Parallel Group Treatments for Sexually Abused Youth and their Nonoffending Parents: Treatment Integrity, Outcomes and Social Validity of Project SAFE

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Introduction

Several treatment modalities (e.g., individual, group, family) have been implemented with CSA victims; however, empirical evidence supporting the different approaches is limited (King et al., 1999). The current trend within clinical psychology is to depart from nondirective supportive therapy and shift toward the use of empirically validated treatment protocols (Ollendick, 1999; Weisz et al., 1992). Despite this movement, standardized treatment programs are underutilized with CSA victims and their families. Cohen and Mannarino (1996, 1998) found that sexual abuse-specific cognitive-behavioral therapy was more effective in decreasing depressive symptomatology and improving clinical presentation in sexually abused children than nondirective supportive therapy. In addition, the inclusion of nonoffending parents has also been identified as an integral part of positive treatment outcome for sexually abused children (Celano et al., 1996; Damon & Waterman, 1986).

One treatment modality that has been used with sexually abused youth of all ages is group treatment. The nature of group treatment offers several advantages for children who have experienced sexual abuse, some of which include the opportunity to share experiences and feelings with other youths who have had similar experiences, a reduction in their sense of isolation and stigma, peer interactions which allow children to socialize, interact, and reconnect with peers as well as to develop an extrafamilial support network, and the opportunity to learn and see alternative coping and problem-solving strategies (e.g., Friedrich, 1990; Reeker et al., 1997). The group format also provides advantages for nonoffending parents, such as interacting with other parents who share similar experiences, preparing them for changes in their children's behaviors, and reduction in isolation of the parent and family (e.g., Saunders & Meinig, 2000).

Although the rationale for using the group modality with sexually abused children and their nonoffending parents is well established, treatment outcome studies to provide empirical support have been minimal. In particular, only two known parallel group treatment outcome studies for nonoffending mothers and their children have been conducted with young children ages 2 to 6 (Deblinger et al., 2001; Stauffer & Deblinger, 1996). To date, no studies have been conducted with school-aged children or adolescents.

Project SAFE (Sexual Abuse Family Education) was developed as a standardized parallel group treatment program for sexually abused youth and their nonoffending caregivers. A systematic review of the literature on treatment programs, prior research and practice, and methodological issues provided the foundation for the treatment protocol (Hansen, Hecht, & Futa, 1998; Hecht, Futa, & Hansen, 1995). Project SAFE is unique in that it utilizes a standardized manual, involves nonoffending caregivers in a parallel group, and incorporates a comprehensive assessment battery to evaluate treatment efficacy. The purpose of the current

study is to evaluate the efficacy and treatment utility of Project SAFE by examining treatment integrity, child and family outcome, and social validity.

Method

Participants

Participants included 69 youth and 69 nonoffending caregivers who completed Project SAFE. The children ranged in age from 7.17 to 16.08 years with a mean age of 11.90 years (SD = 2.61). Fifty-nine (85.5%) of the youth were female and 82.6% were Caucasian. Of the nonoffending caregivers, the mean age was 36.19 (SD = 6.10; range of 23 to 53). The majority of nonoffending caregivers were a biological parent with fifty-two (80.0%) being the biological mother and six (9.2%) the biological father. The vast majority of caregivers (92.2%) identified themselves as Caucasian. The sample was predominately lower to lower-middle class and approximately half were married.

Measures

Child report measures included the Children's Depression Inventory (CDI; Kovacs, 1992), Children's Manifest Anxiety Scale-Revised (CMAS-R; Reynolds & Richmond, 1985), Coopersmith Self Esteem Inventory (SEI; Coopersmith, 1981), Children's Loneliness Questionnaire (CLQ; Asher & Wheeler, 1985), Children's Impact of Traumatic Events-Revised (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991), Children's Fears Related to Victimization (CFRV; Wolfe & Wolfe, 1986), and the Sexual Knowledge & Attitudes Inventory – Revised (SKAI; Malinosky-Rummell, Hoier, & Pisaruk, 1989). Caregiver report measures included the Child Behavior Checklist (CBCL; Achenbach, 1991), Child Sexual Behavior Inventory (CSBI; Friedrich et al., 2001), Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983), Family Crisis Oriented Personal Evaluation (F-COPES; McCubbin, Olson, & Larsen 1987), Parental Efficacy Questionnaire (PEQ), and the Parenting Stress Index (PSI; Abidin, 1986). All participants completed an initial assessment consisting of the above measures prior to treatment as well as upon treatment completion. Additionally, parents and children completed an evaluation of Project SAFE upon treatment completion.

Results

Treatment Integrity

Treatment integrity ratings were used to assess how closely the therapists were adhering to each of the topics and exercises outlined in the treatment manual. A total of 15 Project SAFE parent groups and 22 child groups were completed. Treatment integrity ratings were completed by each therapist, which generally consisted of a lead therapist (LT) and a co-therapist (CT). Treatment integrity was calculated independently for each of the therapists, accounting for the percentage of each module completed (see Table 1). Inter-rater agreement was also calculated as the percent agreement between the two therapists (see Table 1). In general, therapists in the parent and child groups reported strong adherence to the modules described in the Project SAFE manual. Integrity ratings by the therapists across modules ranged from 89.8% to 100% for the parent groups and from 90.9% to 100% for the child groups. In a previous evaluation of Project SAFE, integrity ratings were completed by four trained undergraduate research assistants who observed the groups via videotaped or audiotaped sessions (Hsu, 2003). Two raters coded the children or adolescents groups and two raters coded the parent groups. Each rater coded half of the random sample of 25% of the taped sessions. Similar to the therapists' integrity ratings, the undergraduate research assistants also rated relatively strong therapists' adherence to the Project

SAFE protocol ranging from 75% to 100% for the parent groups and from 88.87% to 100% for the child groups.

Child and Family Outcome

Means and standard deviations for parent and child's scores on self-report measures describing child outcome are summarized in Table 2. The multivariate analyses of variance (MANOVAs) revealed a significant difference in child self-report, F (10, 59) = 6.19, $p < .001$, and parent-report on child outcome, F (3, 66) = 8.53, $p < .001$. Within-groups factorial ANOVAs were performed to examine the treatment effects of Project SAFE on child outcomes (see Table 2). All parent-report and child-report measures on child outcome, with the exception of the CITES-R Eroticism Scale, revealed significant differences between pre- and post-treatment. The MANOVA for parent-report measures describing parent and family outcome showed no significant results, F (5, 59) = .56, $p = .773$; therefore, no follow-up ANOVA's were conducted.

Social Validity

An examination of the extent to which Project SAFE members felt the treatment goals, procedures, and outcomes were addressed during treatment in a way that were helpful and relevant to their child and family's situation was conducted. The social validity of the Project SAFE groups was assessed at post-treatment by the youths and their nonoffending parents. On the parent treatment evaluation form mean scores were calculated for environment, therapists, Project SAFE procedures, session/program topics and goals, rating forms and assessments, and overall evaluation of Project SAFE (see Table 3). In general, various aspects of the Project SAFE program were rated favorably, and the length and number of treatment sessions and assessment sessions were *just about right*. Overall impact of Project SAFE treatment on the child, parent, and family was rated as *much better*. Additionally, average scores were calculated for child's impression of group leaders, group topics, rating forms and assessments, and overall evaluation of Project SAFE (see Table 4). These results showed favorable endorsements from the children who completed Project SAFE treatment.

Discussion

Project SAFE was developed as a standardized group treatment program for sexually abused children and their nonoffending caregivers. The present study was a systematic program evaluation of Project SAFE examining treatment integrity, child and family outcome, and social validity. Results indicated strong therapist integrity ratings and inter-rater agreement for both the parent and child groups suggesting that the therapists adhered well to the treatment manual. Treatment outcome findings were summarized in the areas of child externalization of behaviors, child internalization of behaviors, child sexual behavior and other abuse related factors, and parent and family functioning. Results from this study revealed significant findings in parent's report on child outcomes and in child self-report on outcomes; however, no significant changes on parent and family functioning were indicated. In terms of social validity, parents perceived their children, themselves, and their family to be *much better* as a result of the Project SAFE treatment and children felt that they were better off at the end of treatment compared to when they began group three months prior. Overall, the findings provide support for the effectiveness of Project SAFE group treatment. These findings begin to fill the gap in the literature as this study is the only known parallel group treatment outcome study for school-aged and adolescent sexually abused youths and their nonoffending parents.

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Table 1

Treatment Integrity: Mean and Range of Therapist Adherence to Treatment and Inter-rater Percentage Agreement by Module

		Parent Group					Child Group				
		Lead Therapist (LT)		Co-Therapist (CT)		LT – CT	Lead Therapist (LT)		Co-Therapist (CT)		LT- CT
Module		***M***	***Range***	***M***	***Range***	***M***	***M***	***Range***	***M***	***Range***	***M***
1	Welcome	97.5	(62.5-100)	97.5	(62.5-100)	100	95.8	(87.5-100)	96.3	(87.5-100)	100
2	Feelings	97.3	(60-100)	97.3	(60-100)	100	95.5	(71.4-100)	95.9	(71.4-100)	97.0
3	Learning about Our Bodies	99.0	(85.7-100)	98.9	(85.7-100)	100	92.2	(66.6-100)	94.2	(80-100)	97.3
4	Standing Up for Your Rights	100	--	100	--	100	96.2	(77.7-100)	97.2	(77.7-100)	98.8
5	My Family	98.9	(83.3-100)	98.9	(83.3-100)	100	97.5	(83.3-100)	97.4	(83.3-100)	100
6A	Disclosure – Part Ia	96.4	(66-100)	97.8	(83.3-100)	98.8	94.6	(57.1-100)	95.4	(57.1-100)	99.2
6B	Disclosure – Part Ib	95.6	(50-100)	89.8	(33-100)	94.6	95.6	(71.4-100)	90.8	(71.4-100)	99.2
7	Disclosure – Part II (Offender)	95.2	(75-100)	93.3	(75-100)	96.6	92.2	(71.4-100)	93.0	(71.4-100)	98.0
8	Feelings about Disclosure	100	--	97.7	(66-100)	100	100	--	100	--	100
9A	Learning to Cope – Part a	96.7	(75-100)	96.4	(87.5-100)	98.2	95.4	(83.3-100)	97.9	(83.3-100)	96.9
9B	Learning to Cope – Part b	93.0	(44.4-100)	99.2	(87.5-100)	93.9	94.1	(66.6-100)	93.3	(50-100)	98.9
10	Goodbye	97.6	(83.3-100)	96.6	(66-100)	98.3	99.0	(83.3-100)	99.0	(83.3-100)	97.4

Note. LT = Lead Therapist, CT = Co-therapist

Table 2

Treatment Efficacy: Means, Standard Deviations, and One-Way Analyses of Variance (ANOVA) for Child Outcome

	Pre-Treatment		Post-Treatment		ANOVA	
Assessment	*M*	*SD*	*M*	*SD*	*F* (1, 68) [a,b]	*p* ≤
Externalizing Behaviors:						
[a] Child Behavior Checklist – Externalizing Subscale	61.38	12.16	58.16	11.65	14.74	.001
Internalizing Behaviors:						
[a] Child Behavior Checklist – Internalizing Subscale	62.03	10.75	57.65	13.26	17.91	.001
[b] Children's Depression Inventory	54.32	13.05	48.74	12.26	17.43	.001
[b] Children's Loneliness Questionnaire	31.67	13.26	29.07	11.70	2.96	.010
[b] Coopersmith Self-Esteem Inventory*	61.46	19.34	68.93	19.07	16.87	.001
[b] Revised Children's Manifest Anxiety Scale	54.16	13.42	47.90	14.06	26.38	.001
Sex and Abuse Related Issues:						
[b] Children's Fears Related to Victimization	53.53	10.70	47.25	10.81	28.00	.001
[b] CITES-R – PTSD Subscale	27.43	9.04	20.75	9.58	45.52	.001
[b] CITES-R – Social Reactions Subscale	10.83	5.70	8.88	5.30	11.32	.001
[b] CITES-R – Eroticism Subscale	1.28	1.48	1.26	1.49	.01	.947
[b] CITES-R – Attributions Subscale	26.48	8.40	23.62	7.97	9.32	.003
[b] Sexual Knowledge & Attitudes Inventory – Revised*	14.22	2.22	14.94	2.22	4.56	.050
[a] Child Sexual Behavior Inventory	8.05	10.75	5.60	5.57	6.80	.050

Note. *N* = 69 children and 69 parents. [a] parent-report measures, [b] child-report measures

* Higher scores on these measures indicate better functioning. For all other scales, higher scores suggest poorer functioning.

Table 3
Social Validity: Mean and Standard Deviations of Items on the Parent Post-Treatment Evaluation Form

Item	*M*	*SD*
Attendance and Environment:		
Helpfulness of weekly reminders	2.60	1.53
Helpfulness of child care	2.28	2.02
Pleasantness of therapy rooms	1.70	.80
Therapists:		
Supportiveness	1.38	.60
Knowledgeable	1.56	.66
Prepared	1.50	.61
Procedures:		
Summary of children's group	1.78	.77
Meeting with child therapist	1.89	.85
*Length of session (90 minutes)	3.08	.56
*Number of sessions (12)	3.38	.63
Session/Program Topics and Goals:		
Introduction of topics	1.68	.71
Relevance of topics	1.74	.75
Satisfaction of topic discussions	1.76	.63
Introduction of goals	1.94	.74
Relevance of weekly goals	1.92	.83
Relevance of overall goals	1.68	.77
Satisfaction of goals pursued	1.77	.70
Rating Forms and Assessments:		
Convenience of weekly rating form	2.28	1.03
Relevance of weekly rating form	2.17	.94
*Length of assessment sessions (2 hrs)	2.62	.65
*Number of assessment sessions (4)	2.92	.32
Overall Evaluation of Project SAFE:		
**Impact on your child	2.18	.87
**Impact on yourself	2.11	.86
**Impact on your family	2.21	.83

Note. *N = 63.* Parent Project SAFE Evaluation Form items were rated on a scale of 1 (*Extremely Favorable*) to 6 (*Extremely Unfavorable*).

* These items were rated on a scale of 1 (*Much Too Long* or *Much Too Many*) to 5 (*Much Too Short* or *Many More Sessions were Needed*).

** These items were rated on a scale of 1 (*Extremely Better*) to 7 (*Extremely Worse*).

Table 4

Social Validity: Mean and Standard Deviations of Items on the Child Post-Treatment Evaluation Form

Item	*M*	*SD*
Group Leaders:		
Warm and understanding toward me	2.87	.42
Knew what s/he was talking about	2.85	.43
Group Topics:		
Important to me	2.62	.57
Able to understand discussions	2.75	.50
Rating Forms and Assessments:		
Questions each week had to do with me	2.56	.61
Questions during the assessments are about me	2.43	.68
Overall Evaluation of Project SAFE:		
Liked coming to group	2.73	.51
Feel I am better off now than when group began	2.64	.54

Note. $N = 68$. Child Project SAFE Evaluation Form items were rated on a scale of 1 (*Almost Never*) to 3 (*Most of the Time*).