A Letter of Intent:

A Starter Kit for Counsellors-in-Training:

Counselling Women Who Experienced Childhood Sexual Abuse (CSA)

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A Starter Kit for Counsellors-in-Training Who Counsel Individuals Who Experienced CSA

This letter of intent outlines a literature review and resources “starter kit” for counsellors-in-training of the symptoms-treatments and resources-referrals for women who experienced childhood sexual abuse (CSA). Campus Alberta Graduate Program in Applied Psychology website is proposed as the host of this kit. The purpose of the kit is to provide counsellors-in-training with an accessible critical analysis of the literature - and Internet resources - of CSA symptoms, treatment modalities and interventions. The resources section also provides self-care information for those who counsel individuals who experienced CSA. An insights section critically analyses and details inclusion criteria of Internet links to individuals who experienced CSA and their insights of their “lived experiences”. Finally, analyses and inclusion rationale will preface referral links to accredited counselling organizations offering CSA-specialized services.

This letter of intent addresses the following: Considerations of reliability and validity, problem statement; rationale; reference to the literature; methodology and potential implications.

Considerations of Reliability and Validity

Mertens (1998) clarifies that in qualitative research, credibility is analogous to reliability and validity and cautions that websites are not screened by a peer review as are professional journals. Therefore, my research will also entail examining and discussing with supervisors the criteria for credible website information before inclusion into the starter kit. For example, referencing accredited-only organizations (e.g., APA); journals (e.g. Canadian Journal of Psychiatry); agencies (e.g., Calgary Counselling Centre); individuals (e.g.,
Warner, R., Ed.D., C.Psych) and databases (e.g., PsycINFO) provide credible sources of information.

The insights section offers a high standard of credibility by linking to exemplary illustrations of CSA issues likely to be observed by counsellors-in-training. Offensive material or controversial practices will be carefully screened out because counsellors-in-training lack the expertise to address such complexities. Certified practitioners who have experienced and written about CSA and, for example, Leahy’s (2003) research participant excerpts about CSA effects also provide credible means of insight. However, my research will also entail examining and discussing with supervisors the criteria for credible website information before inclusion into the starter kit.

The referrals section details strict inclusion criteria and proof of accreditation for the starter kit resources that will be referenced. For example, The American Association of Marriage and Family Therapists (AAMFT) and Psychologists’ Association of Alberta (PAA) provide “therapist locator” referrals of members in good standing who work with clients having CSA concerns. A brochure will summarize the critical analyses of the kit’s literature review, resources and referrals sections. A reliable and valid methodology as described meets ethical provisions of an exemplary starter kit of CSA practice considerations for counsellors-in-training.

Statement of the Problem

Estimates of the prevalence of CSA vary but are often reported as one in every three females and one in every seven males (National Advisory Council on Status of Women, 1985). Thus, counsellors-in-training are likely to meet individuals who experienced CSA. CSA issues knowingly or inadvertently impact individuals, couples or groups in seemingly
unrelated areas of intervention. Change in one area may cause new concerns for clients (i.e., justice - Morris, 1998) or exacerbate CSA symptoms (i.e., depression - Bagley, 1999). Multiple abuse histories or mother-rejection (Bagley, 1999) could overwhelm an inexperienced counsellor-in-training.

Thus, this proposed starter kit intends to provide information for the following concerns:

- What is a working definition of CSA?
- What signs and symptoms are likely to be encountered by counsellors-in-training?
- What does recovery from CSA entail? Who determines what and for how long?
- How can counsellors respond to clients effectively while taking care of themselves?
- What insights on their “lived experiences” and therapeutic needs can individuals who experienced CSA provide to counsellors-in-training?
- Where to refer when specialized intervention becomes an ethical concern?

The literature supports the rationale that intervention is required to assist individuals who experienced CSA. Counsellors-in-training possess an opportunity with this starter kit to address these individuals’ common or unique concerns, gain insight to the “lived-experiences” of CSA after-effects, address both positive and negative ramifications arising from therapeutic change and provide resources and referrals to competent practitioners.
Reference to the Literature

Putnam (2003) provides insight into the profound sleeper effects, multiple comorbid conditions and ‘dysfunctional life trajectories’ that warrant intervention. The literature abounds with potential recognized CSA symptomatology, including the following:

Exacerbated, recurring or treatment-resistant symptoms: depression (Bagley, 1999); self-concept, physical experience and intimate trust (Bouvier, 2003); experiential avoidance (Nagy, 2000); and attachment difficulties (Saunders, 1999);

Sensitive CSA symptomatic sequelae requiring intervention: sexual addiction and compulsivity (Gold & Seifer, 2002); intergenerational transmission of CSA (Wingo, 2003); sexual development (Bouvier, 2003;) and sexual intimacy (Maltz, 2002);


Critical analyses of the above symptoms and treatment considerations will contribute to an annotated bibliography for these and other issues arising from the literature reviewing process.
Methodology

This section provides an outline of the following starter kit components: Definition(s); literature review; resources and referrals sections.

Definition(s)

Controversy exists in the literature regarding the definition of and inclusion criteria for CSA. The term itself varies from “incest” to “childhood sexual abuse”. For the purposes of the kit the term “childhood sexual abuse” (CSA) will be derived from a critical review of the literature after examining the various inclusion criteria and modifications to the definition.

Literature Review Section

Secondary sources. A critical analysis will be undertaken of literature reviews mainly of the past five years that address CSA signs and symptoms, treatment modalities and their important interventions, and other CSA information pertinent for counsellors-in-training (e.g., Foa’s, 1997 critical review). PsycINFO and other online-accessible databases will be accessed to review past, present and future CSA-literature directions.

Primary sources. Direct Internet links, meeting the inclusion criteria specified earlier, will be provided to primary sources of information addressing specific childhood sexual abuse indications and treatment modalities with concomitant interventions. A critical analysis of this literature’s utility for counsellors-in-training will follow from a review of included webpages and full-text articles. This will provide an accessible and informative resource on CSA for counsellors-in-training.
Resources and Referrals Section

Resources. This section will include references to further literature such as books, magazine articles, television documentaries, etc. that are not internet-accessible. The resources section will also include a sub-section on self-care that focuses upon internet-accessible resources specifically aimed toward those who counsel individuals who experienced CSA. For example, Clements, Robinson and Panteluk (1998) detail the signs of “vicarious traumatization” (VT) to prevent this “occupational hazard of abuse therapy” and provide a current annotated bibliography on counsellor burnout prevention helpful for all new counsellors-in-training.

Insights. This section will provide an annotated bibliography and Internet links to books, poetry, webpages and e-digests for counsellors-in-training to gain insight into the trials and tribulations of individuals who experienced CSA. Accounts of their “lived experiences”; concerns or successes in therapy; challenges to pursuing justice or compensation; what clients expect and need from counsellors, and what behaviours represent typical “maladaptive coping skills” that counsellors-in-training are likely to observe, are just a few examples of the information to be featured in this very important section. Counsellors-in-training will become better equipped to create an empathetic working alliance with clients by gaining understandings of the trials and tribulations felt by individuals who experienced CSA.

Referrals. The referrals section will provide counsellors-in-training with direct online Internet links and telephone/address contact information for accredited-only organizations and agencies with CSA adult-specific services. Individual therapists are only accessible
through accredited organizational member listings to maintain high standards of client safety. Each referral link will preface with a description of services and the rationale for inclusion.

Potential Implications

The potential implications for this “starter kit” are numerous and pervasive, especially with respect to a counsellor’s ethical and professional practice in working with clients who have experienced CSA. Insight into CSA symptoms and treatment considerations fulfills an ethical responsibility incurred by counsellors-in-training counselling individuals who experienced CSA, intentionally (i.e., to address the effects of CSA) or otherwise. Thus, counsellors-in-training will be better equipped to meet the guidelines outlined by Sinclair and Pettifor’s (2001) standard II.14 of “be[ing] sufficiently sensitive to and knowledgeable [about CSA] to discern what will benefit and not harm the individuals involved” (p. 63). Thus, this “starter kit” furthers psychology as a discipline in meeting its responsibility to provide information and/or training to counsellors-in-training, to protect this vulnerable population.
References


Wingo, D. (2003). Psychodrama with trauma survivors: QUL-AUN program schedule (Gina, personal communication, November 4, 2003, ttlltecre@shaw.ca)