children.
- This became her most important role.
- She began to value getting the children involved.
- Mum is welcoming dad's support and he is more involved in the family activities.
- Mum's language has changed when she talks about Sarah.

"My heart sings when I see her"

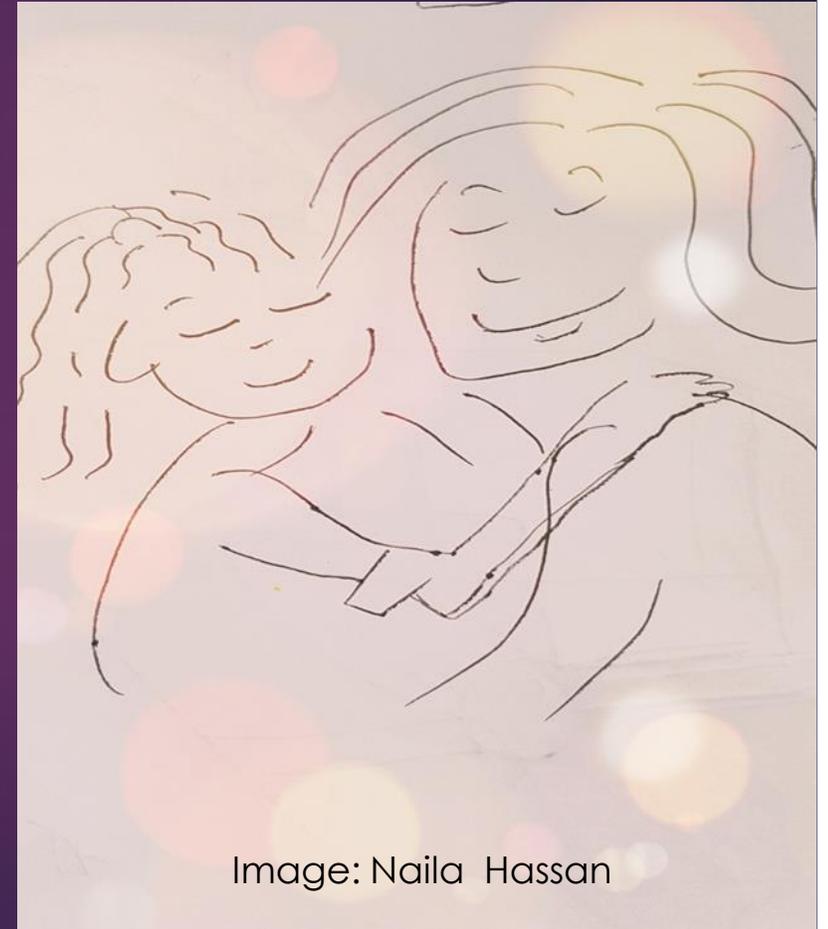


Image: Naila Hassan

Transference/Countertransference

- Sarah wanted me to be her friend but I helped her to be the little child again. I didn't become her friend but helped her to use the relationship and the play skills to learn to make other friends.

I didn't take over mums role but helped mum to be the mother the children needed.

- Countertransference: I was aware that I was drawn to mum's tears rather than the children I was supposed to be working with. The energy of the healing has to come from mum. This experience also gives me an idea of what it is like to be a child in this family. She also has to heal so she does not cry in this uncontained way. Its not that the children need a mother who cannot feel but one who can contain herself.

Presented on behalf of STARTTS by:

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