Examining the effects of individual counseling treatment on a depressed woman who has experienced childhood sexual abuse

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ABSTRACT

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EXAMINING THE EFFECTS OF INDIVIDUAL COUNSELING TREATMENT ON A DEPRESSED WOMAN WHO HAS EXPERIENCED CHILDHOOD SEXUAL ABUSE

Advisor: Jerome Schlele, D.S.W.

Thesis dated May, 1997

Previous research has concluded that depression is viewed as the most long-term effect of childhood sexual abuse in combination with self-destructive behaviors, feelings of isolation, and low self-esteem. A major limitation of the previous research is that there is lack of attention given to the role interventions can play in alleviating depression among women who have experienced childhood sexual abuse (CSA). This study examined the effects of individual counseling treatment on depression in a woman who experienced childhood sexual abuse. This study sought to decrease levels of depressive episodes in a woman who had been victimized during her childhood.

An A/B Single System Design was used to test the effectiveness of individual counseling treatment on depression. To collect data on depression the Costello-Comrey Depression Scale was used and administered to a woman who was recruited by the researcher. The results of the analysis showed that depression was significantly lowered during the intervention phase. Implications for research and social work practice are discussed.
EXAMINING THE EFFECTS OF INDIVIDUAL COUNSELING TREATMENT ON A DEPRESSED WOMAN WHO HAS EXPERIENCED CHILDHOOD SEXUAL ABUSE

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
CHAMISE N. TUCKER

SCHOOL OF SOCIAL WORK
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CHAPTER ONE

INTRODUCTION AND STATEMENT OF PROBLEM

Childhood sexual abuse (CSA) is an issue that preys on our society, especially women and children. Many women and children suffer from this traumatic experience everyday of their lives. It hinders their daily functioning, which may cause depression; along with other contributing factors such as, guilt, fear, self-blame, and suicidal thoughts. However, most individuals feel that they have overcome the trauma of being sexually abused; but if we view this situation in its entirety we will see that there are still some unresolved issues.

Childhood sexual abuse occurs primarily with females; however, males have suffered sexual abuse as well. Many adult females perceived themselves as being a survivor; physically, but as time proceeds they emotionally begin to develop a negative outlook in more ways than one.

Childhood sexual abuse is a dilemma that effects all walks of life. It not only destroys the victims cognitive thinking, but alienates the family structure as well. Women who survive childhood sexual abuse often report numerous and varied long-term effects stemming from their experience (Draucker, 1995).¹

Many women who experience sexual abuse tend to blame themselves, which can lead to depression, negative self-image, anxiety, and feelings of isolation. In the clinical literature, depression is the most commonly reported long-term effect of sexual abuse in childhood (Brown et. al. 1984). Chronic depression is also viewed as a well-documented reaction to childhood sexual abuse. The severity of this problem causes the woman to develop feelings of worthlessness, eating disorders and being revictimized. This symptom cannot be detected initially, but can become highly noticeable when the individual’s physical and mental functioning begins to breakdown and produce those indicators mentioned earlier.

The incidence of childhood sexual abuse has now gained recognition in our society through the development of various treatment. It has also been illustrated that this topic is becoming more prevalent. A problem that was once thought to be non-existent has been recognized as striking at least 30% of the female population (Russell 1983). Thus, it is evident that female’s who experienced CSA are becoming more verbal and communicative in expressing their hidden childhood experiences.


A female of CSA, who takes the initiative to deliver herself from past events; whether it is seeking treatment counseling or learning and applying coping skills, indicate that she is determined to close that chapter of her life.

However, further attention should be aimed at effective coping strategies for women suffering from depressive episodes in relation to their experience of childhood sexual abuse. It has been recognized that not enough evaluative research has been conducted to determine what interventions might be helpful in alleviating depression among women who experienced childhood sexual abuse. Moreover, by identifying this notion would aid our society to conduct productive and effective methods for individuals who have experienced CSA. By establishing these methods possibly would decrease the level of reoccurring residual factors that distorts one's cognitive and behavioral actions. Implementing the efforts of coping and survival techniques as the life force and sole purpose of intervention will in turn alleviate depressive symptoms of adult females of CSA.

SIGNIFICANCE/RATIONALE OF STUDY

This study will discuss and address the research gap pertaining to women and the effects of intervention consisting of individual counseling treatment on depression.
The significance of this study will provide information on interventive processes that will be used on a female subject who is a victim of CSA. If not further researched, many adult females’ will not overcome the feeling that a part of their dignity and respect is gone due to the sexual activity that was coerced on them as a child. Also, if not further studied, they will not benefit from helpful coping procedures regarding practical ways to decrease their depression. Thus, if productive outcomes such as coping strategies or individual treatment are not utilized then long-term effects of CSA will continue to have a negative impact on those who have been victimized.

The negative repercussion of not exploring the effects of depression in victims of CSA would more likely cause additional factors to occur in the individuals life. Moreover, that is why the effectiveness of coping and healing interventive strategies are critical in this aspect, because it may further broadened the knowledge base of alleviating the outcome factor of depression.
PURPOSE OF STUDY

The purpose of this research is to gain insight of the traumatic experiences of a female adult who had been sexually abused as a child, and to gain knowledge of the effects of strategies that might be useful in reducing the outcome of depression associated with childhood sexual abuse. Thus, the purpose of this study is to examine the effects of individual counseling treatment in reducing signs of depressive episodes in a woman who has experienced childhood sexual abuse.
Numerous studies have been conducted regarding the outcome effects of depression on childhood sexual abuse. Studies have also been conducted pertaining to women in which the outcome effects of depression collectively examines an individual's cognitive and behavioral state. Furthermore, studies have been conducted which analyzed the development of new training programs, groups and individual counseling and their effect on depression. These research articles will be discussed in detail in the following five sections of this literature review.

Historical & Prevalence Viewpoint of CSA

The literature on childhood sexual abuse (CSA) has expounded on factual and opinionated views within the last decade. Many researchers have documented the prevalence and effects that sexual abuse has placed on one's childhood. Current estimates reveal women who have experienced at least one incident of sexual abuse before the age 18, ranging from 1 in 4 to 1 in 2.5 among nonclinical samples (Kohn, 1987; Wyatt, 1985). Recent studies indicate that between 15-45% of adult females who have been associated with this traumatic experience had at least one incident of contact sexual abuse including fondling.

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attempted or completed oral, vaginal, and anal intercourse before age 18 (Bagley et al., 1984; Finkelhor, 1984; Russell, 1983; Wyatt, 1985). Most women who were sexually abused tend to blame themselves internally, which can lead to negative self-image, feelings of isolation, guilt, problems in interpersonal relationships, and tendency toward revictimization (repeated abuse in an adult relationship).

Society teaches us as individuals, our most cherished values should be the family unit, which consist of a father and mother figure. However, it is viewed that the father or father figure is our chief protector, a person who cannot do any wrong. Once that belief or trust is broken it causes those factors that were stated earlier to react. This may lead to probable short or long term psychological implications. It has been noted that short-term indications include a vast significant change in one's eating and sleeping patterns, along with empirical evidence indicating causes of fear, anxiety, or depression (Anderson, Bach, & Griffith, 1981). However, long-term effects that are identified in adult survivors of CSA include chronic depression, self destructive behaviors, substance abuse, and difficulty in trusting others (Browne &

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2 R. Bagley et al., Committee on sexual offenses against children and youth, (Ottowa: Canadian Government Publishing Centre, 1984).

Finkelhor (1986). Finkelhor (1988), reports that more than half of adult survivors suffer acute mental health problems. Statistics show that 1/3 to a half of all female individuals in the country would have been sexually abused in their lifetimes (Russell, 1986). Numerous studies also illustrate the younger the age of the victim the more violent and severe the abuse will be. For this reason, this is why survivors that has been abused at an early age are likely to be silent and reserve about speaking out about what they experienced during their younger years.

**Prevalence Rate of CSA**

Childhood sexual abuse is an experience that will lead one's critical thinking to implement blame, shamefulness, and guilt. During this process the individual began to reflect on their past emotional experiences about the traumatic event. It has been documented that Afro-American women have been reported for being at risk for both rape and child sexual abuse across all age groups (Wyatt, p. 507).

Within the last decade, literature have stated that CSA among women have

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increased. Empirical evidence report that American black women may be more frequently victims of sexual abuse than white women (p. 507). Early reports of CSA estimated that only four percent of the female population had been approached sexually by a male relative (Carver et al., 1989). Whereas, more current surveys and scales were administered and reported higher figures of CSA. A recent national survey in Canada of 2,000 adults found that 22% of females and nine percent of males had been the subject of serious and unwanted sexual abuse before the age of 18. However, there have been other forms of written literature that reports revictimization for female is as high as 33%, and the incidence of childhood sexual abuse in the psychiatric field is increasing much more than any other related general population (p. 753). According to current literature and documentation, there has been a vast amount of interest relating to the effects of CSA, ranging from determining the cause of CSA to developing a solution-based program for survivors of childhood sexual abuse. Dolan (1991), a well-known solution-focused author defines sexual abuse as "any form of coerced sexual interaction

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8 Ibid.


10 Ibid.
between an individual and a person in power of that individual."¹¹ He also states, child sexual abuse refers to any sexual involvement between a child and the individual that is in a position of authority from whom the child would traditionally expect protection and affection. Courtois (1988) a researcher who highlights findings from 1978, states that a substantial percentage of the female population, as high as 20%, has had an experience of incestuous abuse at some point in their lives, 12% before the age of 14. Then he goes on to include that approximately 40% of all victims/survivors suffer after-effects serious enough to require therapy in adulthood.¹² This is why many notable researchers today are providing current empirical information about the effects of CSA.

Outcomes of Childhood Sexual Abuse

In the past few years researchers have focused their attention toward the specific effects that childhood sexual abuse has placed on victims as they reach adulthood. For example, there have been numerous reports of sexual difficulties found in women who were sexually abused in childhood (Briere & Zaidi, 1989).¹³

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Clinical literature reports, depression has been viewed as the most commonly reported long-term effect of sexual abuse in childhood (Browne et al. 1984). This symptom is also evident of being the primary causal factor of childhood sexual abuse. Likewise, depression is extremely common in individuals who experience fear, anxiety, feelings of isolation, and low self-esteem. Depression has been noted as a chronic symptom that is evident of attempting suicidal or self-destructive behaviors. Therefore, studies have been researched to identify depressive symptomatology in women who experience greater levels of depression or other mood disturbances from being sexually abused as a child.

Long-term effects of childhood sexual abuse also produce affective disorders and posttraumatic stress symptomatology. Finkelhor & Browne (1985) proposed a "traumagenic model" that organizes abuse characteristics and long-term effects into a conceptually meaningful framework pertaining to the psychological impact of the abusive experience. The four dynamics that focus on cognitive and emotional orientation of CSA: powerlessness, betrayal, stigmatization, and traumatic sexualization.


**Powerlessness**—refers to when an individual feels that their personal space has been invaded, and there is no way to regain power. Feeling powerless impairs a person's sense of efficacy and coping skills. Having been a victim on repeated occasions may make it difficult to act without the expectation of being revictimized (Finkelhor & Browne, p. 536). The dynamic of powerlessness may lead an individual to experience disempowerment, despair, suicidal ideation, and depression.

**Betrayal**—refers to discovering that someone whom they trust or believed has caused them harm. Victims of CSA suffer disenchantment and disillusionment, which may cause the individual to either experience impaired judgment about trust worthiness of other people or in desperate need to redeem an unbalanced relationship. However, there is also an opposite reaction to betrayal, which is characterized by hostility and anger toward individuals, especially men who display aggressive and hostile acts.

**Stigmatization**—refers to negative connotations, such as badness, shame, and guilt. Meaning, these negative ideations stigmatize victim directly or indirectly. Directly, these negative connotations come from the abuser, who may blame the victim for the activity, demeans the victim, or furtively convey a sense of shame about the behavior

\[16\text{ Ibid.}\]
Indirectly, negative connotations are derived from one's own inner-thought or attitudes from the individuals family or community. Recent studies indicates stigmatization has been noted for victims to consider suicidal attempts and form self-destructive behaviors, which are known to stem from low self-esteem, negative reactions and blaming the victim.

**Traumatic sexualization**—refers to a process in which one's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse (Finkelhor & Browne, p. 531). The effects of traumatic sexualization involves misconceptions and confusion about various kinds of sexual behavior that is subjected to the child(victim). Clinicians have reported that adult victimized clients often have an aversion to sex, flashbacks to the molestation experience, difficulty with arousal and orgasm, as well as negative attitudes toward their sexuality and their bodies (p. 534). With this situation occurring, it will lead victims to inappropriately sexualizing their child(ren) in ways that are not considered the norm. Nevertheless, the four dynamics contribute valid points that relates to the abusive acts that are portrayed about victims of

17 Ibid., p. 533.
18 Ibid., p. 531.
19 Ibid., p. 534.
childhood sexual abuse.

According to Middleton-Moz (1986), clinical research conceptualizes sexual abuse as overt and covert. Overt sexual abuse is identified as the 'physical form' of sexual abuse. The physical form is described as a parent who sexually fondles, engages in vaginal or anal intercourse, along with oral sex. Covert sexual abuse involves exposing a child to sexual issues. These issues may include age-appropriate sexual discussions or rearing the child in an environment that is sexually-saturated (Middleton-Moz, 1986).20 Middleton-Moz describes the terms in great detail, depicting the sexual acts that are forced onto a child. However, covert sexual abuse is viewed as a cultural concept, whereas overt is considered as a taboo, something that is forbidden in all cultures. Sexual abuse, whether overtly or covertly will typically disrupt a person's cognitive processes, especially a child. These two types of sexual abuse illustrate negative encounters, disrespect, and humiliation for both parties. Conservative estimates indicate that 15-38% of all adults were sexually abused as children, and the abuse generally takes place within the family (Bachman et al., 1988).21

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Therefore, it is utterly important for individuals not to portray their sexual acts on the general population because it sends the message that ‘a individual is not valued as a human being, nor as a citizen in this society’.

Interventions Involving Individual Treatment

Individual therapy is a direct interventive therapist-client method used to assess presenting problems. This form of therapy aids both parties in determining the significant approach to use to defeat the presenting issue. For the purpose of this study, the treatment task is to alleviate depressive episodes in women who were sexually abused as a child. Many researchers, have developed a process of healing childhood sexual abuse as a spiral technique. Meaning, the survivor will revisit the stages of sexual abuse, but with the intent to successively form a new perspective or insight about past encounters.

Individual therapy is a procedure that allows individuals to openly express their feelings or concerns about their abusive experiences. By accomplishing this task one must be willing to use strategies that are generally used in individual therapy. Strategies such as reducing the intensity of troubled feelings, avoiding or escaping feelings, and discharging or releasing feelings. Typically, individuals who were victims of childhood sexual abuse often feel embarrassed or disoriented about their traumatic experience.
Therefore, the initial goal is to start where the client is in order to effectively assess the problem and develop a constructive intervention treatment plan to rectify the influencing conditions that relate to childhood sexual abuse.

However, it has been noted as a general rule, individual therapy is highly recommended in conjunction with group therapy (Abney et al., 1992). Likewise, some therapists state that the presenting issues are addressed in more depth during individual sessions than in group. There are some individuals who feel they need to be involved in a group as a preliminary process. Nevertheless, for the purpose of this study we will focus on individualized treatment procedures for women who experience CSA. It is my belief that clients should first begin with individual therapy, because it allows the troubled client to familiarize themselves with the therapist about the concerned issue. This task is achieved by both parties establishing a therapist-client rapport, properly conceptualizing the problem and developing a treatment plan that makes one feel comfortable in openly discussing the specific issue.

Components of Treatment

When an individual is involved in therapy sessions she/he appears to be at a point in their life where they need assistance or guidance to bring closure to the specific problem. Most therapeutic sessions offer an array of services to individuals in need. In individual therapy there are various components that are used in treatment. The three main conditions that are focused on or utilized: establish client relationship, develop and execute specific treatment procedures for various types of problems, and recognize the significant influence on the progress and outcome of treatment. When developing a therapeutic relationship it is generally characterized by mutual feelings of liking, respect and trust between the client and therapist (Glodstein, 1980).23 It is important that the client feel comfortable and willing to freely communicate with the therapist about the issue. When consulting with a victim of childhood sexual abuse the individual should be able to explore and disclose their experiences, feelings, and problems, which may revolve from self-blame for the abuse, anger and revenge toward the offender, and betrayal towards abusive or non-protective parents (Jehu, p. 23).24 The value of a therapist-client relationship is often accompanied when the victim


recognize that she is accepted and supported by the therapist. When observing and recognizing the developed and performed strategies during the therapeutic relationship it is important to depict verbal and non-verbal modalities. Meaning, the therapist should clearly focus on the problem the client is having difficulty in dealing with or accepting. This procedure can serve as supportive observation technique aiding the therapist in providing effective coping strategies. More specifically, the outcome quality of treatment is generally influenced when the therapist exhibit empathic understanding. This level of understanding portrays that the counselor is able to view the victims world from a subjective viewpoint so the client is fully understood when displaying deep feelings or emotions.

It is essential that during the treatment phase the victim gain reassurance, stability, and empowerment while engaging in therapeutic sessions. Thus, toward the termination period of therapy the victim will be able to possess signs of bringing closure to her traumatic experience as a child.

Interventions Involving Coping Mechanisms

Childhood sexual abuse issues pertaining to women who were involved in mistreatment of their human right opt not to visualize the internal pain and suffering that has had an major impact on their lives.
This is why internalize guilt and shame, as well as interpersonal mistrust resides within the adult survivor and permeates her inner self; which may cause the individual to become in an depressive mood, experience anxiety, or develop poor self-esteem. When these internal factors began to form, it causes the victims cognitive thought to react to misbelief, anger and frustration, which links back to her childhood. Literature states, for adult survivors there are various techniques to introduce the therapeutic process to assist the individual in gaining ways to resolve their childhood dilemma. Pearson (1994) designed several techniques to aid female survivors on the recovery of childhood sexual abuse by establishing positive relationship-building strategies by recognizing their strengths and positive qualities; the family-of-origin technique allows the individual to gain a better understanding of the past and present interactions with family members; and the cognitive-behavioral techniques are designed to challenge distorted perceptions and beliefs by replacing them with accurate ones that will modify the individual’s behavior of past experiences. Strickland (1978) stresses the importance of practitioners accurately assessing individuals’ life situations in determining the efficacy of certain coping strategies.


Morrow & Smith (1995) introduces six strategies that will assist survivors in childhood sexual abuse. The first strategy is used in research to reduce the intensity of what one is feeling. The second strategy is used to keep individuals from being overwhelmed by teaching techniques, such as avoiding or escaping the threatening or dangerous feelings. The third strategy focuses on exchanging overwhelming feelings for other, less threatening ones. The fourth strategy teaches the individual to discharge and release mind-boggling thoughts. The fifth and sixth strategy serve as a technique to aid the victim in refocusing and putting overwhelming feelings in manageable parts to better assist their memory level.\textsuperscript{27} However, Taylor suggested that cognitive adaptation to threatening events involves three coping tasks: \textit{the search for meaning}---the need to understand why the crisis occurred and what its impact had been; \textit{regaining a sense of mastery}---“gaining a feeling of control over the threatening event so as to manage it or keep it from occurring again”; and \textit{the process of self-enhancement}---“finding ways to feel good about one self again.”\textsuperscript{28} Nevertheless, Taylor’s model has been used in previous examinations with survivors of sexual abuse. Draucker, also performed a successful study that measured the meaning, mastery, and social


comparison that relates to variables such as guilt, interpersonal victimization, powerlessness, and betrayal.\textsuperscript{29} Within this study, it reminds the survivors of their abusive experiences so they can ultimately feel accomplished of gaining positive insight about overcoming their traumatic event(s).

\textbf{Stages of the SELF Model}

Therapy for adult survivors of CSA are accomplished in more ways than one. Many therapists and researchers design methods to achieve the desired goal, which is to overcome the presenting problem. The acronym, SELF, is a reminder that the goal is not just coping with abuse but rediscovering oneself as an integrated human being with a full and vibrant future (Weiner & Kurplus, p. 90).\textsuperscript{30} This is a model that can be utilized throughout the therapeutic process, each stage inspires an increasingly higher level of hope, strength, and courage to face the future. The four stages consist of Safety, Exploration, Loss, and Fulfillment (SELF).

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\textsuperscript{29} Claire B. Draucker, "A Coping Model for Adult Survivors of Childhood Sexual Abuse," \textit{Journal of Interpersonal Violence} 10,2 (June 1995): 159-175.

\end{flushright}
When an individual has experienced a traumatic event they immediately feel the need to obtain a safety domain. Victims of sexual abuse who enter into a therapeutic relationship are often seeking structure and stability. Initially these women feel the need to convey their emotions or thoughts of symptoms they have experience in their earlier years. This phase teaches victims to focus their attention on daily self-care and stress management, along with engaging in developing social relationships with the outside world.

Exploration is a technique that allows the survivor to encounter story of events of her childhood. This phase aid in helping the survivor to minimize the effects of CSA and relieve negative memories. Within this stage cognitive distortions are presented, which are viewed as a way of coping with an abusive past situation. Therefore, this strategy is used to assist in developing therapeutic techniques to unfold suppressed and repressed memories that may be causing flashbacks, nightmares, or harmful cognitive messages to occur.

The phase loss is viewed as something that has been taken away. Many state that survivors emotionally consider suicidal ideation in this phase. During this phase the survivor believes that she has lost something, primarily her childhood and innocence. When working with individuals in this state it is important to recognize their physical and psychological symptoms, but the therapist must also teach the survivors
that she is the successor of her life.

Nevertheless, this last phase involves personal empowerment, acceptance of failures, and adventures. This stage focuses on aiding the survivor into moving into a healthier future. It provides methods that will enable her to venture forward, rebuild her life, and protect herself from revictimization. By accomplishing the preliminary stages of the SELF model will stimulate a survivor to form positive vibes about themselves, due to the fact they were able to emotionally journey through the process of obtaining individualized therapy.
THEORETICAL/CONCEPTUAL FRAMEWORK

Childhood sexual abuse is a problematic viewpoint that affects one's cognitive thoughts and behavioral actions. Cognitive psychologists contend that what a person thinks, believes, expects, and attends to in their mental life influences how she/he behaves. The cognitive approach/model looks into the mental aspects of an individual, by taking a theatrical look at one's expectations, beliefs, and memories. These three events present a broader scope of why survivors of childhood sexual abuse become depressed and anxious, due to rekindling episodes of what they experienced in the past.

Beck, the developer of cognitive therapy, views this model as an insight therapy that emphasizes recognizing changing negative thoughts and maladaptive beliefs (Corey, p. 344). His approach focuses on the theoretical rationale which describes the way people perceive ideas, their feelings, and behavior depending on how they structure their previous experience. The basic theory of Beck's cognitive model of emotional disorders states that in order to understand the nature of an emotional episode or disturbance, it is essential to focus on the cognitive content of an individual's reaction to the upsetting event or stream of thoughts.


Based on this notion, cognitive therapy is applied to emotional events that involve treating individuals who are depressed, develop general anxiety, eating disorders, and anger. Beck developed a triad pattern that illustrates why depression is triggered, as it relates to victims of childhood sexual abuse. The first component states that clients hold a negative view of themselves, by blaming setback on personal inadequacies. The second component states that the client tends to interpret experiences in a negative manner. Lastly, the third component states that clients' who become severely depressed often develop gloomy visions and projections about the future. Nevertheless, this model is based on cognition that has a major impact on how an individual feels, thinks and acts at a given point. Beck (1976) writes that, "cognitive therapy consists of all the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self signals" (p. 214). As a researcher he also notes, cognitive theory of depression illustrates signs that are caused by negative thoughts of self, past experiences, and feeling skeptical of future endeavors.

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With this in mind, the primary focus of reducing signs of depression is to involve oneself in a client-counselor relationship. However, being a victim of CSA one is faced with many issues, discomfort, and self-blame. Therefore, seeking individual treatment will enable the victim to properly assess and accept the challenges that may lie ahead, along with receiving additional support from the therapist/counselor. This form of therapy involves four basic techniques: [1] Relationship-building, [2] Questioning, [3] Writing Techniques, and [4] Role-playing. These techniques are assumed to decrease the depression in women who experienced childhood sexual abuse.

Relationship-building is viewed as the initial phase in treatment. It merely allows both individuals (counselor and client) to establish a therapeutic rapport amongst one another. In relationship-building the focus is to provide encouragement, establish boundary settings, and validation. Encouragement for survivors is defined as a supportive role which will enable the individual to further explore and comfortably discuss her abuse. Boundary setting is used as an important factor involving, what is acceptable or non-acceptable during the counseling sessions. Lastly, validation refers to the survivor feeling understood about the actual events that may have caused signs of depression.
However, by establishing the effort of relationship-building relieves the client by feeling at ease and comfortable with her/his selected therapist.

Secondly, questioning is viewed as a technique that affords the counselor the opportunity to ask informative questions about being victimized as a child. Joy (1987) also notes that once the counselor is aware of the abusive history, it is imperative to ask directly for specific information about the incestuous experience. Moreover, this strategy will enable the woman to gain empowerment and a sense of overcoming painful memories. Thus, which will produce effective measures by ascertaining information from the client to release traumatic events that occurred during childhood.

Thirdly, writing techniques are used as a source of being able to fully express emotions of what occurred from past to present. This procedure is commonly used as a journal for individuals to confront their offender and openly display their thoughts on paper. Furthermore, many researchers stress that both journal keeping and story writing can enhance communication between client and counselor. Therefore, by introducing this method during the counseling session will allow the counselor to fully understand the fundamentals of what took place in the


Lastly, role-playing is pictured as a form of displaying repressed feelings. Many researchers state that this technique aid many individuals who experience difficulty in verbally expressing their true emotions about their traumatic event. Rencken (1989) suggested that role-playing, among other techniques, can be used to help survivors psychologically confront their perpetrators and vent their feelings. By introducing this technique to survivors of CSA, allow the individuals to psychologically resolve painful thoughts and heal open wounds. Nevertheless, this cognition is presented to identify and correct distorted thinking and dysfunctional assumptions relating to depressive moods that an individual may be attempting to overcome. In addition, to being determine to adapt to leading a productive lifestyle from what they experienced as a child.

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RESEARCH QUESTIONS & HYPOTHESIS

Based on the forgoing literature review, theoretical framework, and the general purpose of study, below are the research question and hypothesis of this study.

R1: To what extent will a female subject exhibit decreased signs of depressive episodes during an intervention consisting of individual treatment counseling.

H1: It is hypothesized that at the completion of the intervention of individual treatment counseling depression will significantly be reduced in the female subject.
CHAPTER THREE
METHODOLOGY

Design and Sample

In this section the A/B single system design will be used to collect data on depressive episodes in a woman who experienced CSA. In this study the Costello-Comrey Depression Scale (CCDS) was utilized to measure signs of depression. A baseline was established the first five days of the study through using the CCDS. The intervention phase commenced at the beginning of the sixth day of this study. Depressive episodes was measured daily and observed by this researcher. Data collection occurred over a total of a three week period.

On the sixth day, the subject was given material to read on individual counseling treatment. The treatment guide that was given was consumed with information regarding an historical overview of CSA, interventive techniques to gain inner-strength, models of the therapeutic process, and treatment procedures for individualized strategies. During the beginning of the intervention phase, the subject was instructed to read and learned about the aforementioned components once a day for a week for thirty minutes. She was also instructed to read the material upon arising to utilize in her daily activities.
This researcher conducted the individual therapy segment for thirty-five minutes a day during the intervention phase in the conference room of a local library. The subject began daily individual therapy sessions the following week after reading the material that was provided. During the sessions the subject discussed her step-father, family relationships, personal male relationships, being betrayed, individuals wanting to control her life, her current employment status, and her overall ongoing feelings of depression.

During the sessions the subject was given coping mechanisms strategies and techniques to aid in guiding her during the process of the intervention phase. The subject was instructed to keep a daily log of positive thoughts about herself and daily interactions with other individuals. Therapy continued with additional coping skills and cognitive restructuring training.

The subject of this study was a woman in her mid-20's who had not been involved in individual therapy within the past five years. The subject was attained through personal referral.

*Measurements*

Depression was measured through the Costello-Comrey Depression Scales (CCDS). The CCDS operationalizes depression as the extent to which a woman experiences repetitive thoughts of loneliness, revictimization, self-blame, or shame and guilt.
This scale was designed to observed and evaluate the subject's signs of depression episodes to determined how often these symptoms occur. The same scale was also used throughout the intervention. This scale has excellent internal consistency with split-half reliabilities of .90 (Costello-Comrey). The CCDS is a fairly stable scale that has a test-retest score of .70 and this scale has concurrent validity.

Individual counseling treatment is operationalized as the extent to which a therapeutic method is used to assess the presenting issue and provide treatment by developing, organizing, and implementing effective therapeutic strategies to alleviate the presenting problem. Individual counseling is a therapeutic process that teaches individuals interventive strategies to enable them to adapt or cope with stressors that may occur in their daily living. There are various components that can be utilized to aid troubled individuals with a presenting issue. The components that was mentioned in the previous section were used for the female subject of this study.

The CCDS was composed of 14 closed-ended items on a a 9-point scale, with two categories of response depending on the item: “absolutely” to “absolutely not” and “always” to “never”.  

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1 Costello-Comrey, CCDS.

2 Ibid.
The scores for the depression scale are calculated by reverse-scoring items 1, 6, 7, 8, 9, and 10. The total scoring range from 14 to 126, with the higher scores indicating the female subject is more likely to be depressed.

This scale was completed daily by the subject and was analyzed to provide scores for both baseline and intervention phases. The baseline phase was formed over a five day period and the intervention phase was structured by administering individual therapy on the sixth day. Moreover, the CCDS continued to measure and evaluate the subject depression level for a week after conducting the individual therapy sessions with the female subject.
CHAPTER FOUR

RESULTS

The major finding of this study is that individual counseling treatment decreases signs of depression. Figure 1 presents the depression scores for the baseline and treatment phases. Overall, the scores gradually increased during the baseline phase. For the baseline phase, for day one the subject had a score of 68, for day two 69, for day three 70, and for days four and five the score was 72. The average depression score for the baseline phase was 70.2. The first day of the treatment phase, the subject had a score of 65; for day two, the depression score decreased to 59, then increased to 67 on the third day. For the last two days there was a steady drop in the subject's depression score ending with a score of 55. This represents a 13 point reduction from day one of baseline phase. Figure 1 displays these findings.
FIGURE 1.
Depression Scores For Baseline and Treatment Phase

COSTELLO-COMREY DEPRESSION SCALE

<table>
<thead>
<tr>
<th>DAILY DATA COLLECTION POINTS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>BASELINE PHASE</td>
<td>68</td>
<td>69</td>
<td>70</td>
<td>72</td>
<td>72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERVENTION PHASE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65</td>
<td>59</td>
<td>67</td>
<td>63</td>
<td>55</td>
</tr>
</tbody>
</table>

MEAN: BASELINE = 70.2           INTERVENTION = 61.8
SD: BASELINE = 1.789           INTERVENTION = 4.817
This study hypothesized that an intervention of individual treatment counseling would decrease the depression of a adult woman who has experienced childhood sexual abuse. A t-test of group means was used to determine whether the differences between the mean scores on depression for the baseline and treatment phase were statistically significant. The probability level was set .05.

Table 1 presents results of the t-test. The data analysis reveal that the difference between the pre-treatment and treatment mean scores on depression was statistically significant. Depression was significantly decreased during the treatment phase. Thus, the hypothesis of this study is accepted.

Table 1

T-test of depression by phase type

<table>
<thead>
<tr>
<th>Phase</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-treatment</td>
<td>5</td>
<td>70.2</td>
<td>1.789</td>
<td>t = 3.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>df = 5.08</td>
</tr>
<tr>
<td>Treatment</td>
<td>5</td>
<td>61.8</td>
<td>4.817</td>
<td>probability = .049</td>
</tr>
</tbody>
</table>


CHAPTER FIVE
DISCUSSION AND IMPLICATIONS

The major finding of this study is that individual counseling treatment decreased depression. This finding confirms the conceptual framework of this study. This intervention may have been effective because of the nature of the components of the intervention. Numerous benefits may be derived for participating and utilizing treatment procedures that are provided during treatment sessions. Various interventive strategies are identified as: coping mechanisms, cognitive restructuring, and techniques to overcome external factors. Coping mechanisms are techniques that are used to enable victims to cope better with stressful features related to the abuse. Cognitive restructuring is a technique that is used to correct distorted beliefs. Techniques to overcome external factors are those that focus on the potential of gaining inner-strength, knowing your own power, and becoming visible.

Another reason for the effectiveness of the intervention might be the subject herself. The individual counseling treatment process is also credited with instilling guidance and support to enhance the subject's cognitive thought of what was experienced during her childhood. The subject's being involvement in counseling sessions allowed her to openly communicate and verbally express her feelings and emotions of being a
victim of childhood sexual abuse. They further provided her the opportunity to readily overcome past experiences growing up in an sexual abusive environment. Furthermore, this mentally prepared the subject to remain focused and determined not to become discouraged or embarrassed of past events.

This study's findings are consistent with other researchers who have studied the outcome effects of CSA, such as Courtois, (1988); Joy, (1987); & Jehu, (1989). The study's findings are inconsistent with other researchers, probably because this researcher only focused on the symptom of depression, as oppose to others who examined multiple symptoms/disorders that can relate to CSA (Tong, Oates, & McDonnell, 1987).

This study has important implications for social work practice at the micro and macro levels. At the micro level, the involvement of the direct practitioner is an essential asset to the population of adult's who experienced childhood sexual abuse. Generally speaking, social work practitioners now are provided with effective information for ways to assess, assist, and treat individuals and there presenting problem.


They are able to develop, organize, and implement strategies to aid adult females in reducing their depression episodes, such as providing informative healing programs for victims of CSA, coping training skill sessions, or individualized therapeutic techniques. To utilize this knowledge, practitioners should provide productive quality-based therapeutic counseling with the client for a selected time period. In working with victims of CSA the most crucial issue in the treatment of abuse comes during the assessment phase—an abuse history that goes undetected cannot be treated (Mennen, p. 26). Therefore, it must be recognized before it can be addressed. Thus, implementing a one month introductory counseling session would more than likely encourage adult females to participate in activities that will effectively empower, stimulate, and motivate them to gain the ability of releasing negative experiences. However, towards the end, if for some reason the female client feels that the introductory counseling session was beneficial, the practitioner may at least suggest additional therapeutic sessions to aid in decreasing signs of depression.


4 Ibid.
At the macro level, the findings of this study may suggest that solution-focused programs be used to guide the services for victims of CSA. A solution-focused program is a brief therapy model that is used to empower the client(s). This approach is structured as a joint process between the client(s) and therapist, with the therapist taking the responsibility for empowering the client(s) to create and experience her(their) own uniquely meaningful and effective therapeutic changes (Dolan, 1991). Its focus is to establish a rapport with the therapist, as well as participating members, build meaningful relationships, share common experiences, identify presenting issues, focus positively toward solutions, and establish outcome goal for change. Overall, its purpose is to serve as a support group for individuals with the same concerning issue. At this level, it could be formulated as a direct protocol or policy when working with a female client dealing with depression, the staff of agencies, mental health facilities, and volunteer organizations, place this intervention into effect. Implementing this intervention could possibly aid the female client by providing direct and group services to individuals who have experienced the traumatic effects of CSA.

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There are several recommendations for future research. First, future studies should focus on enhancing the data collection period in both baseline and intervention phases. Second, future research should direct its attention to continuing to generate and establish more interventive therapeutic techniques. Thirdly, research should focus on examining the degree to which coping methods also serve the victim's family during the treatment phase. Finally, future studies should continue to investigate the negative effects of childhood sexual abuse, and how it can contribute to the break down of feelings of trust, commitment, respect, and unconditional love of a woman. In turn, this study was a single system design, only observing one person: therefore it does not have high external validity. Thus, future research should use designs that include more subjects, along with using experimental and time series designs to accurately analyze data on childhood sexual abuse.
APPENDIX A

CLARK ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK
PARTICIPANT CONSENT FORM

Dear Participant,

I invite you to participate in a study of Adult Female Survivors who have experience Childhood Sexual Abuse. I am a graduate student at the Clark Atlanta University, School of Social Work Department. This study is designed to carry out effective interventive strategies to aid individuals who have experienced depression, along with other factors, such as, self-blame, thoughts of loneliness, or fear/guilt as a child. You were selected as a possible participant in this study due to convenience sampling. You were the subject chosen to participate in this study.

If you decide to participate, I will describe in detail the procedures that are to be followed and the time length of the study. There are no risks or discomforts involved with this study. This study only consists of the pencil and paper method.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

You are under no obligation to participate in the study. Your completing and returning the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for purposes in the study.

If you have any questions, please do not hesitate and ask the researcher. You will be offered a copy of this form to keep.

Sincerely,

Chamise Tucker
APPENDIX B

COSTELLO-COMREY DEPRESSION SCALE
(CCDS)

Depression Scale

1. I feel that life is worthwhile.
   Absolutely   Very   Definitely   Probably   Possibly   Probably   Definitely   Very   Absolutely
   9           7         6          5            4          3          not     not     1
   8

2. When I wake up in the morning I expect to have a miserable day.
   Always     Almost     Very   Frequently     Fairly     Occasionally     Rarely     Almost     Never
   9           8           7         6          5            4          3            not     1
   2

3. I wish I had never been born.
   Absolutely   Very   Definitely   Probably   Possibly   Probably   Definitely   Very   Absolutely
   9           7         6          5            4          3          not     not     1
   8

4. I feel that there is more disappointment in life than satisfaction.
   Absolutely   Very   Definitely   Probably   Possibly   Probably   Definitely   Very   Absolutely
   9           7         6          5            4          3          not     not     1
   8

5. I want to run away from everything.
   Always     Almost     Very   Frequently     Fairly     Occasionally     Rarely     Almost     Never
   9           8           7         6          5            4          3            not     1
   2

6. My future looks hopeful and promising.
   Absolutely   Very   Definitely   Probably   Possibly   Probably   Definitely   Very   Absolutely
   9           7         6          5            4          3          not     not     1
   8

7. When I get up in the morning I expect to have an interesting day.
   Always     Almost     Very   Frequently     Fairly     Occasionally     Rarely     Almost     Never
   9           8           7         6          5            4          3            not     1
   2

8. Living is a wonderful adventure for me.
   Always     Almost     Very   Frequently     Fairly     Occasionally     Rarely     Almost     Never
   9           8           7         6          5            4          3            not     1
   2

9. I am a happy person.
   Always     Almost     Very   Frequently     Fairly     Occasionally     Rarely     Almost     Never
   9           8           7         6          5            4          3            not     1
   2
10. Things have worked out well for me.

<table>
<thead>
<tr>
<th>Absolutely</th>
<th>Very</th>
<th>Definitely</th>
<th>Probably</th>
<th>Possibly</th>
<th>Probably</th>
<th>Definitely</th>
<th>Very</th>
<th>Absolutely</th>
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</thead>
<tbody>
<tr>
<td>9</td>
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<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
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<td>2</td>
<td>1</td>
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</table>

11. The future looks so gloomy that I wonder if I should go on.

<table>
<thead>
<tr>
<th>Always</th>
<th>Almost</th>
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<th>Frequently</th>
<th>Fairly</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Almost</th>
<th>Never</th>
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</table>

12. I feel that life is drudgery and boredom.

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<tr>
<th>Always</th>
<th>Almost</th>
<th>Very</th>
<th>Frequently</th>
<th>Fairly</th>
<th>Occasionally</th>
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<td>3</td>
<td>2</td>
<td>1</td>
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</table>

13. I feel blue and depressed.

<table>
<thead>
<tr>
<th>Always</th>
<th>Almost</th>
<th>Very</th>
<th>Frequently</th>
<th>Fairly</th>
<th>Occasionally</th>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

14. When I look back I think life has been good to me.

<table>
<thead>
<tr>
<th>Absolutely</th>
<th>Very</th>
<th>Definitely</th>
<th>Probably</th>
<th>Possibly</th>
<th>Probably</th>
<th>Definitely</th>
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Jehu, Derek; Gazan, Majorie; and Klassen, Carole. (1988). *Beyond Sexual Abuse: Therapy with Women who were Childhood Victims.* New York: John Wiley & Sons.


