

Trauma Focused Cognitive Behavioral Work with Victims of Sexual Abuse



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Overview of the Problem

- **At least one trauma is reported by 2/3 of American children and adolescents**
- **33% of children experience multiple traumas before adulthood**
- **Trauma teaches children that the world is dangerous**
- **A vicious circle develops whereby the child stops trusting their parents and become angry at which point the parents become confused and upset.**

Cognitive Impact of Child Sexual Abuse and PTSD

- Possible difference between the experience of child sexual abuse and cognitive inhibition linked to prefrontal cortex functioning.
- A general reduction in cognitive functioning with a possible specific link to reduced attention and concentration. (Unclear if child sexual abuse cases this reduction or if sex offenders are more likely to target children with lower cognitive abilities)
- A growing body of research is linking a history of child sexual abuse to hallucinations as an adult

TF-CBT is applicable for children who have experience remembered trauma.



Multiple Traumas = Complex Traumas

- Layers of Trauma

Trauma
Trauma
Trauma
Trauma

Common Mental Health Issues for Sexually Abused Children

- **Post Traumatic Stress Disorder**

- **Depression**

- **Anxiety**

- **Self-Harm**

Therapists must distinguish between complex trauma and other comorbidities. Children who present with severe primary externalizing behaviors (i.e. conduct disorders) are more likely to benefit from evidence based treatment.

Clinical Assessments Include

- A review of the historical records (child welfare, law enforcement, past and present mental health providers, and the forensic interview)
- Interview with the child
- Interview with the parents/caretakers
- Consultation with other professionals

-and-



Clinical Assessments Include

- Personality testing, if applicable to determine amenability to treatment
- PTSD Scale (University of California, Los Angeles PTSD Reaction Index for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or the Children's Posttraumatic Symptom Scale)
- Child Sexual Behavior Inventory (CSBI)



Goals of TF-CBT are to Address and Regulate the Child's Domains



Cohen, J. and Mannarino, A.

- Affective
- Behavioral
- Biological
- Cognitive/Perceptual
- Social/School

Core TF-CBT Principles



- Phase based (stabilization, trauma narrations and procession, integrate and consolidation)
- Component order and proportionality of phases (psychoeducational, parenting skills, relaxation skills, affect modulation skills, cognitive processing skills, trauma narrative and processing, conjoining child-parent sessions, enhancing safety)

-and-

Core TF-CBT Principles



- Gradual exposure (increase exposure to trauma reminders while encouraging parent and child to use skills to master fear and anxiety and cognitive statements to re-structure these fears)
- Includes parents/primary caretakers (30 minutes with child individually and 30 minutes with parents/caretakers individually rather than family sessions, parent helps child practice skills, facilitate therapist-parent communication, ca include birth parents if children in foster care)



Stabilization Phase

- This is the phase based and components based core principle.
- It include psychoeducation, parenting skills relaxation, affect modulation and cognitive processing.
- Therapist provides psychoeducation information about common trauma responses and trauma reminders and helps the child connect this information to the sexual abuse victimization.

-and-

Stabilization Phase

- Therapist normalize and validates sexual abuse.
- May incorporate safety information for the parents.
- Therapist helps parents to identify potential trauma triggers (i.e. the sight of the alleged perpetrator in court, the smell of a men's cologne.)

Cohen, J. and Mannarino, A.



Development of Skills During this Phase

- **Parenting Skills** (address specific behavioral problems, such as inappropriate sexual touching, sleeping problems)
- **Relaxation Skills** (the turtle, sing songs, music, crafts)
- **Affect Modulation Skills** (assist child to express emotions and manage negative emotions; assist parents in practicing these skills with their child)
- **Cognitive Processing Skills** (thoughts/feelings/behaviors/triangle, “responsibility pie” for the child and re-structure not helpful thoughts for the parents)

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Trauma Narrative and Processing Phase

- Child shares with therapist the increasingly difficult details about their sexual abuse which includes thoughts feelings and body sensations.
- **“Leave for last”** which is the hardest part of the sexual abuse victimization for the child to talk about.
- Mastery over telling experiences.

-and-



Trauma Narrative and Processing Phase

- Written form in poem, book or song.
- Children with complex trauma will often write life narratives.
- Parallel process with parents/caretakers so they know what happened to their child and can prepare for the emotional onslaught of this information with the therapists (weekly sessions).

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Integration and Consolidation Phase

- This is defined as children avoiding situations which interfere with their adaptive functioning.
- Involves Gradual exposure to the traumatic event of sexual abuse.

(Example: A child may not want to take a shower/bath because they were sexually abused in the shower/bathtub.)

- “Baby steps” to conquering fears.
- Parents/Caretakers must encourage the child through this phase.



Gradual Exposure to Abuse-Related Memory

- ✓ Attempt to dis-connect respondent-conditioned stimuli

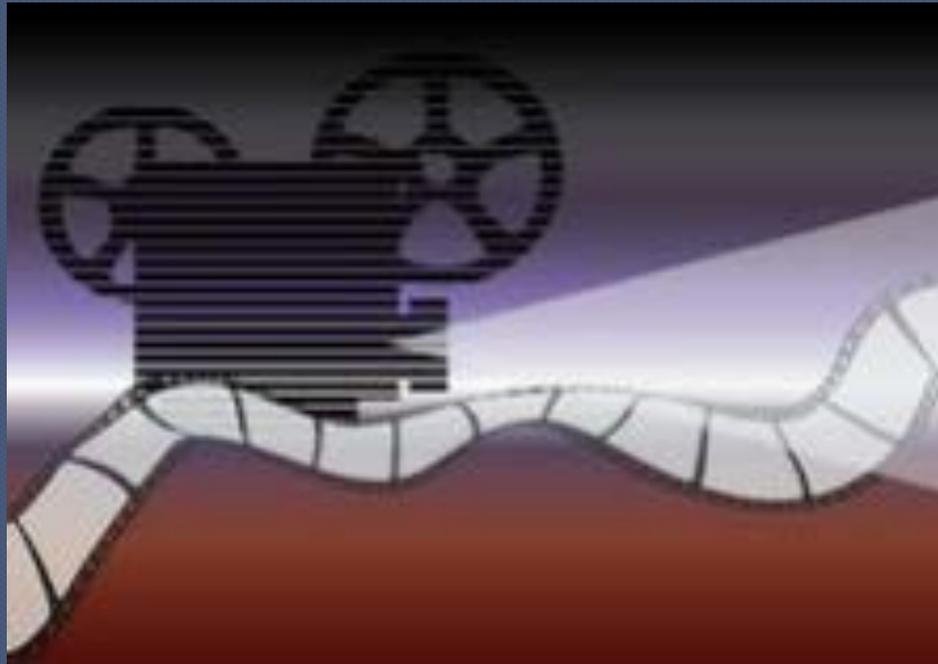


- ✓ Parents are trained

Deblinger & Heflin, 1996

Video Clip

- Bill Murray movie
- <https://www.youtube.com/watch?v=p3JPa2mvSQ4&list=RDYrbY4hsNh64&index=6>



Integration and Consolidation Phase

Co-joint Child-Parent Sessions



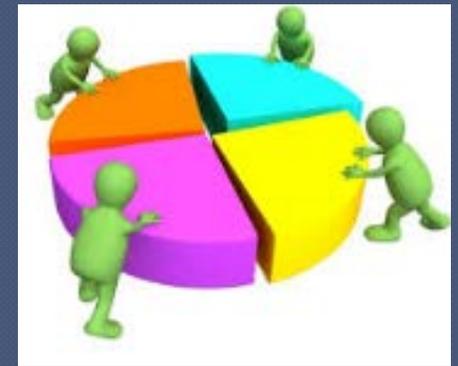
- Purpose is to improve communication between the child and parent/caretakers and share the trauma narrative.
- Therapist encourage interaction between the parent/caretaker and the child in all areas.
- Parent/caretaker provides support to the child.

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Integration and Consolidation Phase

Enhancing Safety

- Develop practical strategies to enhance the child's physical safety and internal sense of security and trust.
- Safety plan (**not a child welfare safety plan**) that includes no secrets in the family system, discussion of previous violence and other situations that put children at risk.
- Development of new family rules.



Evaluation

