

CLINICAL SERVICES FOR CSEC SURVIVORS:

ADAPTING CURRENT TREAMEMENTS



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Acknowledgements

TF-CBT with CSEC Modifications

Developers:

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Esther Deblinger, PhD

Trainer: Mark Kliethermes, PhD



RRFT: Risk Reduction through Family Therapy

Developer: Carla Danielson, PhD



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Overview of Current Treatments

1. **TF-CBT:** Trauma Focus-Cognitive Behavioral Therapy
2. **TF-CBT with CSEC Modifications**
3. **RRFT:** Risk Reduction through Family Therapy

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TF-CBT Components

PRACTICE

- **P:** Psychoeducation and parenting skills
- **R:** Relaxation
- **A:** Affective expression and regulation
- **T:** Trauma narrative development & processing
- **I:** In vivo gradual exposure
- **C:** Conjoint parent child sessions
- **E:** Enhancing safety and future development

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Complex Needs and Challenges of CSEC Survivors

Significant engagement challenges

- Often do not see themselves as victims or in need of help
- Deny experiences as traumatic
- Distrust of system and authority figures
- Multiple unsuccessful treatment experiences

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TF-CBT with CSEC Survivors

I. Stabilization Phase: ½

- Psychoeducation
- Relaxation
- Affect Modulation
- Cognitive Coping



II. Trauma Narration Phase: ¼

- Trauma Narrative and Processing

III. Integration Consolidation Phase: ¼

- In vivo
- Conjoint Sessions
- Enhancing Safety

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Treatment Planning Considerations for Phase I: Engagement, Safety & Stability

- What are potential barriers to ESS?
- Are barriers sufficient to delay start of TF-CBT?
- Should the PRACTICE component order be changed?
- How can the PRAC components be used to facilitate ESS?
- What aspects of the PRAC components should be emphasized?
- How might caregiver involvement be used to promote ESS?
- How will gradual exposure be incorporated into Phase I while maintaining ESS?

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Treatment Planning for Phase 2: Trauma Narration & Processing

- What signs might indicate client is ready for Trauma Narration (TN)?
- What barriers to TN might exist?
- How could the PRAC components be used to maintain ESS during TN?
- What appears to be critical traumas to address during TN?
- What themes -- trust, safety, relationships, control, identity -- seem relevant for client?

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Phase 2 (continued)

- What are possible balanced beliefs for the client?
- How will the clinician know if the TN is "too hot" or "too cold"?
- How will the clinician know if the client has completed TF-CBT?
- To what degree will the caregiver be involved in TN conjoint work?

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11 By week 48 will have participated in 384 groups....

Week 48 will be in Leadership training group.....will have achieved all benchmarks and be involved in survivor leadership training/graduation.



PROJECT GOLD
GOLDEN MOUNTAIN COLLEGE UNIVERSITY

WINNING IN LIFE & LEADERSHIP (WILL)

The WILL to change and make a difference

Member Number: _____

DOB: _____

Start Date: _____

Site: _____

Year: _____

MEASURABLE ANNUAL GOALS

The following goals are recommended and created by _____ to enable her to be successful and progress in Project GOLD activities in order to help her reach her goals and address all concerns and problems from her first day to independent living in 4 years.

ANNUAL GOALS	MEASURES OF SUCCESS	METHOD	SCHEDULE
When she calls for support to complete a task or assignment	increase in duration of self-reliance	group or peer to be required	when progress will be required
Group	75% students participating in 104 group activities	Classical observations of behavioral development	Monthly (checkboxes only)
Group	75% students participating in 104 group activities	Observation of skills learned	Monthly (checkboxes only)

SPECIFIC TERM GOALS AND/OR BENCHMARKS (INTERMEDIATE STEPS) BASED ON THE CURRENT STATE OF PERFORMANCE AND THE MEASURABLE ANNUAL GOALS:

- By week 12 all have participated in 26 groups (100% in all sessions) participating in 104 group activities
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Week 48 will be Leadership training groups _____ and have achieved all benchmarks and be involved in further leadership training/ participation.

[illegible]

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Real Crisis vs COW (crisis of the week)

- **COW:** A pattern of sessions diverting from trauma focus, often unproductive venting, issues already covered in sessions, often a form of avoidance.
- What to do?
 - Limit COW's (TF-CBT is directive)
 - View COW as an opportunity
 - "TF-CBT Judo"



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TF-CBT Judo

- **Psychoeducation:** How is this situation relevant to education about stress or trauma?
- **Parenting:** How does the situation relate to parenting/discipline?
- **Relaxation:** How would the situation be improved with relaxation/regulation skills?



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TF-CBT Judo (continued)

- **Cognitive Coping:** How could the cognitive triangle be applied to this situation, thinking errors in the situation?
- **Trauma Narration and Processing:** Are trauma triggers present, does it resemble previous traumatic experiences, trauma related beliefs?
- **Enhancing Safety:** How do safety skills factor into situation?

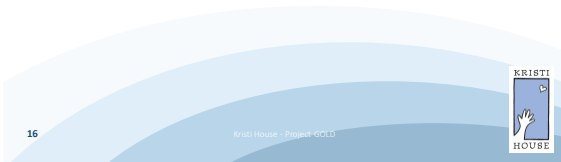
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Addressing Runaway Behavior

- Preparing the caregiver for client's return
- Clinician preparing for when client returns to therapy
- Runaway prevention safety plan
- Harm reduction



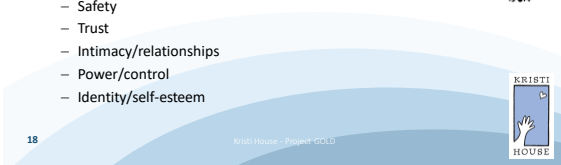
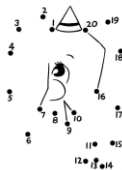
Challenges to Trauma Narration & Processing

- Difficulty establishing chronological order of events
- Lack of an explicit verbal memory of the event
- Memory may be confused, fragmented
- "Interaction effects" between different traumatic experiences
- May not be feasible/appropriate to complete detailed account of early experience or all trauma



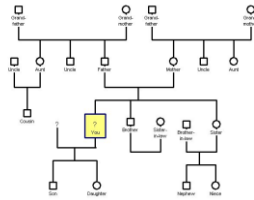
Processing Narration with CSEC Survivors

- Traumas tend to be interrelated to some degree
- Humans strive to make sense of experiences and want to "connect the dots" between events
- This results in "themes" that tend to be present across multiple traumatic experiences
- Trauma themes tend to revolve around:
 - Safety
 - Trust
 - Intimacy/relationships
 - Power/control
 - Identity/self-esteem



Finding Themes in Narration

- Life Story
- Timeline
- Genograms



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RRFT: Risk Reduction through Family Therapy

- An ecologically-based treatment incorporating already existing evidence-based principles and interventions to reduce traumatized adolescent's risk for drug use, PTSD, depression, risky sexual behaviors and re-victimization.
- Multisystemic Therapy (MST)
- TF-CBT
- Psychoeducational Prevention Interventions
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing (MI)

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Primary Overlapping Components of RRFT

- Psychoeducation & Engagement
- Family Communication
- Substance Abuse
- Coping Skills
- PTSD
- Healthy Dating and Decision Making
- Sexual Re-victimization

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Goals of Psychoeducation & Engagement

- Provide information about traumatic events as relevant
- Provide information about psychological and physiological reactions to stress
- Instill hope for client and family recovery
- Engage and educate family about the benefits and need for sticking with treatment
- Set treatment goals

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Family Communication (RRFT)

- Improve healthy communication between teen and caregiver
- Increase family cohesion
- Decrease family conflict
- Increase parenting skills to manage high risk behaviors
- Establish caregiver as the person the client turns to for help in times of trouble



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Substance Abuse (RRFT)

- To enhance motivation and efficacy in reducing use
- To identify drivers of substance use problems and implement evidence-based interventions to address the drivers
- To bolster protective factors
- To teach realistic refusal skills
- To replace needs met by substance use with more adaptive strategies
- To monitor use in the context of trauma treatment



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Healthy Dating & Sexual Decision Making (RRFT)

- Redefine meaning of sex, intimacy
- Differentiate healthy vs. unhealthy romantic relationships
- Discuss factors in making decisions related to dating and intimacy
- Provide psychoeducation related to sexuality (STDs, pregnancy)
- Develop skills for consistent and proper condom use
- If feasible and appropriate, establish caregiver as the person the client will speak with in future regarding sex and dating



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Re-victimization Risk Reduction

- Primary goal of this component is enhancement of safety
- Reduce risk of other forms of victimization
- Relapse prevention of symptoms that have improved

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CASE STUDY



QUESTIONS?

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