

## Trauma-Focused Cognitive Behavioral Therapy

This is the treatment approach that is primarily used at the LCCAC. This is a structured treatment that can take place over as short of a period as 14-16 weeks. The non-offending caregiver who is supportive of the child is highly encouraged to participate in this treatment approach. This method is an evidence-based approach meaning that scientific studies have been conducted that proves this method is highly effective with children who have been abused. It has been used with a wide variety of children and adolescents over a number of years. The good news is that children CAN get better and heal from trauma.

## Overview

- \* Treatment begins with education to help normalize responses to trauma for child and supportive caregiver.
- \* Development and implementation of healthy coping skills
- \* Affect regulation and relaxation: helps the child identify his/her negative feelings that can occur after a trauma. Therapist gives the child techniques to modulate these feelings and to self-soothe. This is important to help the child to not begin withdrawing from life or avoid these feelings
- \* Establishing connections between thoughts, feelings, and behaviors. More specifically, exploring their thoughts, beliefs, and feelings about the abuse and helping to correct incorrect thoughts.
- \* Overcoming learned fears
- \* Developing a trauma narrative
- \* Establishing and educating on healthy, normative development
- \* Safety planning for future

## Next Steps:

At the very least, sexual abuse is very confusing for a child. It's helpful for parent and child to have support from a mental health professional and assistance in understanding the abuse and reactions to it. In many cases, a child may not need lengthy, intensive therapy, but it's helpful for the child and parent to sit down with a trained professional and talk through what has happened, to make sure the child understands and feels safe talking about his or her feelings. Children may blame themselves or hold other unrealistic ideas or beliefs about the abuse that need to be corrected.

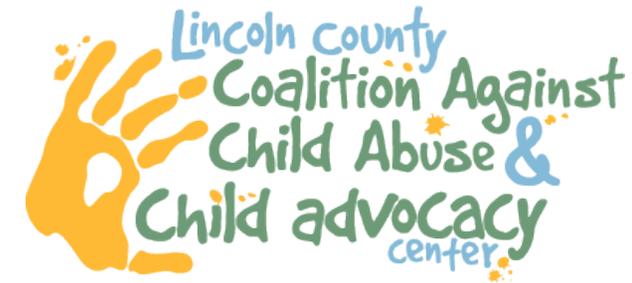
We are here to support your child and you through this difficult time. If you are interested in therapy services, you can call directly, speak with the law enforcement officer involved in your case, or with the Department of Social Services representative working with you. Again, the good news is that children CAN get better.



Lincoln County Child Advocacy Center  
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This project was supported by Grant No. 2012-VA-GX-0060 awarded by the Office for Victims of Crime, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication, program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office for Victims of Crime.



*Answers to your questions  
about mental health services  
at the Lincoln County Child  
Advocacy Center*

**Lincoln County Child Advocacy Center**

**161 Policarp Street  
Lincolnton, NC 28092**



## What is Sexual and Physical Abuse?

Sexual abuse is any interaction between a child and an adult or older child in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse often involves direct physical contact, touching, kissing, fondling, rubbing, oral sex, or penetration of the vagina or anus. Sometime a sex offender may obtain gratification by exposing himself/herself to a child, or by observing or filming a child removing his or her clothes. Offenders often do not use physical force, but may use play, deception, treats, or other coercive methods to engage youngsters and maintain their silence.

Physical abuse is any physical act by a caregiver that results in a child been hurt or injured. Usually, physical abuse is not a one-time event, but a pattern of repeated, deliberate acts. Caregivers may not understand that what they are doing is abusive. They may consider it normal punishment that is warranted by the child's misbehavior.

## How Common is Abuse?

Abuse affects both boys and girls of all ages from infancy through adolescence. In fact, this is a problem that affects millions of children across all social, ethnic, religious, and cultural groups around the world.



## Psychological Impact of Abuse

It is not unusual for a child to develop some post-traumatic stress reactions that will respond to treatment. Others, particularly those who have suffered multiple traumas, may develop post-traumatic stress disorder, depression, and/or anxiety. The Adverse Childhood Experiences study documents that the more traumatic experiences one has, the more likely one is to have problems with substance abuse, depression, anxiety, and some chronic health problems in the long-term. As one child expressed, "Abuse is like a boomerang—if you don't deal with it—it can come back to hurt you." On the other hand, children who have support of an understanding caregiver and effective treatment, recover without long-term effects.

## Signs of Post-traumatic Stress Reactions

**Hyper-arousal:** nervous, jumpy, heightened startle response, reacts strongly to any anxiety-producing situation

**Re-experiencing symptoms:** relive some aspects of the experience, nightmares, generalized fears, physiological responses to stress

**Avoidance:** a child avoids exposure to traumatic reminders, and sometimes avoids thinking about the abuse altogether. Reactions to, and avoidance of, traumatic reminders can generalize into other aspects of a child's life.

**Affect regulation difficulties:** difficulty regulating emotions, increased irritability, anger, sadness, withdrawal behaviors, increase in oppositional behaviors and/or tantrums.

## Other Trauma-Related Behaviors in Toddler or School Age Children.

In a very young child, you might see traumatic play in which the child may act out running away from a "bad man" over and over again. The play may or may not be specific to the abuse. You may see other signs of stress, an increase in oppositional with withdrawn behavior, tantrums, or nightmares. The child may talk about his/her body being "hurt" or "dirty."

## How Do I Know My Child Needs Therapy?

If your child displays any of the signs and symptoms of traumatic stress, then you should take him or her for an evaluation. A therapist who has experience working with children who've been abused can help you determine whether your child needs help. Some children will not need help at all, but many will need some help. Some children may just need a therapist to provide information so they can understand more about what happened to them. When we evaluate children, we look for symptoms of traumatic stress, depression, and anxiety. We also try to find out if they have any unrealistic beliefs or ideas about the event. It is common for children to blame themselves, or to feel they could have prevented it. It's important to explore these "distorted" ideas because they can continue to cause problems in a child's life. We also evaluate for any signs of difficulty in school, social, or family life due to the abuse.