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Evidence Based Practice Project: Families Struggling with Sexual Abuse and/ or Incest

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Abstract

Structural family therapy was examined for effectiveness when working with family populations that struggle with incest and / or sexual abuse. This evidence based project reviewed and studied research to effectively create curriculum. The primary goal of structural family therapy is to assist families in mapping the family structure through boundary making, hierarchies, and subsystems to help clients resolve individual mental health symptoms and relational problems, interventions include stabilization, psychoeducation, coping mechanisms, creating boundaries, expressing emotions, and restructuring roles. Enactments and symbolic representation was found to be beneficial when progressing to goals in a therapy setting.

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Special Family Populations Literature Review

Statistics

There is many statistics surrounding child abuse but there is not much research or reports that are done specifically on the issue of incest. Sexual abuse happens more than one may think that it does. One in 9 girls and 1 in 53 boys under the age of 18 experience sexual abuse or assault at the hands of an adult (RAINN, 2022). These statistics are not completely accurate due to victims not wanting to come forward on the topic. In 2016 alone, Child Protective Services agencies substantiated, or found strong evidence to indicate that, 57,329 children were victims of sexual abuse (RAINN, 2022). One of the most well known studies on incest was done many years ago in 1984. As long ago as this was, the data is still relevant due to being one of the most indepth studies that was done. The study says, "it is estimated that between 60,000 and 10,000 female children are sexually abused, and yet, only 20% of these crimes are reported" (Barry, 1984, p. 2). The data is expected to be higher in the current day and age than when it was completed in the 1980's. Out of these, 20% reported it is believed that 10% of these are believed to be incest. This is the equivalent of 1 in 5 girls and 1 in 20 boys (Davis, 2022). Most of these victims are also between the ages of 7-13 (Davis, 2022). Out of the reported cases of incest, we see that there are more reports made when incest happens between fathers and their daughters. That does not mean that these are the most common type of incest. "Sibling incest is believed to be the most common form of incest" (Barry, 1984, p. 6) because it is the least reprehensible thus it is the least reported type of incest (Barry, 1984, p. 6). Due to the lack of cases reported, there will never be an accurate statistic that tells accurate information on how many individuals really suffer from incest or who is truly more

likely to become a victim of sexual assault through incest. There might be more statistics if incest didn't happen within a family system as reporting can only cause more struggle within the family.

Characteristics and Common Issues

Physical Costs: There are several different physical signs when looking at individuals who have suffered from sexual abuse or incest. These physical signs consist of pain or itching in the genital area, bruises or bleeding in external genitalia, nightmares or other sleep disturbances, frequent stomach illness with no identifiable reason, loss of appetite, trouble eating or swallowing, frequent genital or urinary tract infections or irritations, and torn, stained or bloody underclothing (PCAR, 2022). These physical costs can cause an individual to feel shame and are constant reminders of the pain that has been afflicted upon them.

Behavioral Costs: Along with the physical signs that can be seen when working with individuals who have been sexually abused there are also changes in the way one acts. These consist of physical complaints, problems with bedtime or fear of going to sleep, fear of certain people or places, egression to infantile behaviors, abnormal interest in sex or knowledge of sexual matters inappropriate for the child's age, bedwetting, and sexual activities with toys or other children (PCAR, 22). These individuals may also start having more risky behaviors. Adolescents who experienced childhood or adolescent sexual abuse with force were more likely than adolescents who were sexually abused without force to have engaged in subsequent consensual sex during adolescence, to have more than one partner per year, and to have been pregnant (Senn, et al., 2007). Sexual risks can include having multiple sexual partners, contracting sexually transmitted diseases, acting in ways that are too mature for age, and wanting to participate in risky sexual behaviors.

Psychological Costs: Along with te physical and outwardly seen costs, there are several psychological costs on individuals who have been through a traumatic event such as sexual abuse or incest. These emotional signs include unexplained fear or dislike of certain people or places, depression or withdrawal, lack of confidence, and sudden mood swings: rage, fear, anger, or withdrawal (PCAR, 2022). Likewise, the family of this individual might also have some psychological costs of the trauma. Sexual abuse and incest can cause a significant amount of tension in the family system. The family may feel shame about the person who committed the offense, become protective and defensive, or even blame the victim (Davis, 2022). A family may try to suppress what happened or minimize the severity of the abuse and the consequences regarding it. Families also may discredit the child and not believe the things that happened to them - which causes isolation and leads to depression (Davis, 2022).

Myths: When looking at sexual abuse and incest, there are many myths because of the way society looks at this problem. According to Queensland, the most common myths about sexual abuse are:

- Sexual abuse is most often committed by strangers. In reality, sexual abuse is more likely committed by a family member or someone the child knows.
- People who sexually abuse children look sleazy, cruel or different. In reality, these individuals are ordinary people.
- Most children who have been sexually abused will tell someone, all children who exhibit harmful sexual behaviors have been or are being sexually abused. In reality, hardly any children will tell someone about the abuse.
- All children who exhibit harmful sexual behaviors have been or are bring sexually abused. In reality, children who experience these behaviors are more likely to have had sexual abuse.

- All children who have harmful sexual behaviors will becomes abusers. In reality, children who have had sexual abuse have a very low rate of recurrence.
- That it is not sexual abuse if the individual doesn't complain or show distress or if a boy have an erection. In reality, this is only that natural reaction and is their natural body's function.
- Children are sexually abused because they mothers are not sexually available to their partners. In reality, most abusers have a normal and sex life with their partners
- An offender may be so drunk or high they don't remember what they did and therefore are not responsible for their behavior. In reality, no matter what an offender is responsible for their actions.
- (Queensland, 2022).

Risk factors

Victims of reproductive age can often face the problem of pregnancy and sexually transmitted diseases. A risk factor for sexual abuse and incest within the family is having a child together. When two family members have a child together, it increases the chances that their offspring will inherit deleterious recessive alleles (Asao, et al., 2022). Inheriting these recessive alleles lowers reproductive success and causes inbreeding. Inbred children have a lower chance of survival along with other genetic disorders due to their parents being related (Asao, et al., 2022). Women face more consequences because of their chance to become pregnant and go through childbirth (Bessa, et al., 2019). Any form of sexual act increases the risk of sexually transmitted

diseases which spread from partner to partner and can also be transmitted to a child during childbirth (Asao, et al., 2022). Incest usually occurs with one male and one female family member - whether consentual or in the case of sexual abuse. Young adolescent girls that have just reached reproductive age face consequences when it comes to pregnancy. Although they are of reproductive age, their bodies tend to not be mature enough and they face harmful effects on their bodies along with increasing the risk of giving birth to children of low birth rate, giving birth early, and developmental concerns (Bessa, et al., 2019).

Major concerns or problems for this population

Incest and sexual abuse within families can cause a significant number of concerns and problems. Incest is a traumatic stressor that causes long-term psychological issues. The severity of the psychological consequences of abuse depends on many factors such as starting age, duration of abuse, presence of coercion, violence, penetration, and closeness to the perpetrator (Sancak, et al., 2021). Incest and sexual abuse may cause mental health disorders in the future. Survivors of incest have been shown to be susceptible to disorders such as psychosis, depression, personality disorders, and alcohol/substance use disorders. Victims of incest express additional shame, stigma, self-blame, impaired identity development, and sexual problems (Sancak, et al., 2021). Victims of incest and sexual abuse within a family may not seek out treatment due to not wanting to harm their family members' reputation or make them face jail time (Sancak, et al., 2021). Incest and sexual abuse also cause issues during the time when the person is going through the behaviors as well as in the future to come. Children are affected when incest and sexual assault occur, as well as the rest of their lives. The mental pathologies diagnosed in adolescents are posttraumatic stress

disorder, major depressive disorder, suicide, and dissociative amnesia (Aktepe & Kocaman, 2013). Incest and sexual abuse within families can cause a significant number of concerns and problems.

Engagement

There are several issues that might arise when engaging with a family that has suffered from some form of incest. For the victim, these issues might be an embarrassment, isolation, or justifying the actions of the offender (Frost, 2004). These might happen because a victim feels bad or does not want to talk about the issue to keep others from finding out. A victim might feel isolated because they did decide to tell someone about the incest and the family feels as if they are not being honest. Finally, A victim might defend their offender if they believe that it was a mutual act or "consensual" (Frost, 2004). None of these issues would help the victim or the family work through the problem of incest that had happened or is still happening.

Another concern that may arise when engaging with this family might be the "blame game". This would be when everyone blames either themselves for the act or blame someone else without taking any responsibility (Harrod, 2016). The blame game can be hard when attempting to work through conflicts in a family system. An example of this might be if the victim feels that the offender did nothing wrong because the victim was "asking for it" or if an offender said that the victim was asking for it based on their clothes. This is taking the "blame" off of someone and putting it on someone else. This can cause many struggles as playing the blame game can cause others to start believing. If someone digs their foot in saying that the victim asked for it, others might start to question if it was what they were wearing or what they said. An article on combatting sexual abuse says, "Blaming the victim marginalizes [them]... and it fails to hold the appropriate person accountable, the offender," (Harrod, 2016).

Finally, engaging with this family might cause an escalation of the issue or even new issues to occur. This might be because the "abuse" is still happening or because the victim talked to someone about what happened to cause the offender to feel threatened that they might be caught (Petterson, 2013). With this fear, they might then try to cause the victim to be afraid as they will be less likely to share the information or details of the abuse.

Terminology

Within the topic of incest, there are many terms that might need to be defined. These terms are trauma, sexual assault, incest, victim, offender, abuse, partner, and what the legal classification of family is.

Trauma is defined as "an injury (such as a wound) to living tissue caused by an extrinsic agent; a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury; an emotional upset; an agent, force, or mechanism that causes trauma" (*Merriam-Webster's Dictionary*, 2022).

Sexual Assault is "illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority" (*Merriam-Webster's Dictionary*, 2022).

Incest is defined as "sexual intercourse between persons so closely related that they are forbidden by law to marry; the statutory crime of such a relationship" (*Merriam-Webster's Dictionary*, 2022).

A victim is “one that is injured, destroyed, or sacrificed under any of various conditions. A2: one that is subjected to oppression, hardship, or mistreatment. B: one that is tricked or duped” (*Merriam-Webster's Dictionary*, 2022).

Being an offender means “to violate a law or rule: to do wrong; to cause (a person or group) to feel hurt, angry, or upset by something said or done” (*Merriam-Webster's Dictionary*, 2022).

Abuse can be defined as “a corrupt practice or custom; 2: improper or excessive use or treatment; 3: the language that condemns or vilifies usually unjustly, intemperately, and angrily; 4: physical maltreatment; 5: obsolete: a deceitful act” (*Merriam-Webster's Dictionary*, 2022).

The legal classification of family in the United States is "A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together" (Amato, 2014).

Iowa’s Law says that incest is

> INCEST
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> A person, except a child as defined in section 702.5, who performs a sex act with another whom the person knows to be related to the person, either legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew, commits incest.
>
> SEXUAL ABUSE IN THE THIRD DEGREE
>
> The other person is twelve or thirteen years of age. c. The other person is fourteen or fifteen years of age and any of the following are true: (1) The person is a member of the same household as the other person. (2) The person is related to the other person by blood or affinity to the fourth degree.
>
> VOID MARRIAGES

> Marriages between the following persons who are related by blood are void: a. Between a man and his father's sister, mother's sister, daughter, sister, son's daughter, daughter's daughter, brother's daughter, or sister's daughter. 25 National Center for Prosecution of Child Abuse National District Attorneys Association b. Between a woman and her father's brother, mother's brother, son, brother, son's son, daughter's son, brother's son, or sister's son. c. Between first cousins (Incest Statutes, 2013).

Frameworks

In applying knowledge of human behavior and the social environment and knowledge of person-in-environment, Moslows Hiarchy of Needs, and Social learning theory it is clear that there are unique factors that affect those who experience incest and sexual abuse in the way they live and behave. These factors will be discussed further in the following paragraphs.

When working with this population, the social worker would want to make sure that they look at the person-in-environment. According to *Encyclopedia of Social Work*, person-in-environment is "a practice-guiding principle that highlights the importance of understanding an individual and individual behavior in light of the environmental contexts in which that person lives and acts" (Kondrat, 2013). One example of this with this specific population might be if the offender is present in the sessions, if someone who supports them is present, or if they are alone with the social worker. In each of these situations, there might be different responses to different questions or explanations on what happened.

Another theory that the social worker would want to keep in mind would be Moslows Hiarchy of Needs. When looking at the individual that has become the survivor, we need to realize

that their safety has been impaired and in several cases the physiological needs may also be impaired. If the base of the pyramid is fractured, then everything about it is subject to failure (Mcleod, 2022).

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(Mcleod, 2022)

Another framework that the social worker would want to keep in mind would be the social learning theory. This type of therapy says that our learning and development is directly influenced by our society. According to psychology today, the environment plays a large part in what and how we learn (Psychology Today, 2020). When you are around people that show you it is okay for this form of relationship within a household, your views on relationships and what behaviors are accepted, will change. Then when you see and hear what society says about relationships, a developing mind will become confused and might not be able to fully grasp certain ideas on what is acceptable and not acceptable. This might set an undeveloped client up for failure in future relationships because of their family norms.

Human behavior is directly impacted by the things that go on in their home environment and in their social environment. The way that someone acts and behaves is based on their experiences.

Adolescents who experienced childhood or adolescent sexual abuse are more likely than adolescents other adolescents to engage in consensual sex during adolescence, to have more than one partner per year, and to have been pregnant (Senn, et al., 2007). Sexual risks can include having multiple sexual partners, contracting sexually transmitted diseases, acting in ways that are too mature for age, and wanting to participate in risky sexual behaviors. Their behaviors directly impact their social environment and the activities that the individual chooses to participate in.

Research-Informed Practice

Article One: APA Reference

McNevin, E. (2010). Applied restorative justice as a complement to systemic family therapy: theory and practice implications for families experiencing intra-familial adolescent sibling incest. The Australian and New Zealand Journal of Family Therapy, 31(1), 60–72. https://doi.org/10.1375/anft.31.1.60

Introduction

In this study, the researchers used systemic therapy when working with families that suffer from incest. The purpose of this article was to acknowledge the complex responses, understandings, and ideas that families experience in the aftermath of sibling sexual assault disclosures. It also highlighted the scarcity of family therapy-specific literature and research that considers systemic family therapy responses for families where sexual assault has been perpetrated by one child against another.

Procedures and Description

This study looked at siblings who have experienced incest. The study looked at other researchers' findings to help find ways to use therapy to help with the shame associated with incest. The researchers looked at ways to improve treatment and how to best help this specific population.

Findings

The findings show that at an organizational level, a process that provides for restorative justice and systemic family therapy makes way for both a legal imperative and a therapeutic process to be incorporated into practice with families where a child has sexually assaulted another. There are multiple aspects of therapy with incest - personal and legal.

Conclusion

In conclusion - the researchers found that legal imperative and a therapeutic process need to be used when working with this population.

Article Two: APA Reference

Pettersen, K. T. (2013). A study of shame from sexual abuse within the context of a Norwegian incest center. Journal of Child Sexual Abuse, 22(6), 677–677. https://doi.org/10.1080/10538712.2013.811139

Introduction

In this study, the researchers looked at sexual abuse within families. The study was done because incest is a complicated topic that involves a violation of the victim. It generates shame for those involved.

Procedures and Description

The researchers studied 19 individuals who had been victims of sexual abuse within families and broke the individuals up into six focus groups. The subjects completed surveys and interviews on their experiences. Three considerations were important in relation to research ethics in this study: the right to self-determination and autonomy, respect for peace in private life, and an evaluation of the risk of damage or injury.

Findings

The findings from this study show that shame from sexual abuse can be grouped into seven major categories or themes: family, emotions, body, food, self-image, sex, and therapy. In conclusion, the researchers found that the seven themes are important for the victims. There are things that happen to change the way a person lives after experiencing incest.

Conclusion

The researchers concluded that emotions seemed to be obscured after sexual abuse, and at the same time, victims of sexual abuse are in need of acceptance and empathy from others in order to regain faith in both themselves and others. Victims needed to work on self-confidence in order to trust others again.

Article Three: APA Reference

Knight, C. (2011). Healing the incest wound: adult survivors in therapy (2nd ed.) by Courtois, c. Social Work with Groups, 34(1), 79–82.

Introduction

The researchers completed this research because it is essential for clinicians working with or interested in learning more about working with adult survivors of childhood sexual abuse and incest. The researchers wanted to help others find ways to help victims.

Procedures or Description

The author uses a three-stage model of treatment: first, creating safety and a therapeutic alliance and promoting stabilization, education, and skill building; Second, addressing and processing the underlying trauma and its effects; and finally, post-trauma life integration and attempting to return to "normal." The research does not show how the study was completed or the number of participants, but it gives evidence of why the study's findings work.

Findings

The findings show that clinicians should be aware of the ways that help clients. The goal of treatment is to move beyond the trauma and to find healthy ways of coping. Self-determination is essential for working through trauma that occurs.

Conclusions

Clinicians should be aware that the aftereffects of incest do not determine whether it was abusive; Positive, neutral, or ambivalent feelings can result from incestuous involvement in childhood or adolescence.

Article Four: APA Reference

Brown, D., Reyes, S., Brown, B., & Gonzenbach, M. (2013). The effectiveness of group treatment for female adult incest survivors. Journal of Child Sexual Abuse, 22(2), 143–143. https://doi.org/10.1080/10538712.2013.737442

Introduction

This study looked at the commonality of childhood sexual abuse in America. Because this is a growing issue. The article's purpose is to highlight how common it is and ways that awareness can be spread about the issue and the difference in outcomes for victims of incest.

Procedures or Description

The researchers looked at female victims of incest abuse. 31 women were selected to participate in the study and attend group therapy with other survivors. Participants were given the two clinician-administered scales at the beginning of the first group therapy session and again 12 weeks later at the final group therapy session. The results were looked at at the beginning of the group and at the end to see if progress had been made.

Findings

The major findings and results of this study were how effective group therapy is for victims of sexual incestual relationships. The research shows that the results were statistically significant and the symptoms (Anxious Arousal, Depression, Dysfunctional Sex, Sexual Concerns, Trouble With Sex Score, Wish Death Score, and Not Worth Living Score) had improved with the 12 group therapies that the clients attended.

Conclusions

The author describes how important hope is in working through trauma. Individual therapy is essential for addressing isolation. Using group therapy is helpful for participants to work through the trauma that they experienced. The results of this study lend support to the effectiveness of including group therapy in the treatment plan for survivors of incest.

Article Five: APA Reference

Frost, A. (2004). Therapeutic engagement styles of child sexual offenders in a group treatment program: A grounded theory study. Sexual Abuse: Journal of Research and Treatment, 16(3), 191-208. https://doi.org/10.1177/107906320401600302

Introduction

This article looks at the therapy of the offenders themselves. It looks at the best way to help the offenders from relapsing and having a sexual act with another child. “The study described in this paper represents an investigation of the experiences of clients faced with the prospect of self-disclosure” (Frost, 2004).

Procedures or Description

The subjects of this study are incarcerated offenders, between 23-65, who have been convicted of a sexual act toward someone who is 16 years old or younger. The participants would then attend a therapy session and when finished would have a set of tasks to do before the next session.

Findings

The themes of this study were “experience of psychological overload, reactions to impact, predisposition factors, assumptive, perceptual, sources of impact and reactions to impact, reported by participants as they experienced events salient to them during the session. This information was very useful as when working with a family that has gone through sexual assault or incest, you will most likely at some point work with both the victim and the offender.

Conclusions

The researchers came to the conclusion of four management styles to help with relapse, these are exploratory style, oppositional style, placatory style, and evasive style.

Evidence-Based Practice- Systems Theory

Article One: APA Reference

McElroy, E., Shevlin, M., Elklit, A., Hyland, P., Murphy, S., & Murphy, J. (2016). Prevalence and predictors of Axis I disorders in a large sample of treatment-seeking victims of sexual abuse and incest. *European Journal of Psychotraumatology, 7*, 10. https://doi.org/10.3402/ejpt.v7.30686

Introduction

This study looked at Axis 1 disorders. It used a sample of victims who have had some form of sexual trauma. It looked to examine specific effects of an individual's demographic and abuse characteristics when looking at a victim's different diagnosis. The researchers were then able to determine the relationship between sexual trauma and adult psychopathology.

Procedures or Description

The subjects of this article are individuals who were at four treatment centers in Denmark that provide psychological treatment for victims of CSA and incest. Criteria that was excluded from the subjects are individuals who show signs of being under the influence, diagnosed with psychotic disorder, self-harming behavior, engagement in treatment elsewhere, and diagnosis of personality disorder. Knowing this a majority of the population studied were women and the mean

age was 36.62. Most of the individuals were also married and have 13.30 years of education. The researchers than determined that a majority of participants were abused by a family member.

Findings

The researchers found that there was a "significant variation in the prevalence of disorders and the abuse characteristics were differentially associated with the outcome variables." The researchers also determined that "individuals who experienced sexual abuse from multiple perpetrators showed the strongest predictor of psychopathology in an individual. "

Conclusions

The researchers were then able to conclude that there is a relationship between CSA and adult psychopathology. They found that the relationship was complex and unique but prevalent.

Article Two: APA Reference

Reiter, M. D. (2016). A Quick Guide to Case Conceptualization in Structural Family Therapy. *Journal of Systemic Therapies*, *35*(2), 25-37.https://doi.org/10.1521/jsyt.2016.35.2.25

Introduction

This article looks at how to use structural family therapy in the most effective way to help. "This article presents a new way to quickly conceptualize families through a structural family therapy lens—either post-facto or during the course of treatment" (Reiter, 2016). It uses two different case examples to help show the best way to use structural family therapy.

Procedures or Description

The subjects used were families that have been struggling with a "problem child". In these cases, they looked at the problem, process, pattern, proximity, power, and possibilities. The subjects attended a therapy session where the therapist observed what happens within the family and to determine the "answers' ' to the 6 P's above.

Findings

The themes of this were the 6 P's otherwise known as a problem, process, pattern, proximity, power, and possibilities. These help the therapist better understand and form a plan with the family.

Conclusions

The major outcome of this article was to help therapists better identify how to use structural family therapy in different situations.

Article Three: APA Reference

McLendon, D., McLendon, T., & Petr, C. G. (2005). FAMILY-DIRECTED STRUCTURAL THERAPY. *Journal of Marital and Family Therapy*, *31*(4), 327-39. https://doi.org/10.1111/j.1752-0606.2005.tb01574.x

Introduction

This article is about using FDST. "This explanation and examination of FDST will be discussed within the context of the following: (a) definition of terms including core issues, roles,

boundaries, external stressors, and framework of interaction; (b) use and scoring of the FDST Assessment Tool, which includes the scoring of core issues, roles, and external stressors; and (c) use of the FDST Assessment Tool in ongoing assessment and evaluation" (McLendon, McLendon, Petr, 2005).

Procedures or Description

In the first assessment, the FDST is given to the adult members of a family. This allowed the researchers to determine the core, issues, roles, boundaries, and external stressors. Each member of the family would then determine who falls and what each of these is. The researchers then determine the best change and what would best help those who took the assessment become aware of the issues that the family is struggling with.

Findings

This article was very useful for working with families that have suffered from incest. This article helps the therapist understand where each person in the family stands on the core issues, family roles, and stressors. This study helped the subjects better understand what the family believes is the main struggle within the system.

Conclusions

This article has helped to create something that allows the therapist and the family to have measurable outcomes.

Family Treatment Curriculum

Family Treatment Plan:

Treatment Plan

This form will be reviewed again in no more than two months, and progress toward goals will be noted. Changes in interventions or goals should be noted immediately.

Identified Client(s) : Bill (38), Carrie (36), Olivia (10), Faith (8)

Clinic Record: N/A **Number Insurance**: N/A

Diagnosis: N/A

Summary of Client's Concerns: The client has a history of abuse from a family member. Client has trouble coping with the trauma that occurred and this has been affecting the whole family.

Identified Patient Strengths and Resources (to be added to throughout therapy):

Healthy family dynamics, Christian values, Good friendships

Interview Progress Narrative

Long-Term Goal: Clients will learn to face the events that occurred, learn to accept one another and support one another, and develop healthy coping methods.

Problem/Concern #1: Father (Bill, 38) and mom (Carrie, 36) did not protect their daughter from the events that occurred and ignored the signs of sexual abuse.

Objective	**Intervention**	**Progress Towards Goal**
1. Accept what has happened. 2. Set boundaries with family members. 3. Define realities and truths. Target Date: Completion Date:	1. Use **systemic reframing** to help each family member understand how the other member feels. 2. Assist the family in **boundary making** by assessing broader interactional patterns and redescribing the problem. **3. Expanding Family Truths and Realities** by redirecting behaviors and interactions to keep core beliefs but express them in different ways.	
Problem/Concern #2: Once the family learned about the sexual abuse, they responded in ways that were unhealthy and irrationally.		
1. The family will learn how to express their feelings about the trauma in a healthy way. 2. The family will learn to address issues that arise in ways that are healthy and rational. Target Date: Completion Date:	**1.** Prompt the family members to use **enactments** in order to express their feelings about the trauma in a more rational manner. **2.** Help the family members to explain how they feel using **Intensity and Crisis Inductions** by staging a crisis to address the trauma.	
Problem/Concern #3: Trouble relating to the victim; which caused Olivia (10) to act out.		

1. Describe how the events have affected the family. 2. Identify traumatic events and how the victim feels in relation to the events. 3. Find ways to relate to one another. Target Date: Completion Date:	**1.** Have the family use **Enactments** in order to address Olivia's actions by using the family's new boundaries, and healthy rationale. **2.** Assess future ways of coping through using **family development** and describe individual needs. **3.** Prompt each family member to use **Making Compliments and shaping competence** by acknowledging the accomplishments and the goals each member achieves; It will also allow each member to better relate to each other.	

Theoretical Orientation:

Structural family therapy is a type of therapy that was created by Salvador Minuchin that focuses on interactions between families and promoting healthy relationships. Structural family therapy which uses evidence based treatments from ecosystemic structural family therapy. Structural family therapy focuses on strengths, never seeing families as dysfunctional but rather as people who need assistance in expanding their repertoire of interaction patterns to adjust to their ever-changing developmental and contextual development (Gehart, 2016).

It also integrates other theories and interventions: enactments, family development, making compliments & shaping competence, intensity & crisis inductions, systemic reframing, boundary making, and expanding family truths and realities. Enactments are ways of coping that refer to

reenacting conflicts to better understand how to deal with situations in the future. Family development looks at the growing and changing of families. Making compliments and shaping competence is a way to understand strengths and positive interactions. Intensity and crisis inductions create boundaries and define the hierarchy in order to understand and reshape. Systemic reframing helps family members to define their problems and reflect on them. Boundaries are rules for managing physical and psychological distance between family members, for defining the regulation of closeness, distance, hierarchy, and family roles (Gehart, 2016). Boundaries are important in family therapies because it helps family roles be defined and addressed. Expanding family truths and realities describes beliefs and what members believe to be true in the structure.

Goals and Outcomes:

The primary goal of structural family therapy is to assist families in mapping the family structure through boundary making, hierarchies, and subsystems to help clients resolve individual mental health symptoms and relational problems (Gehart, 2016). The goals of structural family therapy is to have members be active in the sessions by staging enactments, realigning chairs, and questioning assumptions within the family. The therapist is there to guide the conversations and help the family members to work through what they came in for. The primary outcome is to teach family members techniques and helps them master these techniques to never forget them for future conflicts.

Techniques and Methods:

The above goals and outcomes will be achieved through several different types of interventions. These interventions include stabilization, psychoeducation, coping mechanisms, creating boundaries, expressing emotions, and restructuring roles. The clients will be asked to

change the way that they think and deal with difficult situations. The clients will also learn how to identify strengths in themselves and other members.

Family Dynamics:

When looking at families who have victims/survivors of sexual assault and incest, it is important to know that the family dynamics play a major part in their life. When there has been trauma done to one or more of the family members it is hard to find homeostasis causing the family to be in a state of unbalance. The family will have the chance to express their comforts and discomforts within their dynamics. The activities done will also allow the family to better understand their dynamics and how they can work to improve these. This will allow for a restructuring of the roles

Roles:

In Structural Family Therapy, the therapist helps guide the clients to restructure the family dynamics and the way that the family thinks. The therapist will observe and change different situations in the moment allowing the family to see things in a different perspective. It puts clients outside their comfort zone to help in many cases put the parents back in charge and allow the children to be children.

Structure of curriculum – description of 6 sessions

Week 1: Initial engagement/assessment *(Phase 1: Stabilization)*

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… ● Create boundaries. ● Progress through life by expressing feelings in a healthy way. ● Ensure every member feels safe. ● Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… ● Address the events that have happened. ● Better understand what trauma is and how it varies from person to person. ● Assess new boundaries and how to implement them. ● Identify times when the family may struggle to uphold the new boundaries.
Purpose of Session:	The purpose of this session is to gather information on the family and the events that have occurred. Learn the specific needs of each client.
Checklist of Items:	DSM Level 1 Adult Measure Screening, DSM5 Level 2 Adult Acute Stress, Beck Depression Inventory, Child Trauma Screen and feelings wheel
Psychoeducation component (describe the process verbatim)	**<u>After the assessment is completed, begin the session by validating the clients:</u>** ● Clients will use the Feelings wheel to express what they feel when talking about the struggles and the changes that might happen when working through the struggles. **Explain the process of Structural Family Therapy (**Kedia, 2022) ● Help create clear boundaries for both individuals and members of the family. ○ Boundaries ■ define limits to tolerate any action ■ taking responsibility for actions and one another's feelings ● Works to change the structure pattern of the family through hierarchical structure. ○ Structure pattern ■ How things should be structured in order to allow individuals to work together in a better way ○ Hierarchical structure ■ The roles certain members of the family should have

	otherwise known as the hierarchy within the family.
Interventions/Activities component (Describe all interventions/ activities)	**<u>Identify trauma to restructure family:</u>** ● Feelings wheel and address feelings in a way that is healthy. - Identify feelings ● Listen to me activity - Explain what it means to be a good listener - Why listening is important - How someone feels when they are not listened to.

Week 2: Strengths Approach (Phase 1: Stabilization)

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… ● Create boundaries. ● Progress through life by expressing feelings in a healthy way. ● Ensure every member feels safe. ● Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… ● See the strengths in self. ● See the strengths in family. ● Learn ways to build up and support others within the family through their strengths.
Purpose of Session:	Realize the strengths in each member of the family and learn how to use these strengths to both support and encourage.
Checklist of Items:	Paper, writing utensil, yarn/string
Psychoeducation component (describe the process verbatim)	**Strengths-based approach**: ● This approach allows the clients to realize inward strengths and problem solving abilities that they already have. It then uses those strengths and skills to work through adversity and difficult situations.
Interventions/Activities component (Describe	● Strengths of each member activity. ○ Each member has a piece of paper that has 4 boxes. Each box with

all interventions/ activities)	have a name of the family members. The family members will then write the strengths that each member has within that box. These strengths then be discussed. Each member will have the ability to explain why they believe that family member has that strength(s). ● How best to encourage each family member. ○ After the family has discussed each person's strengths, they will listen to and explain how family members are best encouraged. ● Yarn Web of Connectedness Activity ○ Have one member hold onto the end of the yarn. Throw the ball of yarn around to create a web. Use this activity to build trust and rely on one another to untangle the web. ○ Learn to rely on one another

Week 3: Restructuring Viewpoints (Phase 2: Trauma Narrative & Processing)

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… ● Create boundaries. ● Progress through life by expressing feelings in a healthy way. ● Ensure every member feels safe. ● Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… ● Express feelings in a rational manner. ● Stage a crisis to address the trauma. ● View situations from other family member perspectives.
Purpose of Session:	Allow each member to see a situation and understand the different perspectives.
Checklist of Items:	Barbie dolls, various toy objects
Psychoeducation component (describe the process verbatim)	**Explain Enactments** ● The therapist prompts family to re-enact a conflict or other interaction ● Used to assess and alter problematic interactional sequences: *map, track,* and *modify* the family structure ● Goal ○ Restructure the family ○ Creating clearer boundaries ○ Increasing engagement

	○ Improving parental hierarchy **Explain Symbolic Representation (**American Psychological Association, 2022) ● The process of using an object, drawing, word, expression, or experience to represent something else. ● Example: ○ Heart represents love.
Interventions/Activities component (Describe all interventions/ activities)	**Discussing strengths again from the prior week.** **Barbie simulation -** ● Bring Barbies that represent the family. Use enactments to set up the family and describe how the children see the situation using the barbies. **Object symbolism -** ● Having the family use an object to symbolize who the other members are and then to explain why that object best represents that member.

Week 4: Expand Truths and Realities (Phase 2: Trauma Narrative & Processing)

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… ● Create boundaries. ● Progress through life by expressing feelings in a healthy way. ● Ensure every member feels safe. ● Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… ● Understand the roles of the “opposite” (parent vs children) family members. ● Recognize the reality of each family member's role. ● Realign the family roles.
Purpose of Session:	Redirecting behaviors and interactions to keep core beliefs but express them in different ways.
Checklist of Items:	Blanket, toys/coloring books

Psychoeducation component (describe the process verbatim)	**Explain "I feel" statements (**Robbins, 2022) ● I feel statements are best used when an individual's emotions are overwhelming. ● I feel statements should be used in order to prevent blame onto others. ● I feel statements are used to allow individuals to express what they are feeling in a healthy way.
Interventions/Activities component (Describe all interventions/ activities)	**Child - Parent role swap** ● Clients will start acting in the opposite role within the family (parents will be on the floor playing while children will be sitting in the seats discussing how the week has gone, struggles from the week, and good things that have happened within the week). After some time, the therapists will have the family switch roles (parents talking with therapists while children play). Once done talking, the therapists will discuss what it felt like to be in the opposite roles and how it felt being placed back into the "normal" family role. **"I feel" statement activity** ● Have members of the family express how they feel about the progress made toward the recurring goals. ● Avoid accusational statements.

Week 5: Address Evaluation/Closure (Phase 3: Integration & Consolidation)

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… ● Create boundaries. ● Progress through life by expressing feelings in a healthy way. ● Ensure every member feels safe. ● Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… ● Evaluate their progress ● Look ahead to their future
Purpose of Session:	Make sure that the clients feel they have made progress and feel comfortable continuing on their own progress. Discuss closure and ceremonial activities.
Checklist of Items:	Feelings Wheel

Psychoeducation component (describe the process verbatim)	• Discuss if the clients wish for any specific type of resources for after termination.
	  ○ Support groups for parents or children..
	• Equip the parents to address issues that arise with their children in the future.
	  ○ Parental guidance groups/classes.
	  ○ Books on how to work with their children in times of trouble
	• Explain what Termination of services mean
	  ○ End of sessions
	  ○ A celebration

Interventions/Activities component (Describe all interventions/ activities)	**Talk about termination** • Go over the feelings wheel once again to show the change that has happened over the past several weeks. ○ Compare their feelings and ways of expressing these from start to finish. • Explain to the clients that week 6 will be your last week together. • Ask clients what would be helpful for their termination.

Week 6: Provide a final wrap-up with closing ceremonial activities.

Weekly Goals/Objectives:	<u>Recurring goals of structural family therapy</u> Clients will… • Create boundaries. • Progress through life by expressing feelings in a healthy way. • Ensure every member feels safe. • Accept how each family member resolves trauma and related concerns. <u>Session specific goals</u>: Clients will… • Reflect on the progress toward recurring goals. • Reflect on termination of client-therapist relationship.
Purpose of Session:	The purpose of this session is to give the clients a sense of closure with the therapist and also give them direction for next steps.
Checklist of Items:	Cake, balloons, streamers, and a journal for each member.

Psychoeducation component (describe the process verbatim)	● Resources ○ Bring resources that were discussed in week 5. ○ Provide other resources that might be helpful for the family. ● Empowerment ○ Discuss the strengths of the clients and their abilities moving forward.
Interventions/Activities component (Describe all interventions/ activities)	**Highlight accomplishments in therapy:** ● Create long term goals for after therapy. ○ Give each member a journal to take with them. ● Evaluate how clients feel about the progress done for the past recurring goals. ● Evaluate how clients feel moving forward and working toward self created goals. ○ Address how the members feel with termination. ● Celebrate the end of sessions through a party. ○ The therapist will bring supplies that would be at a typical birthday party. ○ It is important for the family to do activities that seem normal once again. ○ Remind the family that they can overcome challenges that come at them and move forward.

Transitions/Endings

For termination to be effective, the social worker and the clients need to be on the same page about goals being met. The client should feel as though they have accomplished what they came to therapy for and met their desired goals. If the desired goals have been met, the process of termination will begin. The clients and the social worker should discuss how they feel about termination.

Skills that the clients have learned during the sessions should be evaluated and given the resources to cope with stressful situations in the future. The clients have been given a “tool box” of resources to assist with successful coping. Because it is a process, the clients will also be given resources to additional support groups.

The coping strategies that the clients have learned should be reminded to the client so that they can use them in the future. The clients can discuss the progress they made from the time they first started therapy to the end and the therapist can discuss how they have seen progress be made as well.

Finally, the therapist will celebrate with the clients for achieving their goals. The clients have come a long way since starting and it needs to be celebrated. The therapist will help the clients celebrate by throwing a party in the therapy office. It will symbolize a new start and moving forward.

Methods for assessing outcomes and evaluation of practice:

To assess the progress of the children (Olivia and Faith), the therapist will use the Beck's Depression Inventory and the CTS Inventory. Beck's Depression Inventory is a short measurement that looks at depression within the lives of adolescents. The measure is available in several different languages but will be used in English for the purpose of these clients. The CTS Inventory is also a short adolescents measurement. This looks at Child trauma for people ages 6-17. This measurement is given to the client by a therapist of some type.

To assess the progress of the parents (Bill and Carrie), the therapist will use the DSM5 Level 1 Adult Cross Cutting Measures and the DSM5 Acute Stress Measures. The Adult Cross Cutting measures are for adults. This measurement allows for the clinician to better understand the client. The Acute Stress measurement takes a deeper look than the cross cutting measures into the stress of the clients.

The Clients will be given these assessments upon session one and then reevaluated in session six. The English version of all four assessments are available in Appendix A.

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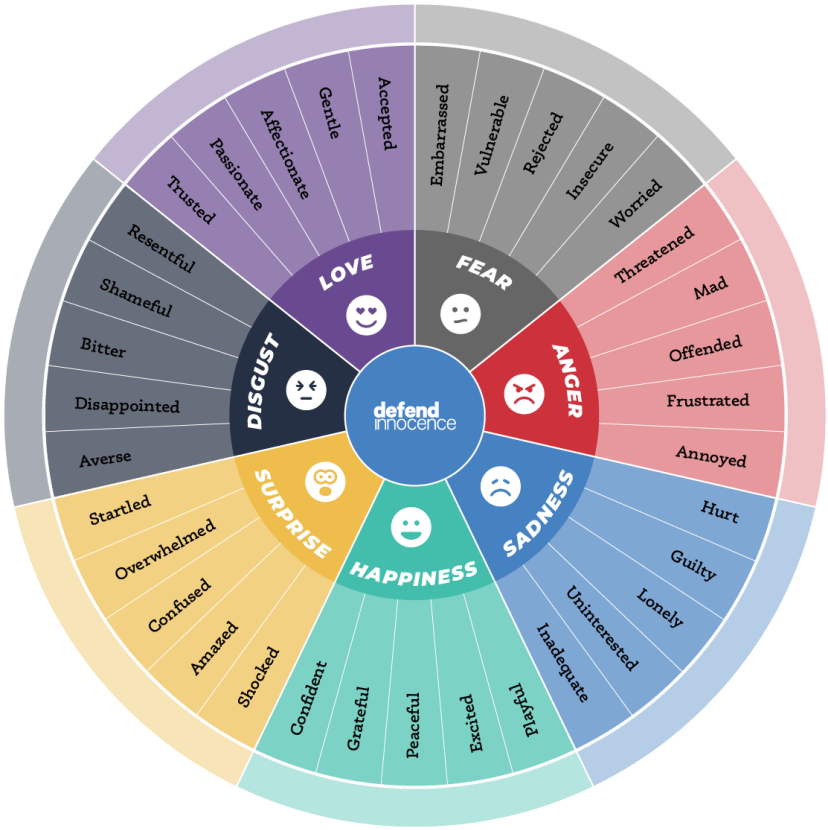
Appendix A



(Wheel of emotions, 2022)

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ **Age:** ____ **Sex:** ❑ Male ❑ Female **Date:**_____

If this questionnaire is completed by an informant, **what is your relationship with the individual?** _____
In a typical week, approximately how much time do you spend with the individual? _____ **hours/week**

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

Severity of Acute Stress Symptoms—Adult*

*National Stressful Events Survey Acute Stress Disorder Short Scale (NSESSS)

Name:_____ **Age:**_____ **Sex: Male** ❑ **Female** ❑ **Date:**_____

Please list the traumatic event that you experienced: _____
Date of the traumatic event: _____

Instructions: People sometimes have problems after extremely stressful events or experiences. How much have you been bothered during the PAST SEVEN (7) DAYS by each of the following problems that occurred or became worse after an extremely stressful event/experience? **Please respond to each item by marking (✓ or x) one box per row.**

		Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**	**Clinician Use Item score**
1.	Having "flashbacks," that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
2.	Feeling very emotionally upset when something reminded you of a stressful experience?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
3.	Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
4.	Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
5.	Being "super alert," on guard, or constantly on the lookout for danger?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
6.	Feeling jumpy or easily startled when you hear an unexpected noise?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
7.	Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	
						Total/Partial Raw Score:	
						Prorated Total Raw Score: (if 1 item left unanswered)	
						Average Total Score:	

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
- 0 I do not feel sad.
- 1 I feel sad
- 2 I am sad all the time and I can't snap out of it.
- 3 I am so sad and unhappy that I can't stand it.

2.
- 0 I am not particularly discouraged about the future.
- 1 I feel discouraged about the future.
- 2 I feel I have nothing to look forward to.
- 3 I feel the future is hopeless and that things cannot improve.

3.
- 0 I do not feel like a failure.
- 1 I feel I have failed more than the average person.
- 2 As I look back on my life, all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person.

4.
- 0 I get as much satisfaction out of things as I used to.
- 1 I don't enjoy things the way I used to.
- 2 I don't get real satisfaction out of anything anymore.
- 3 I am dissatisfied or bored with everything.

5.
- 0 I don't feel particularly guilty
- 1 I feel guilty a good part of the time.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6.
- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7.
- 0 I don't feel disappointed in myself.
- 1 I am disappointed in myself.
- 2 I am disgusted with myself.
- 3 I hate myself.

8.
- 0 I don't feel I am any worse than anybody else.
- 1 I am critical of myself for my weaknesses or mistakes.
- 2 I blame myself all the time for my faults.
- 3 I blame myself for everything bad that happens.

9.
- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10.
- 0 I don't cry any more than usual.
- 1 I cry more now than I used to.
- 2 I cry all the time now.
- 3 I used to be able to cry, but now I can't cry even though I want to.

11.
- 0 I am no more irritated by things than I ever was.
- 1 I am slightly more irritated now than usual.
- 2 I am quite annoyed or irritated a good deal of the time.
- 3 I feel irritated all the time.

12.
- 0 I have not lost interest in other people.
- 1 I am less interested in other people than I used to be.
- 2 I have lost most of my interest in other people.
- 3 I have lost all of my interest in other people.

13.
- 0 I make decisions about as well as I ever could.
- 1 I put off making decisions more than I used to.
- 2 I have greater difficulty in making decisions more than I used to.
- 3 I can't make decisions at all anymore.

14.
- 0 I don't feel that I look any worse than I used to.
- 1 I am worried that I am looking old or unattractive.
- 2 I feel there are permanent changes in my appearance that make me look unattractive
- 3 I believe that I look ugly.

15.
- 0 I can work about as well as before.
- 1 It takes an extra effort to get started at doing something.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

16.
- 0 I can sleep as well as usual.
- 1 I don't sleep as well as I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- 3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.
- 0 I don't get more tired than usual.
- 1 I get tired more easily than I used to.
- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

18.
- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
- 2 My appetite is much worse now.
- 3 I have no appetite at all anymore.

19.
- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than five pounds.
- 2 I have lost more than ten pounds.
- 3 I have lost more than fifteen pounds.

20.
- 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
- 2 I am very worried about physical problems and it's hard to think of much else.
- 3 I am so worried about my physical problems that I cannot think of anything else.

21.
- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I have almost no interest in sex.
- 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

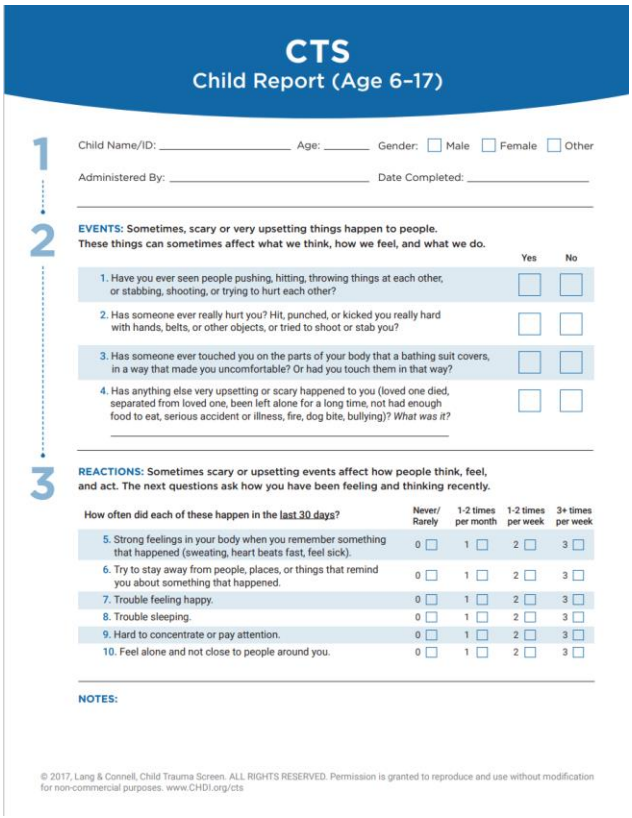
Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score_____Levels of Depression

1-10_____These ups and downs are considered normal
11-16_____ Mild mood disturbance
17-20_____Borderline clinical depression
21-30_____Moderate depression
31-40_____Severe depression
over 40_____Extreme depression

http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf

(Beck Depression Inventory)



CTS
Child Report (Age 6–17)

1 Child Name/ID: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Administered By: _____ Date Completed: _____

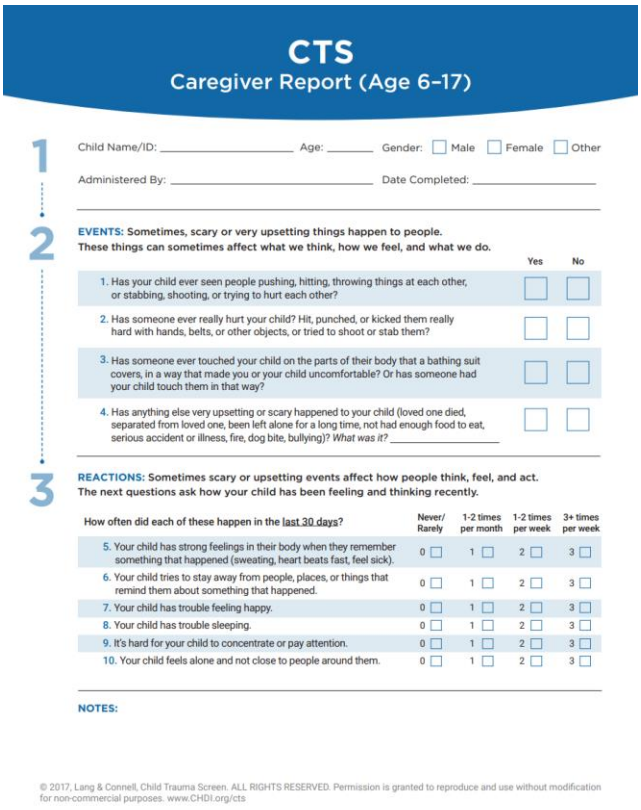
2 **EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.**

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	☐	☐
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	☐	☐
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	☐	☐
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? *What was it?* _____	☐	☐

3 **REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.**

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 ☐	1 ☐	2 ☐	3 ☐
6. Try to stay away from people, places, or things that remind you about something that happened.	0 ☐	1 ☐	2 ☐	3 ☐
7. Trouble feeling happy.	0 ☐	1 ☐	2 ☐	3 ☐
8. Trouble sleeping.	0 ☐	1 ☐	2 ☐	3 ☐
9. Hard to concentrate or pay attention.	0 ☐	1 ☐	2 ☐	3 ☐
10. Feel alone and not close to people around you.	0 ☐	1 ☐	2 ☐	3 ☐

NOTES:



CTS
Caregiver Report (Age 6–17)

1 Child Name/ID: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Administered By: _____ Date Completed: _____

2 **EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.**

	Yes	No
1. Has your child ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	☐	☐
2. Has someone ever really hurt your child? Hit, punched, or kicked them really hard with hands, belts, or other objects, or tried to shoot or stab them?	☐	☐
3. Has someone ever touched your child on the parts of their body that a bathing suit covers, in a way that made you or your child uncomfortable? Or has someone had your child touch them in that way?	☐	☐
4. Has anything else very upsetting or scary happened to your child (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? *What was it?* _____	☐	☐

3 **REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how your child has been feeling and thinking recently.**

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Your child has strong feelings in their body when they remember something that happened (sweating, heart beats fast, feel sick).	0 ☐	1 ☐	2 ☐	3 ☐
6. Your child tries to stay away from people, places, or things that remind them about something that happened.	0 ☐	1 ☐	2 ☐	3 ☐
7. Your child has trouble feeling happy.	0 ☐	1 ☐	2 ☐	3 ☐
8. Your child has trouble sleeping.	0 ☐	1 ☐	2 ☐	3 ☐
9. It's hard for your child to concentrate or pay attention.	0 ☐	1 ☐	2 ☐	3 ☐
10. Your child feels alone and not close to people around them.	0 ☐	1 ☐	2 ☐	3 ☐

NOTES:

(Child Trauma Screen)