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Improvements in personal resiliency among youth who have completed trauma-focused cognitive behavioral therapy: A preliminary examination

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ABSTRACT

This preliminary investigation assessed whether different aspects of personal resiliency improved for youth (7–17 years old) impacted by child sexual abuse (CSA) after completing trauma-focused cognitive behavioral therapy (TF-CBT). The Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2007) were administered to 157 youth before and after participating in TF-CBT with their nonoffending caregivers. Hierarchal regression analyses were performed to ascertain whether pretest RSCA resiliency scores moderated decreases in the posttraumatic stress and self-reported depressive symptoms at posttreatment. The RSCA scales did not moderate any of the improvements on the PTSD and depression outcome measures. Paired *t*-tests between the mean pre- and posttest RSCA Sense of Mastery (MAS), Sense of Relatedness (REL), and Emotional Reactivity (REA) scores demonstrated significant ($ps < 0.001$) improvements on these measures over time. Using residualized posttest scores for the three RSCA scales to assess improvement, significant correlations were found between changes in resiliency and various residualized outcome scores for posttraumatic stress disorder (PTSD) and depression measures. Decreases in the REA scores and increases in the MAS and REL scores were related to fewer symptoms of hypervigilance and less self-reported depression after completing TF-CBT. Only improvements in the REL scores were associated with fewer symptoms of re-experiencing after treatment. The results were discussed as indicating that significant improvements in personal resiliency had occurred over time with effect sizes less than those found for posttraumatic stress symptoms, but comparable to those found for self-reported depression reductions. Limitations and future research recommendations are discussed.

Research has repeatedly documented the devastating impact of child sexual abuse (CSA) on psychosocial development and long-term functioning. In fact, a history of CSA has been associated with significantly increased risks of suicide attempts, substance abuse problems, posttraumatic stress disorder (PTSD), and depression as well as other psychiatric problems (Hoertel et al., 2015; Perez-Fuentes et al., 2013; Trickett, Noll, & Putnam, 2011). Early effective intervention in the aftermath of CSA may contribute to forestalling such negative life trajectories. Trauma-focused cognitive behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2017; Deblinger, Mannarino, Cohen, Runyon, & Heflin, 2015) is a well-established, evidence-

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based treatment for addressing the negative sequelae associated with CSA and other traumas. This model has extensive empirical support having demonstrated its efficacy in 20 randomized controlled trials to date (Cohen et al., 2017; Deblinger et al., 2015). In response to TF-CBT, significant improvements have been documented in children's levels of posttraumatic stress, depression, shame, and behavioral problems as well as parental distress and parenting practices that have maintained over follow-up periods (Cohen, Deblinger, Mannarino, & Steer, 2004; Deblinger, Mannarino, Cohen, & Steer, 2006). In addition to the symptom reductions that have been replicated across numerous studies, clinicians and their clients frequently describe other positive changes in response to treatment. More specifically, children and their caregivers often subjectively report growing personally stronger and closer in their relationship with one another following their participation in TF-CBT. The current study is a preliminary examination of these hypothesized positive changes following TF-CBT in terms of children's feelings of mastery, their feelings of emotional relatedness, and their emotional reactivity to stressors. In addition, this study examines the relationships between changes in these resiliency characteristics and changes in levels of PTSD and depression among youth who have completed TF-CBT.

Personal resiliency is an important multidimensional construct that describes the extent to which an individual possesses resources to manage adversity and recover emotionally, socially, and physiologically in the aftermath of trauma or stress. Prince-Embury (2007) has identified three factors that comprise personal resiliency: sense of mastery (MAS), sense of relatedness (REL), and emotional reactivity (REA). Sense of mastery is comprised of optimism about life and one's competence, self-efficacy as related to problem-solving attitudes and strategies, and adaptability, including the ability to receive criticism and learn from mistakes. Sense of relatedness involves trust of others, comfort with others, experience of support from others, and tolerance of differences in a relationship. Emotional reactivity, conversely, is the inability to manage and tolerate emotional stimulation and reflects how easily emotions are triggered and the intensity of those emotions, as well as how readily emotional equilibrium can be maintained when emotions are triggered.

Children who have experienced maltreatment have demonstrated greater emotional reactivity and difficulties with peers and a decreased sense of mastery (Kelly et al., 2015). Among children exposed to physical violence, Laye and Mykota (2014) found that lower levels of mastery were associated with depression and PTSD symptoms, lower scores on relatedness were associated with disruptive behaviors, and higher scores on emotional reactivity were associated with disruptive behavior, depression, and PTSD symptoms. These findings suggest that a treatment that increases a child's sense of mastery and relatedness and decreases emotional reactivity may lead to better emotional and behavioral outcomes for children who have experienced abuse or other traumas (Prince-Embury, 2007).

With respect to the use of the RSCA with youth, the MAS, REL, and REA scales (Prince-Embury, 2007), have been previously utilized by Deblinger, Runyon, and Steer (2014) to assess personal resiliency in youth who had primarily experienced sexual abuse. The results of their cluster analysis of the MAS, REL, and REA *t* scores of youth impacted by sexual abuse identified four distinct profiles of personal resiliency representing high (20%), average (28%), and slightly below-average (30%) resiliency, as well as high vulnerability (22%). These profiles were found to be similar to those previously reported for both non-clinical youth samples and youth with psychiatric problems (Kumar, Steer, & Gulab, 2010; Prince-Embury & Steer, 2010). The profiles suggest that youth impacted by CSA present for treatment with varied levels of overall personal resiliency. Such variability in personal resiliency may not only alter their responses to CSA, but may also alter their response to TF-CBT or other psychosocial treatments. However, no study of TF-CBT to date has assessed the moderating effects of pretreatment resiliency on treatment outcome and/or whether there were improvements in children's personal resiliency following treatment.

The purpose of the present study was to determine (1) whether pretreatment personal resiliency subscale scores on mastery, relatedness, or reactivity as measured by the RSCA (Prince-Embury, 2007) moderated children's responses to TF-CBT with respect to PTSD and depression, (2) whether improvements in personal resiliency subscale scores in the above domains would occur after completing TF-CBT, (3) whether the effect sizes for any significant improvements found on the resiliency subscales would be comparable to those for posttraumatic stress and depressive symptoms that have been previously reported for TF-CBT (Deblinger et al., 2015), and (4) whether changes in the distinct resiliency subscales would be associated with differential changes in PTSD and depression following TF-CBT.

1. Method

1.1. Sample

The sample was composed of 157 youth (7–17 years old) who experienced sexual abuse, and completed the RSCA and a diagnostic interview for posttraumatic stress symptoms before and after being treated with TF-CBT with a nonoffending caregiver. The youth were treated at a medical school-based clinic specializing in the assessment and treatment of child abuse. The clinic is located in a suburban community, but also serves youth living in rural and inner city areas. All participants were referred by child protection, law enforcement, and/or other child abuse professionals for the treatment of CSA that had been documented as substantiated/established or deemed credible by child protective services, law enforcement, or an independent evaluation. This convenience sample was composed of 115 (73%) girls and 42 (27%) boys whose mean age was 11.65 (*SD* = 3.03) years old. The caregivers identified the children as being from diverse backgrounds including Caucasian (46%), Latino (24%), African American (18%), and other ethnic descriptions (11%), such as biracial (9%). There were 9 (6%) siblings included in the sample. Thus, there were only 148 caregivers (parents) accompanying the youth for treatment. The majority of youth were accompanied to treatment by their biological mother (*n* = 105, 67%); other female relatives (*n* = 21,