

**Case Assessment and Research Intervention**

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SOWK 492

Mrs. Reynolds

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The client GH was referred to the ChildSafe Child Advocacy Center on February 22nd, 2023 by the United States Army. GH is a 15 year old female who was trafficked by multiple men, including a U.S. Army soldier. GH was referred to the CAC by the U.S. Army when some Army officials found her in the barracks of a base in New York. GH has three siblings, two older sisters and one younger brother, and lives in the home with her father, one older sister, and younger brother. GH's mother passed away within the past five years, which is assumed to be the reason for her defiant behaviors and runaway attempts, as hypothesized by her father. The U.S. Army referred GH to the CAC so that she could be forensically interviewed to obtain more details about her alleged abuse and trafficking.

GH was found in the barracks of a U.S. Army base in New York, where a U.S. Army soldier was engaging in sexual intercourse with her. When it was discovered that the two were engaging in sexual acts, the soldier was discharged and charged for the crimes he committed, including statutory rape. In GH's interview, she revealed that she had multiple partners, all of whom were men who are much older than her. She also reported that she had at some point contracted chlamydia from one of these partners, and was not being treated for this.

The first assessment activity completed was a trauma screening, in which GH's scores were extremely elevated. The trauma screening administered was the ACES-Q, which focuses on the child's life experiences and gives a score based on the child's responses to 20 questions. Since the child's trauma screenings were so elevated as a result of the sexual abuse and trafficking that she experienced, the center decided to offer therapy to the child free of charge.

The therapeutic intervention that the therapists decided to offer to this child is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based therapeutic intervention which combines elements of cognitive behavioral therapy with other

various trauma-focused interventions. TF-CBT addresses the trauma symptoms experienced by individuals who have experienced at least one or more traumatic events. According to the Child Welfare Information Gateway, TF-CBT is “an evidence-based treatment that helps children address the negative effects of trauma, including processing their traumatic memories, overcoming problematic thoughts and behaviors, and developing effective coping and interpersonal skills. It also includes a treatment component for parents or other caregivers who were not abusive” (2018). It was decided that TF-CBT would be effective for GH because of her elevated trauma scores, in addition to the fact that she has a non-offending parent who can participate in TF-CBT with her and support her through the process.

At ChildSafe, the therapists try to apply the systems theory in their practice as much as possible and incorporate caregivers, parents and guardians as much as possible in their sessions. Luckily, TF-CBT curriculum supports this and some of the main components of TF-CBT include psychoeducation and parenting skills and conjoint parent/child sessions (Child Welfare Information Gateway, 2018). The therapist treating this child believes very strongly that if the parent cannot support GH, then she will fall back into the same patterns that she was following prior to her treatment, which will be detrimental to her overall health, both mental and physical.

Ultimately, the implementation of TF-CBT is the most appropriate intervention for GH because it best fits the symptoms that GH is experiencing as a result of the trauma she has experienced. TF-CBT addresses the child holistically and allows the child to establish a trauma narrative before incorporating the parent/child sessions in order to allow the child to express their own thoughts and feelings before the caregiver becomes involved. Then, once the caregiver becomes involved, it allows the child to continue treatment while their environment becomes more understanding and forgiving. TF-CBT concludes with a strengths perspective-approach by

addressing the child's personal safety and teaching boundaries, empowering the child to say no or tell a trusted adult in the event that they are ever in an unsafe situation again.

GH is currently in the beginning stages of her TF-CBT treatment. She is currently completing the psychoeducation component alongside her caregiver. The TF-CBT will take about 12-16 sessions in total, and she has been seen for about 3 sessions so far.

## References

*Trauma-focused cognitive behavioral therapy: A Primer for Child Welfare Professionals*. Child

Welfare Information Gateway. (2018, October).

<https://www.childwelfare.gov/pubPDFs/trauma.pdf>