

Healing Trauma

A Professional Guide

Edited by

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Ms Kam-mei Lau is currently studying for a MPhil degree in the Department of Applied Social Sciences of the Hong Kong Polytechnic University. She graduated from Aston University (UK) with an honours bachelor degree in Human Psychology with Professional Training. She has two years of experience working as a research assistant under supervision of clinical psychologists and neuropsychologists in the hospital as well as university settings. Her research interest is mainly looking into neuropsychological profiles of different groups of patients such as HIV-infected persons, persons with Parkinson's disease and multiple sclerosis. Besides working with clinical groups, she also has experience working with the elderly and secondary school students in the community for different research projects.

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Dr Frendi Li is an Assistant Professor in the University of Hong Kong, teaching mainly in the clinical psychology training programme. She has extensive experience in mental health services in the public sector both in Hong Kong and England before starting her teaching career with the University of Hong Kong. She also keeps a very active private practice. Child abuse was the focus of Dr Li's doctoral research in which she studied the efficacy of child abuse prevention programmes as well as that of treatment programmes for survivors. In her clinical experience in helping adult survivors of child sexual abuse (CSA), Dr Li has felt for their pains and difficulties, and therefore feels strongly that society should take CSA prevention seriously. Her chapter discusses the fallacies of "piecemeal" preventive measures that are inconsistent with theoretical knowledge and research findings, and advocates a centrally co-ordinated public health approach in CSA prevention.

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Dr Li graduated from the University of Hong Kong in 1978 and received neurology training at the Regional Neurological Centre, Newcastle General Hospital in England from 1982 to 1984. He is an accredited specialist in neurology and is also the Consultant in charge of the AIDS Clinical Service at Queen Elizabeth Hospital. He has been the Chief of Service of the Department of Medicine, Queen Elizabeth Hospital since 1996. He is serving as Honorary Advisor for a number of local neurology patient groups and is also the Vice Chairman of the Hong Kong AIDS Foundation.

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Mr Wilson Wong studied sociology during the undergraduate level, then continued his postgraduate research studies on various aspects in international law, public administration, public service management, and social policy analysis. He received his higher degrees in academic institutions both in Hong Kong and the UK. Mr Wong has acted as Deputy Secretary General of the Hong Kong Red Cross and has been involved in humanitarian and relief work for 20 years. He has travelled to over 50 countries and over three quarters of the provinces in China, and actively participated in both local and overseas disaster-related projects. He worked in Rwanda during the genocide period and was appointed by the International Red Cross Headquarters in Geneva to be a core team member responsible for the worldwide coordination for the 2004 tsunami relief operation. Besides, he has been a member of the United Nations Office for the Coordination of Humanitarian Affairs and one of the major leaders in the Sichuan earthquake relief action in 2008.

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Ms Delphine Yau works in the public social services sector in Hong Kong. She provides help mostly to children and families struggling with an array of different

problems. Issues of abuse, violence and trauma are her special areas of interest. In recent years, she became very much influenced by post-structuralist thinking, particularly narrative ideas, and actively engages in narrative practice in consultations with children and families.

1

Gateway to the Future

Kitty K. Wu, Eugenie Y. Leung, and Catherine S. K. Tang

The development of work and research on traumatic stress has come a long way in Hong Kong. Perhaps, the answer for the future lies in the possible paths that can be taken after essential milestones have been passed in the journey. The setting up of the Critical Incident Team (CIT) in the Division of Clinical Psychology of the Hong Kong Psychological Society in 1993 was among the first and vital milestones which helps to establish the role of clinical psychology in trauma work for Hong Kong's community (Leung, Wong, Li, Lau-Yu, and Wu, 1993; Leung et al., 1996; Leung and Wu, 2005; Wu, 2005; Wu, Lu, and Leung, 1995). The development of disaster service occurred in various government departments, including the Social Welfare Department, the Hong Kong Hospital Authority, as well as various non-government organizations (Lau, Ch. 11; and Wong, Ch. 12), involving different disciplines e.g., nurses, doctors, social workers, psychologists and psychiatrists. This development signified the recognition and inclusion of psychological service for disaster and trauma recovery in the overall management plan of government bodies and community organizations. Although it implies greater availability of resources and manpower, continuous development and up-keep of quality of service are required for the advancement of community service for survivors of small-scale but significant traumatic stress, such as child sexual abuse (Li, Ch. 6; Ma and Yau, Ch. 7). Areas for further development include prevention of traumatic events, enhancing preparation, resilience and recovery of the community when confronted by traumatic experiences.

The setting up of the Asian Society for Traumatic Stress Studies (AsianSTSS) in 2005, a multi-disciplinary body which aims to provide a platform for knowledge exchange and seeks to influence the way trauma psychology is addressed in public policy and the media, indicates that mental health issues related to trauma is no longer the monopoly for a small group of professionals. Various professional bodies and related agencies have to play the role of community watchdogs in order to advocate for high-quality and comprehensive mental health service,

and research for prevention and recovery purposes. The position paper and press release of a public survey on the psychological impact of road crashes presented by the AsianSTSS in June 2008 (please refer to the annex of this chapter) can be regarded as a blueprint for future advocacy in raising public awareness and influencing public policy (Asian Society for Traumatic Stress Studies, 2008; Wu et al., 2008).

The ease of information exchange made available by technology has facilitated dialogue and links between Hong Kong and the international trauma professionals. Information and databases can now be accessed easily via the internet, such as the revised treatment guidelines presented in *Effective Treatments for PTSD*, Second Edition, developed under the auspices of the Posttraumatic Stress Disorder (PTSD) Treatment Guidelines Task Force established by the Board of Directors of the International Society for Traumatic Stress Studies (ISTSS, 2009; Foa, Keane, Friedman, and Cohen, 2008). Also available are the clinical guidelines on PTSD from National Institute for Health and Clinical Excellence (NICE, 2005), the Guidelines on Mental Health and Psychosocial Support in Emergency Settings developed by WHO's Inter-Agency Standing Committee (IASC, 2007) and Framework for Mental Health and Psychosocial Support After the Tsunami provided by the World Health Organization (WHO, 2005). The advancement of public knowledge will inevitably lead to the increase in demand and pressure that calls for evidence-based service in line with the international standard for assessment (Wu, Ch. 2) and treatment of traumatic stress (Wong, Ch. 3 and Cheung, Ch. 4). This is an important mission for mental health professionals in trauma work in Hong Kong to accomplish, especially due to the demand for knowledge exchange and experience-sharing with counterparts in Asian societies, including mainland China, Korea, Macau, Singapore and Taiwan, reaching another milestone in the development of trauma work and research in Hong Kong. To justify the export of knowledge and practice to our neighbouring communities (Tang, Ch. 14 and Wu, Ch. 13), it is necessary for Hong Kong professionals to observe international guidelines and attain excellence in providing service and conducting research of an international standard.

The development of trauma psychology in Hong Kong was built from various lessons learnt from different public services and non-government organizations (NGOs) responding to traumatic incidents in Hong Kong and places around us. Starting from the Lan Kwai Fong Incident in Hong Kong in 1992 to the recent Sichuan 5/12 Earthquake in 2008, we witnessed significant advancement of applied psychology both in Hong Kong and in the international field of behavioural science. The accumulation of knowledge regarding the use of single-session debriefing, such as Critical Incident Stress Debriefing (CISD), is a good example for reviewing the advancement of knowledge and practice in trauma psychology. CISD was excitedly embraced (Everly and Mitchell, 2000; Mitchell and

Everly, 1996) as a promising preventive measure for posttraumatic stress disorder (PTSD) in the 1990s, which provided insight to mental health workers about their role after disaster. It has now become a topic attracting sensational and defensive debate and controversy (e.g., Bisson, McFarlane, and Rose, 2000; Rose, Bisson, and Wessely, 2002; van Emmerick, Kamphuis, Hulsbosch, and Emmelkamp, 2002), dividing practitioners into groups of CISD followers and challengers, for an initially well-intended psychological intervention was later found to be possibly harmful for the people it was meant to serve. For various reasons, single-session debriefing in the form of CISD is still utilized by a number of public bodies in Hong Kong (Lau, Ch. 11). We believe the exchange of views and knowledge on the controversy related to CISD, no matter applied to a homogeneous group of personnel or the community, as a component of an overall management plan or an independent measure, would help to enhance rational evaluation of its utilization in future (Lau, Ch. 11 and Wong, Ch. 3).

In the international arena, the trend of utilizing the “doing-no-harm and evidence-informed” approach like Psychological First Aid (PFA) (Brymer et al., 2006a) instead of single-session debriefing has been a major leap for the application of psychology in disaster work. This is an inevitable step of development as psychological service is subjected to objective and scientific evaluation and required to be aligned to international standard of practice (e.g., National Institute for Health and Clinical Excellence, 2005; World Health Organization, 2005). The adaptation of PFA for application in community traumatic events (Brymer, Brian, Reyes, and Macy, 2009), e.g., for families (Cullerton-Sen and Gewirtz, 2009) and youth experiencing homelessness (Schneir, 2009), and specific application by community religious professionals (Brymer et al., 2006b) suggest increased possibility of examining the efficacy of the evidence-informed practice (Wong, Ch.12).

Evidence showed us that if a safe environment with basic daily needs and psychosocial support is provided, the majority of disaster survivors will recover psychologically. Thus, the limited resources of mental health professionals could now be geared more effectively towards training community-level workers in PFA and psychological support, while providing focused professional intervention for those who suffer from persisting psychological impairments. This has paved the way for enhancing PFA skills for workers in humanitarian organizations and NGOs and encouraging their participation in the development of disaster psychology. Like physical first aid, enhancing PFA literacy of the community at large might be the emerging trend in the development of trauma psychology. When community-level workers or volunteers are trained and base their work on evidence rather than good intention, it is justifiable for the public to expect mental health professionals to provide timely intervention for those who suffer more severe distress by utilizing evidence-based treatment. Both community-level workers and mental health professionals need to be continuously equipped with

updated evidence and knowledge, and utilize the most culturally sensitive and appropriate skills when responding to people and communities in need (Wong, Ch. 12; Wu, et al., Ch. 13 and Wu, 2009).

The third milestone documented in this book is the accumulation of knowledge via research on and practice in assessment (Wu, Ch. 2) and understanding psychological sequel, including psychological distress and growth of traumatic experience (Ho, Wong and Chung, Ch. 5; Au, Chan, Li and Lau, Ch. 9), and rehabilitation services for people affected by various traumatic stresses including interpersonal trauma (Li, Ch. 6; Ma and Yau, Ch. 7; Chan, Ch. 8), health and medical trauma (Au et al., Ch. 9 and Tse, Ch. 10), and mass trauma and disaster (Lau, Ch. 11; Wong, Ch. 12; Wu, et al., Ch. 13). This knowledge base will empower future research to study the subject in greater depth for a variety of traumatic or applied conditions. The utilization of an empirical approach in examining knowledge and service is fundamental for developing research and practice that are culturally relevant for Hong Kong and Chinese societies at large (Wu, et al., Ch. 13).

Together with mainstreaming trauma psychology in university and professional training curriculum in recent years (Tang, Ch. 14), more students from both the undergraduate and post-graduate professional curriculum of different disciplines, will be equipped with knowledge on mental health issues related to trauma. Consolidation of this educational bridge that helps to strengthen the link between research and practice, academic work and community awareness would be meaningful future directions for promotion of mental health related to traumatic stress in our society.

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Annex**The Position Paper of the Asian Society for Traumatic Stress Studies on Psychological Impact of Road Traffic Accidents (Hong Kong Chapter)**

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1. The Asian Society for Traumatic Stress Studies (AsianSTSS) acknowledges the adverse psychological and social impact of road traffic accidents and advocates for the early intervention and prevention of these adverse effects as an outcome of road traffic accident.
2. The AsianSTSS is a multi-disciplinary organization that advocates the promotion of knowledge about preventing traumatic events, understanding the scope and consequences of traumatic exposure, and ameliorating their consequences.
3. Road traffic accidents (RTA) are a threat to people's physical, psychological and social well-being and could potentially lead to long-term mental disabilities or diseases. RTA could also threaten the health and socio-economic well-being of a community, in particular, population of the low and middle income levels.
4. For every person who dies in a road traffic accident, many more are left with permanent disabilities. Studies reveal that RTA could lead to major mental health problems (e.g., depression and post-traumatic stress disorder) and socioeconomic difficulties (e.g., limited daily activities, social life and work problems).
5. According to the World Health Organization (2002), RTA was the 11th leading cause for mortality worldwide and the 9th leading contributor to the global burden of disease. Road safety has also been recognized by WHO as a major health promotion focus and the theme for World Health Day 2004. WHO has warned that, on current trends, road traffic injury will become the 3rd leading contributor of global burden of disease by 2020. To enable more reliable estimates of the global burden of road traffic injuries and to enhance planning of rehabilitation services, especially for the low-income population, improvement in the collection and analysis of data is needed. As recommended by WHO, these include data on acute morbidity and long-term disability, economic and social impacts

- of road traffic injuries, especially for the low-income and middle-income populations.
6. To prevent traumatic stress caused by RTA, we need a safe environment for all road users and oppose practices that would compromise road safety.
 7. The mortality rate of RTA in Hong Kong is among the lowest in the world's major countries. This has to be acknowledged as an asset of Hong Kong that needs to be protected and valued.
 8. Improved professional awareness on the potential distressing psychological and social impact of RTA would be needed to promote the followings in Hong Kong:
 - i. observation and documentation of psychological functioning at the acute phase;
 - ii. provision of early and comprehensive psychological and social intervention for victims affected by RTA;
 - iii. collection and analysis of data on long-term disability, economic and social impacts of road traffic injuries.
 9. Public education on road safety has been provided by the HK government in the past with a good result. However, there are still gaps in coverage. To address the existing gaps, public education would also need to focus on the psychological and social impact of RTA in order to achieve the following:
 - i. increase public awareness on the psychological and social impact of RTA;
 - ii. enhance public knowledge on the help-seeking channels available for psychological and social distress caused by RTA;
 - iii. increase empathy for victims of RTA and promote safe use of road;
 - iv. advocate for a supportive environment for victims of RTA within the family, at the workplace, and in society at large. Survivors who suffer from travel anxiety or posttraumatic stress after an RTA would require safe transportation and environment for practice of normal travelling in order to re-build confidence. Support from family and employers are essential in this rehabilitation process.
 10. We hope, with the concerted efforts among the Hong Kong government, professionals, and the public, this will help to minimize long term disability arising from RTA, and to help those living with disabilities to achieve maximum independence, better quality of life and be reintegrated back to the society. These mean participation in ordinary daily activities, including their work, as far as possible.

Appendix A

Chinese version of Impact of Event Scale — Revised (IES-R)

姓名：_____ 日期：_____ 檔案號碼：_____

事件影響測量表——修定版

以下是一些人經歷過壓力事件後會經驗的困難。請細閱每一項目，並按自己過去七天的經驗選擇最能夠形容每一項困難對你影響的程度。以下提到的[那件事]是指：_____有關經歷。

	完全沒有	少許	中度	相當大	極度	
1. 任何有關那件事的事物也會引起我對那件事的感覺						I
2. 我難於保持安睡						I
3. 其他事情不停地令我想起那件事						I
4. 我覺得煩躁和忿怒						H
5. 每當我想起那件事或者有其他事物令我想起那件事時，我會盡力避免讓自己心煩意亂						A
6. 我會無意中想起那件事						I
7. 我覺得那件事好像從未發生過或並非真實						A
8. 我避開一些會令我回憶起那件事的事物						A
9. 關於那件事的影象在我腦海中突然浮現出來						I
10. 我神經過敏及容易被嚇得跳起來						H
11. 我嘗試不想起那件事						A

下接第2頁

	完全沒有	少許	中度	相當大	極度	
12. 我察覺到我仍然對那件事有很多感受，但我沒有去處理它們						A
13. 我對那件事的感覺是有點兒麻木						A
14. 我覺得我的行動或者感覺好像回復到那件事發生時的行動和感覺一樣						I
15. 我難於入睡						H
16. 我對那件事的強烈感覺一陣一陣地湧現出來						I
17. 我嘗試忘記那件事						A
18. 我難於集中精神						H
19. 令我想起那件事的事物使我身體產生反應，例如：流汗、呼吸困難、作嘔、或者強烈心跳						H
20. 我夢到那件事						I
21. 我覺得自己警覺性很高，處處提防						H
22. 我嘗試不談論有關那件事的話題						A

I	A	H

Impact of Event-Scale Revised. Reprinted with permission from Weiss, D. S. and Marmar, C. R. 保留所有權利。本測驗中文版由 Wu, K. K., & Chan, K. S. 翻譯。中文版 Copyright © 2001 by Wu, K. K., & Chan, K. S. 經許可翻譯複印。

Appendix B

Chinese version of Posttraumatic Stress Disorder Checklist (PCL)

創傷後壓力症量表

以下是一些人在經歷了壓力事故後會出現的問題。請細閱每一項目，然後在右方選上適當的數字代表你在過去一個月被該問題困擾的程度。

你所經歷的那件事是發生於__年__月__日的_____（事情）。

	完全 沒有	少 許	中 度	相 當 大	極 度	
1. 有關該壓力事故的回憶、思想、或影像重複地出現並且帶來困擾？	1	2	3	4	5	R
2. 有關該壓力事故的夢境重複出現並且帶來困擾？	1	2	3	4	5	R
3. 突然地表現得或感覺到彷彿該壓力事故再次重演一樣（彷如再次身歷其境）？	1	2	3	4	5	R
4. 當有些事情令你想起該壓力事故時會感到十分不安？	1	2	3	4	5	R
5. 當有些事情令你想起該壓力事故時便會出現生理反應（例如：心臟厲害地跳動、呼吸困難、冒汗）？	1	2	3	4	5	R
6. 避免想起或談及該壓力事故或有關的感覺？	1	2	3	4	5	A
7. 避免某些活動或場合因為它們會令你想起該壓力事故？	1	2	3	4	5	A
8. 難於記起該壓力事故的重要環節？	1	2	3	4	5	A
9. 對從前喜歡的活動失去興趣？	1	2	3	4	5	A
10. 感到與其他人有所距離或隔膜？	1	2	3	4	5	A
11. 覺得感情麻木或不能對親密的人有愛的感覺？	1	2	3	4	5	A

下接第2頁

	完全沒有	少許	中度	相當大	極度	
12. 感到你的將來彷彿會提早終結？	1	2	3	4	5	A
13. 難於入睡或保持安睡？	1	2	3	4	5	H
14. 感到煩燥或有大發雷霆的情況？	1	2	3	4	5	H
15. 難於集中精神？	1	2	3	4	5	H
16. 處於「極度警覺」、提防或戒備的狀態？	1	2	3	4	5	H
17. 感到神經過敏或容易受到驚嚇？	1	2	3	4	5	H

R	A	H

Posttraumatic Stress Disorder Checklist. Reprinted with permission from National Center for Posttraumatic Stress Disorder (NCPTSD) 保留所有權利。中文版由 Wu, K. K., & Chan, K. S. (2002) 翻譯。經美國 NCPTSD 許可翻譯複印。

Appendix H1

Educational Kits in Relation to CSA Prevention

1.	防範有道、以保安全：預防兒童性侵犯中學教材套。香港小童群益會製作，教育署出版 (2001)
2.	保護自己、我做得好：預防兒童性侵犯小學教材套。香港明愛家庭服務製作，教育署出版 (2000)
3.	幼兒安全成長路：預防性侵犯教材套。香港小童群益會製作，教育署出版 (2000)
4.	聰明的叮嚀：兒童自我保護教材套。香港青少年服務處 (2000)
5.	性教育「自我保護」教材套。匡智會 (2000)
6.	弱智人士性教育教材套。香港家庭計劃指導會 (1998)
7.	兒童性教育教材套。香港家庭計劃指導會 (1997)
8.	談情說性少年時：家長性教育資料套。社會福利署 (1997)
9.	青少年性教育教材套：性騷擾。香港家庭計劃指導會 (1996)

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