A Client's Journey through Incest: From Victim to Thriver Joan M. Fischer LPC-S, LMFT-S, NCC Director Thomas E. Chambers Counseling and Training Center jfischer@olhcc.edu Cheryl H. Lacoste LPC, NCC cc3915@aol.com

## A Client's Journey through Incest: From Victim to Thriver

Objective I: Participants will be able to discuss important considerations in working with clients who have experienced incest/sexual abuse

- Counter transference
  - 1. facing personal abuse experiences
  - 2. dealing with the urge to soothe
  - 3. moving ahead too quickly
  - 4. managing your verbal expressions (interpretations, sympathy, horror, projecting/imagining client's fears/feelings)
  - 5. redirecting, terminating, "completing" prematurely
- Status of the legal process
- Co-morbid conditions (Don't rush to diagnosis- for example, borderline personality disorder)
- Medication
- Experience as uniqueSecrecy vs. privacy


- Factors Influencing the Effects of Sexual Abuse
  - 1. Gender of the victim
  - 2. Age of the victim
  - 3. Severity of the abuse
  - 4. Frequency and duration of the abuse
  - 5. Relationship of perpetrator to victim
  - 6. Perceived danger/stated threats
  - 7. Emotional/physical health of the child prior to the abuse
  - 8. Emotional status of the family
  - 9. Reaction of significant others
  - 10. Experience of pleasure/possible guilt
  - 11. Previous therapy experiences

Objective 2: Participants will be able to address important issues related to family s	upport of clients who have
experienced incest/sexual abuse.	Transfer of the state of the st
Common Thomas Experienced by Clients and Their Femilies	
Common Themes Experienced by Clients and Their Families     Disagnilibrium of family system.	
<ol> <li>Disequilibrium of family system</li> <li>Grief/loss</li> </ol>	
3. Fear/phobia	
4. Anxiety	
5. Anger	
6. Depression	
7. Shame/guilt	
8. Powerlessness	
9. Low self-esteem	
10. Loss of trust	
11. Creating a <i>new</i> family	
<ul> <li>Common questions faced by clients and therapists</li> </ul>	
1. Do you tell?	
2. Who do you tell?	
3. When?	
4. How do you handle lack of support/disbelief?	
5. Do you file charges?	
6. Handling questions from family, etc.	
7. Confronting abuser	
8. What do you want from your family? (can change)	
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Objective III: Participants will be able to list specific strategies that can be utilized when working with clients who have experienced incest/sexual abuse.

•	Possible Client Coping Mechanisms
	1. DID

- 2. Substance abuse

- 3. Addictions
- 4. Parasuicidal/suicidal ideation and acts
- 5. Sleep disturbances
- 6. Lifestyle changes
- 7. Mood disturbances
- 8. Cognitive disturbances (ruminations, compulsions, inability to focus)
- Possible Therapeutic Responses
  - 1. Trauma-focused cognitive behavior therapy
  - 2. EMDR
  - 3. Client centered
  - 4. Narrative Therapy
  - 5. DBT
  - 6. Mindfulness

Stages of Therapy

Victim. . .Survivor. . . Thriver

- 1. Establish safety (relationship, sharing information, fun, etc.)
- 2. Set limits/set up the environment (triggers)
- 3. Hear the story
- 4. Address fears (Will it happen again? What if I liked it? Will I become\_\_\_\_?)
- 5. Guard against intrusion
- 6. Implement strategies/teaching
  - a. Theoretical approaches: DBT, ACT, mindfulness, EMDR, CBT, Existential
  - b. Strategies: desensitization (place, emotions), then and now, what if, provide resolution, relaxation, generalization, develop power and control
  - c. Teach: dissociation (vocabulary, determine A-B-C, teach function as adaptation, teach alternatives), safety, protection, prevention

<ul> <li>f. Forgiveness (self/others)</li> <li>g. Encourage client and system give meaning to the traumatic/abusiv event (changes over time)</li> <li>h. Enable the system to reorganize: Closure/termination (Don't wait "everything to be okay.")</li> </ul>				
Dangers/Pitfalls	<ol> <li>Re-traumatization</li> <li>Aggressive behavior</li> <li>Hypervigilant behavior</li> <li>Self-destructive, self-deprecative behavior</li> <li>Dissociative behavior</li> <li>Emotional flooding</li> <li>Compulsive, rigid behaviors</li> <li>Failure to address personal needs</li> <li>Failure to address legal system issues</li> <li>Failure to address family system issues</li> </ol>			

d. Address sexually precocious, inappropriate behaviore. Address co-morbid concerns

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# Subjective Units of Distress Scale

Indicators	(0-3) Healthy, In Good Shape	(4-6) Slipping, Trouble Ahead	(7-10) Dangerous, Unhealthy
Behaviors, language, thoughts, physiology, self-care			

	Healthy Coping Strategies	Unhealthy Coping Strategies
Coping: behaviors, language, thoughts, physiology, self-care		

## REBT Worksheet

Thought	If I kept this thought	Reality	If I kept this thought
Example:			
If I fail this test, I'll <b>DIE!</b>	I'll be anxious, find it hard to concentrate, feel sick, etc.	I usually don't fail.  If I do fail, I can always take the course over. Maybe I can do extra credit.  If it's that bad, maybe I need to change my major.  Either way, it won't be the end of the world.	I'll be able to focus. I'll feel more positive and know that I have choices. I may worry, but I won't feel sick.

## Journal: containing stress and anxiety in time and space

- Pick a time that you can stick with for a minimum of four weeks (preferably not right before bed).
- Select an activity (or activities) to do after the writing that will help terminate the thought process. (SINGING, ACTIVE DAYDREAMING, VISUALIZING A STOP SIGN, ETC.)
- Write for no more that 15-20 minutes. NO MATTER WHAT! DEFINITELY NOT! STOP!!!!!
- Write for the first 10-15 minutes about: <u>stress, shame, etc.</u> Spend the last five minutes writing affirmations, gratitude, good things that can come out of the bad.
- It is important that you continue the process consistently. Allow yourself to grow and face your fears. It is important that you don't repress, depress, suppress, etc. When thoughts emerge at other times, acknowledge the thought and say "It's not 7:00, I'll give you time at 7:00."

# Anxiety

1- 10	Thought	Reality	What I Did
		2	
		6	

### **THOUGHT**

## • If I had been a better person, This would not have happened.

### • Maybe I didn't deserve a good dad.

• I liked it, so I must have encouraged him.

• Everytime someone good comes in my life, they go away. I must not deserve good people.

• I can and will do something to push Joan away.

• I have pushed Beau away.

• I don't deserve a good daddy.

• I should just put the past in the past and get over with it.

 I should have said no and told someone, I knew it was not right.

### **TRUTH**

My dad chose his actions; he's an asshole.

I deserved one; I didn't get one.

It was my body reacting; he was a bastard for putting me in that situation.

People leave me because of life events; not because of me.
People move, people die, change is a part of life. I always find new people to love who love me.

I can not push Joan away- she cares about me, understands what I am going through, and she wants to help me.

I have not pushed Beau away- he is just very busy-he wants to help me and he is willing to see me once a month.

I do deserve a good daddy- I just didn't get one.

It takes time. I am working on it.

I was just a child-I had no control. I was confused.