Game-Based Cognitive-Behavioral Therapy Group Model (GM) for Children Who Have Experienced Sexual Abuse

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Evidence Based Practices (EBP’s) for Mental Health Treatments

• Psychological interventions based on the best available evidence, delivered by clinicians operating from a foundation of informed practice and conducted within the values and cultural framework of the client (APA, 2006).

• Mental health researchers and clinicians have highlighted the need to deliver evidence-based practices (EBPs) that are culturally relevant and responsive to the needs of diverse client populations (Chen, Kakkad, & Balzano, 2008).
Child Sexual Abuse (CSA)-Defined

• Any sexual act involving a developmentally immature minor in behavior that they do not fully understand and cannot consent to and that is committed by the perpetrator for their own gratification (Bonner, Logue, Kaufman, & Niec, 2001).

• These acts may include, but are not limited to exposure, fondling, oral sex, digital and penile penetration of the anus or vagina.
Psychological/Behavioral Impact of CSA

- Internalizing Symptoms
- Trauma-Specific Symptoms
- Externalizing Behavioral Problems
- Sexually Inappropriate Behaviors
- Social Skills Deficits
- Self-Esteem Problems
Cognitive-Behavioral Therapy

• Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT; Cohen, Mannarino & Deblinger, 2006)
  • Meets Chambless and Hollon’s (1998) criteria for Well Established Empirically Supported Treatment for Child Trauma
  • Identified cognitive behavioral components of treatment for therapeutic success
  • Most clients can demonstrate measurable improvements in response to receiving time-limited, trauma-focused treatment
  • Highlights the importance of culturally responsive interventions
Play Therapy

• Natural Method of Exploration and Communication
• Fun and Engaging
• Effective for improving academic functioning, behavioral symptoms, risk assessment abilities (Hetzel-Riggin, et al., 2007) as well as trauma symptoms following child sexual abuse (Reyes & Asbrand (2005))
Group Therapy

• Interpersonal Learning and Imitation
• Universality and Commonality
• Catharsis and Self-Expression
• Effective for internalizing and externalizing symptoms, sexual behaviors, general distress, and improving self-esteem (Johnson & Young, 2007; Reeker et al., 1997)
Can games enhance evidence-based treatment for child sexual abuse while working within the cultural values and preferences of diverse families?
Integrative Framework for Treating Childhood Problems

- Cognitive Behavioral Therapy (CBT)
- Structured Play Therapy

Game Based-CBT
Game-Based Cognitive Behavioral Therapy

• **Data Driven:**
  – Client data is collected before, during, and after treatment
  – Client needs determine treatment components, methods, and length
  – Incorporates evidence-based behavioral techniques including token economies, differential attention, verbal feedback, cognitive restructuring

• **Directive and Structured:**
  – Each session has a prescribed structure, length, and covered topic(s)
  – Role plays and games are rule-governed and goal-oriented

• **Making Therapy Fun and Engaging:**
  – Games are designed to elicit children's interest and motivation while teaching important skills
  – Games reduce defenses, make therapy fun and engaging and increase participation

• **Experiential Learning:**
  – Role plays and games allow children multiple opportunities to learn, practice, and demonstrate and rehearse skills
  – Role plays and games provide opportunities for children and caregivers to engage in naturalistic interactions, at their own pace
  – Teaches children skills in a context in which they will be used
Components of GB-CBT

GB-CBT

- Structured Therapeutic Games
- Psychoeducation
- Role-Plays
- Session Structure
  - Behavioral Expectations
  - Token Economies
Structured Therapeutic Games (STGs)

• Consideration of child’s developmental age
• Therapeutic game concepts modified from popular game models that are familiar to the client for example:
  – Taboo
  – Card games
  – Charades
  – Races
• Game concepts that are entirely unfamiliar to the client
Structured Therapeutic Games (STGs)

- **Clinician Participation:** Approachable, Engaged, Serves as a Role Model
- **Multiple Opportunities for Skill Rehearsal**
- **Consideration of Child’s Developmental Age**
- **Game Structure:** Verbal, Nonverbal, Cards, Races, Collaborative Games
- **Game Format:** Individual or Team
- **Healthy Competition:** Points and Token Economies
- **Cooperative Play:** Turn Taking, Communication, Supportive feedback

Game Characteristics
GB-CBT for CSA Group Model

• 3 Child Group Manuals
  – 5-7 year olds
  – 8-10 year olds
  – 11-13 year olds

• Caregiver Group Manual

• 12 Sessions (90 Minutes Each)

• Covers all major treatment topics for a finite period of time
GB-CBT for CSA
Broad Interventional Components

• Social and Emotional Skills

• Abuse-Specific Skills
GB-CBT for CSA:
Social and Emotional Skill Building

• Rapport Building
• Personal Space and Boundaries
• Emotional Identification and Expression
• Linking Feelings to Experiences
• Coping with Difficult Emotions and Negative Thoughts
• Relaxation Training and Self-Control
• Social Problem Solving
GB-CBT for CSA: Abuse-Specific Skills

- Psychoeducation about Touches, Naming Body Parts, and Healthy Sexuality
- Child Abuse Psychoeducation
- Basic Disclosure
- Advanced Disclosure
- Personal Safety Skills Training
- Skills Review and Termination Processing
GB-CBT Components for Social Emotional Skills
Introductions, Rapport Building, and Conversation Skills

• Establish introductions and rapport among all participants (i.e., clinicians, caregivers and children).

• Foster open communication between clinicians, children and caregivers.
Personal Space, Body Awareness and Appropriate Boundaries

- Help children and caregivers become more aware of the impact of themselves and their actions on others
- Emphasize the importance of maintaining appropriate boundaries
Emotional Identification and Expression Skills

- Expand participants’ emotional vocabulary by learning to identify and express feelings associated with different facial expressions and body language.
Linking Feelings to Experiences and Creating Baseline Narratives

• Help clients learn how feelings are linked to experiences
• Create baseline narratives with as much detail as possible
• Improve clients’ ability to construct detailed narratives
Coping with Difficult Emotions

- Discuss difficult emotions (e.g., anger, frustration, anxiety, and sadness)
- Develop various anger management techniques
Bolstering Parenting Skills

• Provide parents with effective strategies for managing their children’s difficult behaviors

• Provide support and encouragement to parents struggling with their children’s behaviors
Relaxation Training and Self-Control

• Participants learn about the body’s response to stress and anxiety

• Help participants acquire multiple relaxation and self-control techniques

• Learn to identify situations when relaxation techniques would be appropriate
GB-CBT for CSA: Abuse-Specific Treatment Components
Psychoeducation about Abuse and Healthy Sexuality

• Education about body part terminology and functions, touches, and healthy sexuality

• Increase knowledge and understanding about child abuse and associated symptomatology

• Debunk common misconceptions about child sexual abuse and trauma
Abuse Processing

• Clients disclose various aspects of their abuse

• Utilize verbal and non-verbal games to construct abuse narratives
Personal Safety Skills Training

- Enhance knowledge of personal safety skills
- Introduce, demonstrate and rehearse personal safety techniques
- Develop personal safety plans
Skills Review and Termination

• Review skills that were taught in treatment

• Process termination related feelings
Clinical Challenges
Clinical Challenges

• Receptivity to Techniques
  – Cultural beliefs about sexual and physical abuse
  – Cultural beliefs about disclosure and age/developmental appropriateness
  – Cultural beliefs about healthy sexuality and personal safety skills
Clinical Strategies

• Emphasis on Rapport Building and Breaking Down Perceived Barriers
• Cultural Self-Awareness
• Structured and Directive
• High Level of Caregiver Involvement
• Transparency and Openness
• Sensitivity to Cultural Beliefs About Sexual Abuse and Healthy Sexuality
Programmatic Challenges

• Treatment Receptivity
  • Mistrust of Institutional Systems
  • Lack of Confidence in Treatment Efficacy

• Treatment Retention and Adherence
  • Financial Stressors
  • Childcare Concerns
  • Transportation Difficulties
Programmatic Strategies

• Building Relationships From Initial Contact

• Fostering Collaboration With Families
  – Frequent Communication
  – Time Sensitivity
  – Family Advocacy Services
  – Facilitating Transportation Assistance
Empirical Research
Empirical Findings

- GB-CBT-GM has been shown to be effective for:
  - Improving internalizing symptoms
  - Improving externalizing symptoms
  - Improving overall behavioral problems
  - Reducing sexually inappropriate behavior
  - Enhancing knowledge of abuse and personal safety skills
  - Gains were maintained at three month follow-up
Selected Published Articles on GB-CBT-GM


