



Bringing Evidence Supported Treatments  
To South Carolina Children and Families

*Make Your Agenda for the Session Ahead of Time Based On These Ideas. (Make it right now while we're on the phone!)*  
Provide resources to caregivers (e.g., *the CSA Fact Sheet*)

*Get parent permission for sex ed*

*Assign homework – if appropriate*

1. Roll Call
2. Check in: who has questions about cases?
3. Announcements
4. TF-CBT Model: Psychoeducation

### TF-CBT: Psychoeducation

**Goals:** to normalize the child's and parent's responses to the traumatic event and to reinforce accurate cognitions about the event(s)

#### Some General Points:

- ▶ Begins during first session and continues throughout treatment
- ▶ Provide information about trauma, common psychosocial reactions, etc.
- ▶ Review benefits of early, effective treatment
- ▶ Explain treatment plan and **theoretical rationale** for skills, exposure and trauma processing
- ▶ Recognize that Psychoeducation is a form of *low level gradual exposure* (i.e., you're helping the child/caregiver to understand that you'll be talking about the trauma and related events/issues during each session)
- ▶ Be sensitive to child's age and developmental level
- ▶ Information provision
  - facts about trauma/abuse (prevalence, etc.)
  - offender motives (e.g., why does someone sexually abuse a child? Why would a caregiver physically abuse a child? Why do parents hurt each other?)
  - issues related to abuse disclosure (e.g., why don't children tell? Why did it take so long for my child to tell?)
  - Healthy Sexuality (i.e., correct names for body parts, body awareness)

- help to clarify misinformation the child may have received from others or a lack of information concerning healthy sexuality
  - body awareness (i.e., facts on functions of sexual body organs and pregnancy),
  - health-related issues, such as sexually transmitted diseases
  
  - Before beginning sex education, it's important to obtain parental permission. Of course, it's ideal if you can get the caregivers to participate in the education process and perhaps even sit in on the discussion of the issues (if appropriate).
  
  - Information should be geared towards the developmental level of the child. Basic information should be combined with exercises that provide the child with the opportunity to explore their feelings about sexuality.
- ▶ Normalization of emotional and behavioral reactions
    - confusion
    - felt 'crazy'
    - guilt/self-blame
    - Extreme anger
  - ▶ Want to stress the point that there are no right or wrong ways to feel

## I. Caregiver Session

- *Can be useful to do caregiver session first so caregiver has input into information provided to child and is comfortable with that information. Also be sure caregiver is sufficiently prepped for a joint session, explaining the need to share the information to begin to allow for open conversation.*
- *Can caregiver talk about abuse/trauma in a neutral tone of voice?*
- *Can caregiver praise child effectively (specifically and enthusiastically) for the information they have learned about sexual abuse?*
- Be sure that caregiver understands treatment plan, including length of treatment, importance of caregiver involvement support, and rationale for treatment
- Caregivers may have a lot of questions about why the trauma happened and what are common reactions to the trauma. For example, in sexual abuse cases, caregivers may have difficulty understanding why their child didn't disclose sooner (or at all). Important to share information about abuse disclosure.
- What do we know about disclosure? ***Based on available research studies, about 1/3<sup>rd</sup> of child sexual abuse victims never disclose***

### **Why Don't Children Tell??**

- fear they won't be believed
- fear of being punished
- fear family disruption
- fear the offender will go to jail
- fear they'll be blamed
- fears about safety (i.e., that the offender will retaliate)
- worry that they'll be asked why they didn't tell right away
- loyalty conflicts
- fear of losing the offender's attention and affection
- feel embarrassed/ashamed

- Normalize caregiver response to the abuse/trauma
- Be sure caregiver is 'on board' for discussion of healthy sexuality

## **II. Child Session:**

### **Psychoeducational Games**

#### **"What do you know" Cards – some examples**

- ▶ What is domestic violence, child sexual abuse?
- ▶ Who abuses children?
- ▶ How do children feel when they have experienced (identified trauma)?
- ▶ Why does sexual abuse, violence, etc. occur?
- ▶ Why don't children tell about sexual abuse, domestic violence or other trauma

**Pamphlets/Information Sheets** – (some older children/adolescents) Examples: the *CSA Fact Sheet*; *Let's Talk About taking Care of You: An Educational Book About Body Safety*, " by Lori Stauffer and Esther Deblinger (<http://intranet.ncts.org/tfcbt>)

**Books** – story books are another great way to convey information, particularly for younger children. A list of books and other materials is posted on the intranet (<http://intranet.ncts.org/tfcbt>)

#### **Creating posters:**

e.g., What is sexual abuse? Who sexually abuses kids?

**Body drawings about what sexual abuse is** (circle parts of body on adult and child)

**Homework Ideas:** Although there is no specific homework assignment for this component, it may be helpful to have the child and caregiver review materials together. However, be certain that the caregiver can do this without becoming too distressed

**III. Joint Session:** (*Following preparation of BOTH caregiver and child INDIVIDUALLY*)

- Bring caregiver and child together to play “What do you know?” or some other psychoed game.

*(Be sure caregiver has been prepped to allow child to win and to PRAISE child’s “expert knowledge”)*

5. GROUP ROLE PLAY

6. Review of a specific case

7. Don’t forget to go on the intranet!