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Use of "TEMAS" with Patients Referred for Sexual Abuse: Case Studies of Puerto Rican Children

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ABSTRACT

Child sexual abuse is an area that has received considerable attention, but it is largely underreported because of stigma. In addition, in the clinical setting, sexual abuse tends to be under detected because there is a paucity of valid assessment techniques. Effective treatment of the sexually abused victims requires an understanding of the underlying dynamics associated with the trauma and an adequate treatment planning which fully addresses those dynamics. In Puerto Rico there are difficulties in conducting adequate treatments because there is a lack of culturally sensitive/competent instruments to assess the impact of sexual abuse on children's personality, cognitive, and emotional functioning. Based on these needs, we utilized the adaptation of the TEMAS (Tell-Me-A-Story), a culturally sensitive narrative/projective test as a screening instrument. Five (5) children, ages 7-9, were recruited during the early phase of this program from a sexual abuse program in San Juan. Results show ed slow reaction times, lengthy total time narrations, limited understanding of conflict resolutions, partial maladaptation in interpersonal relations, and inappropriate affects. Analyses of the TEMAS narratives revealed that children present problems that are similar to the'"damaged goods syndrome" described in the literature.

Child sexual abuse is an area well studied, but vastly underreported (Berlinger & Elliot, 1996; Faulkner, 1996). The literature on this topic seems to clearly identify the psychological sequelae to sexual abuse. In a study with adults who had experienced sexual abuse as children, all of them showed some type of difficulty, emotional, interpersonal or cognitive (Lugo-Morales, Rodríguez, & Martínez, 1999). The mental impact of surviving sexual abuse lead significantly to cognitive distortions, repressed memories, and denial.

Martínez-Taboas (1997) has explained that children, in order to survive this type of trauma, use defensive mechanisms that distort their experiences or distance them from painful realities. Abused children learn to rely on strategies such as dissociation, disavowal, overcontrol, and numbing of painful affect to deal with the trauma (Paivio & Shimp, 1998). According to Sgroi, Canfield, and Sarnacki (1982, p.9):

> Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator... Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance."

Sexual abuse may involve a variety of activities, ranging from exhibitionism to intercourse. Moreover, it is widely acknowledged that, what makes the experience traumatic is the abuse of power from the offender. Courtois (1988) states that sexual abuse may be highly traumatic due to the premature sexualization of the child, the misuse of power, the betrayal of trust and the secrecy that it entails.

The dynamics of sexual encounters between adults and children according to Sgroi, Canfield, and Sarnacki (1982), usually fall within a predictable pattern. The activity usually occurs in five separate phases: (1) the engagement phase, (2) the sexual interaction phase, (3) the secrecy phase, (4) the disclosure phase, and (5) a suppression phase following disclosure.

The ***engagement phase*** generally includes situations or problems involving access and opportunity, the relationship that the perpetrator shares with the victim, and inducement. The ***sexual interaction phase*** involves the perpetrator engaging the child in some kind of sexual activity. In this stage, the sexual relationship of the participants tends to start in less engaging activities, such as exposure or fumbling. If the perpetrator continues to have access to that child, the abuse is likely to progress to more sexually intimate acts such as oral sex or vaginal or anal intercourse. This conduct is almost always followed by a ***secrecy phase***. Secrecy eliminates feelings of accountability in the adult and enables repetition of his or her behavior. During the ***disclosure phase***, the sexual activity between the perpetrator and the victim is revealed, accidentally or on purpose.

Finally, following disclosure, the dynamics of most child abuse cases enter a ***suppression phase***. That is when the people that interact directly or indirectly with the child, pressure him or her to withdraw the sexual abuse accusations. This may include accusing the child and/or interfering with the legal investigation or psychological interventions.

Effective treatment of the sexually abused child requires understanding the significance of the various impact issues that the victim undergoes. Treatment goals should be focused on these impact issues. According to Courtois (1998) therapy should stress reworking the traumatic experience and integrating the self in a new perspective. Sarnacki, Canfield, and Sgroi (1982) mentioned ten impact issues for victims of child sexual abuse. These impact issues are ways in which the victim has interpreted his or her experience after the abuse has occurred: (1) "Damaged Goods syndrome", (2) guilt, (3) fear, (4) depression, (5) low self-esteem and poor social skills, (6) repressed anger and hostility, (7) impaired ability to trust, (8) blurred role boundaries and role confusion, (9) pseudomaturity coupled with failure to accomplish developmental tasks, and (10) self-mastery and control. The first five impact issues (1-5) are likely to affect mostly all child victims regardless of the identity of the offender. On the other hand, impact issues 6-10 have been documented to affect children victims of interfamilial sexual abuse (Sgroi, Canfield, and Sarnacku, 1982).

Faulkner (1996) has indicated that most sexual abuse studies are retrospective, done with adults and that there are limited instruments to explore sexual abuse/ victimization. Furthermore, Faulkner has argued that adequate instrumentation could increase disclosure of what by definition attempts to be secretive and hence underreported. Projective measures have been effective in identifying emotional disturbances. It has been found that abused children exhibit more disturbed object relations that do their non-abused counterparts, when assessed with projective instruments (Berliner & Elliot, 1996).

In the context of Puerto Rico, there are several concerns with respect to sexually abused children. One issue is that, although specific forms of treatment for this population are available, there is a lack of culturally sensitive instruments to assess the aftermath of trauma for the Puerto Rican children population. At the same time, that impairs

the ability of practitioners to assess the effectiveness of their treatment techniques. That is why even well established programs for sexually abused children do not have a scientific component to assess effectiveness and empirically validate the treatments offered. This issue relates to the first one, since clinical outcome research relies on appropriate measures.

Puerto Rican children lack culturally sensitive instruments when they are being evaluated psychologically. An area of much concern is the debate about the validity, if it exists at all, of administering psychological instruments to ethnic minority children that have been normalized and standardized with white American middle class children. It is necessary to develop psychological tests or instruments that are culturally sensitive, in ethnic, racial, and linguistic forms, in order to have reliable and valid scores for a minority population.

To this effect, the "Tell-Me-A-Story" (TEMAS) (Costantino, Malgady, & Rogler, 1988) projective test was developed with structured, familiar and culturally relevant stimuli. The TEMAS cards (Costantino, 1986) incorporate a great variety of situations and experiences, for example, family reunions, solitary activities involving dreams, fantasies or problems related to school. TEMAS, contrary to the Thematic Apperception Test (TAT), depicts in its cards people, activities, and scenes that are familiar to the person evaluated with the purpose of promoting identification with the stimulus and provoking more verbal fluency and self-disclosure.

There are parallel minority and nonminority versions of TEMAS stimuli embodying the following features: (1) structured stimuli and diminished ambiguity to pull for specific personality functions; (2) culturally relevant, chromatically attractive, and contemporary stimuli to elicit diagnostically meaningful stories; (3) representation of both negative and positive intrapersonal and interpersonal functions in the form of conflicts or dilemmas which require a resolution; and (4) objective scoring of both thematic structure and content.

An earlier study with the TEMAS dealt with Hispanic, African-American, and Anglo-American sexually abused children and their perpetrators in New York City (Costantino, et al., 1994). In that study it was found that victims, when compared to perpetrators, expressed significantly greater neutral affect, more diminished

imagination, and relative failure to perceive and resolve the psychological conflicts in thematic content. There were also significant differences between groups in total omissions, largely due to event omissions.

Considering these needs we explored the adaptation of the TEMAS (Tell-Me-A-Story) projective test as a screening instrument for sexually abused patients. The following question was formulated: since in the past the TEMAS has induced adequate verbal fluency in Hispanic children (Costantino, Malgady, & Vázquez, 1981), could it help disclosure with these patients? We were also interested in exploring if the TEMAS was useful in exploring the follow-up of childhood sexual abuse in Puerto Rico, particularly if the findings resembled the impact issues presented by Sgroi et al. (1982).

The pilot study presented in this report examined if verbal fluency in the TEMAS narratives had served in the process of self disclosure and whether the children had been verbally fluent in reaction to the conflicts of the cards. In addition, we observed and evaluated how these children approached and interpreted the percepts, omitting or transforming narrative elements. These analyses helped us understand how these children go about the processes of meaning-making, i.e., how they manage and interpret their experiences. We hoped this exploration could guide further research efforts in the area. Thus, this qualitative look had heuristic value.

METHOD

Participants

Children were recruited from the Sexual Abuse Program called PAS *("Programa de Abuso Sexual")* sponsored by the Justice Department and located at the Community Clinic of the Carlos Albizu University. This program is affiliated to the doctoral clinical training program at the University and employs students as therapists who are supervised by licensed clinical psychologists with expertise in the field. Research supervision of the TEMAS sexual abuse-screening instrument was conducted separately and coordinated with the Program's Director.

The Community Clinic has a release clause for research in the consent form. Nevertheless, for this project, individual permission was sought from parents with a separate consent form. Access to

patients was extremely difficult given time, trainee, and therapeutic limitations. To protect the patient's confidentiality, the clinical record was not perused and patients' parents volunteered demographic information.

Taking into consideration treatment issues, the Clinical Supervisors identified eligible patients to approach for the project. After the screening process was completed, five (5) patients remained available. Only one patient refused to be tested with the TEMAS and another patient could not be coordinated with the student's schedule. The five participants who volunteered included four males ages 7, 8, 8, and 9, and a girl of age 8. In two of these cases, the children were in treatment for sexualized play with other children. Two other participants had been victimized by family members and one participant had been sexually abused by a neighbor.

Instrument

The standard "Tell Me a Story" (TEMAS) minority version is composed of 23 chromatic cards (nine in its short form), whose characters are mainly Hispanic but there are other backgrounds. The adapted TEMAS used for this study included 14 cards (including the two new cards designed for sexual abuse). This version could take approximately an hour to administer. In general, the TEMAS cards show situations where the protagonists interact so that the children may be able to relate a story of what is happening in each card. The story should address a temporal sequence, characters, plot, and setting. TEMAS allows children to project positive and negative feelings about the thematic content of the cards and narrate adaptive or maladaptive resolutions to the conflict or dilemma presented in each card. The narrative skills identifying and resolving the conflicts reveal the children's cognitive, personality, and affective functions.

TEMAS has cognitive, personality and affective scales. The test's cognitive functions refer to those perceptual patterns by which the individual organizes his/her experience. There are 18 cognitive functions. One of them is Reaction Time, which measures the time it takes for the participant to react to a picture after it has been presented. Another function is the Total Time; this evaluates how long it takes the subject to compose the story elicited by the test. Verbal Fluency is another function referring to how verbal the child has been in the narrative (Costantino, Malgady, & Rogler, 1988).

One very important part of the cognitive functions is the scoring for Omissions, this refers to the inability of the child to identify a character, event or setting depicted in the picture. Similar to the Omissions are the Transformations in which the child perceptually distorts the characters, events or settings depicted in the cards (Costantino, Malgady, & Rogler, 1988). An additional cognitive function, Conflict, identifies if the subject has the ability to recognize the polarities depicted in the cards and if he or she can give a resolution to it. Temporal Sequencing refers to how well the child is able to incorporate a time frame of "before, now and after" in the narrative. In the function of Imagination, the narrative is evaluated for the ability of the participant to project into the story, instead of just"describing the concrete contents of the cards. Relationship refers to the identification of significant interactions between characters in a story. Finally there is the Inquiry function, where it is noted how much the evaluator had to intervene to clarify information of the story with the child (Costantino, Malgady, & Rogler, 1988).

The personality functions of the TEMAS can be defined as those characteristics of the subject that are part of his or her "self" and which are shared with the sociocultural environment. These functions are assessed as to how adaptive they are. In the area of personality functions the theme "not pulled" (N-Score) reveals the selective attention of the storyteller with respect to event, setting and characters; this N-score represents the child's defense mechanism of repression. This gives the examiner an understanding of how the child copes with and integrates information (Costantino, Malgady, & Rogler, 1988).

The nine Personality Functions are the following: Interpersonal Relations, which refers to the quality of the social relations depicted in the narratives. Another is the Control of Aggression function defined as the expression of the intent to kill, destroy or harm oneself, others or property. The function of Anxiety/ Depression intents to measure how the examinee copes with the environment and if he or she utilizes defense mechanisms to manage preoccupations about the social or self-environment. This includes interpreting the environment as sad or dangerous and coping by being withdrawn or depressed (Costantino, Malgady, & Rogler, 1988). Achievement Motivation is a personality function that refers to the

degree to which the subject demonstrates a desire to attain a goal or obtain an achievement. Another function is the Delay of Gratification described as the ability of the child to postpone immediate gratification for the sake of a greater goal at the long term. Self-Concept of Competence is a function which refers to the self-perception of his or her abilities to master the environment. The Sexual Identity function refers to the individual being able to perceive him or herself in roles appropriate to his or her gender. Moral Judgment is a function, which deals with the ability to distinguish between right and wrong and act according to those principles. Finally, the Reality Testing function refers to how able is the child in depicting the difference between reality and fantasy (Costantino, Malgady, & Rogler, 1988).

In the TEMAS the Affective Functions are very important for the interpretation of the narratives. They refer to the feelings being attributed to the characters in the story. In these seven functions the feelings of Happy, Sad, Angry and Fearful are scored. Also the instrument takes into account when the examinee has a Neutral affect, meaning he or she has shown indifference to the resolution of the conflict. Another aspect would be the Ambivalent affect function which notes when the child is indecisive about the resolution of the conflict. Finally, the test provides a score for the Inappropriate affect, referring to an incongruence between the mood state depicted and the resolution offered to the conflict (Costantino, Malgady, & Rogler, 1988).

The TEMAS has norms for Puerto Rican children aged 5 to 13 and has clinical utility for adolescents. The psychometric properties of the TEMAS have been widely studied and have been documented elsewhere (Costantino, Malgady & Rogler, 1993.) Internal consistency reliabilities for the standardization sample, were in the moderate range for the Long Form, whereas somewhat lower on the Short Form. With the Short Form, TEMAS functions exhibited low to moderate test-retest reliability over an 18 week period. Interrater reliability has been reported moderate -to high. Validity studies have been done on the Long and Short Forms and covered content, construct and criterion validity. The TEMAS was standardized with Puerto Ricans living both in Puerto Rico and in New York and discriminated between clinical and school group groups Results suggested the effectiveness of TEMAS as a clinical tool but it was argued that the characteristics

of individual cards should be further examined for native Puerto Ricans.

Procedure

Graduate clinical psychology students from the PAS program were trained in the use of TEMAS. These students administered TEMAS to their own patients as well as to patients of other trainee's from the program. Four children were administered the TEMAS once. One child was administered in a pre and post sequence, with a 5-month interval between testing. Although children were close together in age, they were in different processes of their treatment. Given this, we could not generalize about the trauma processing of the children.

TEMAS protocols were scored according to standardized procedures as described in the TEMAS Test Manual (Costantino, et al., 1988). Students met with the supervisor in a group setting and discussed and scored the protocols, thus verifying for interrater agreement. The nine personality functions are scored on a 4-point rating scale according to age appropriate behavior; ranging from 1 meaning highly maladaptive to 4 meaning highly adaptive. The cognitive scales include quantitative (e.g., sum count of words) or qualitative (e.g., use of imagination) dimensions. Affective scales are based on feelings attributed to the main character and whether or not such affect is congruent with thematic content.

RESULTS

Results indicate that children who have been victims of sexual abuse demonstrate significant slow reaction time, lengthy total time narrations, limited conflict resolution, flat imagination, partial maladaptation in interpersonal relations, control of aggression, anxiety/depression, and inappropriate affect. Table 1 offers a more extensive view of the findings obtained from each of the cases. Results will be presented for each of the five cases on the areas examined (cognitive, personality, affective and not pulled).

Table 1
Summary of TEMAS cards findings for each case

Functions	Case #1 Pre-Test	Case #1 Post-Test
Cognitive	• Significantly slow reaction time, lengthy total time narration, limited conflict resolution, and flat imagination. Average verbal fluency.	• Significantly limited conflict resolution. Average verbal fluency
Personality	• Partial maladaptation in interpersonal relations, aggression, anxiety/ depression, achievement motivation, delay of gratification, self-concept, moral judgement, and reality testing.	• Partial maladaptation in interpersonal relations, anxiety/depression, achievement motivation, and delay of gratification.
Affective	• Significantly high: fearful, inappropriate affect.	• Significantly high: angry, neutral affect.
Not Pulled (N)	• Aggression, anxiety/ depression, delay of gratification, sexual identity, and moral judgement.	• Anxiety/depression, sexual identity, and moral judgement

Functions	Case #2	Case # 3
Cognitive	• Significantly slow reaction time, lengthy total time narration, limited conflict resolution, lack of temporal sequence, and flat imagination. No relationships described. • Average verbal fluency	• Significantly slow reaction time, limited conflict resolution, flat imagination, and narrative transformations. No relationships described. High average verbal fluency
Personality	• Partial maladaptation n interpersonal relations, aggression, anxiety/ depression, achievement motivation, sexual identity, moral judgement, and reality testing.	• Partial maladaptation in interpersonal relations, aggression, anxiety/depression, achievement motivation, self-concept, sexual identity, and delay of gratification.
Affective	• Significantly high: sad, angry, fearful, inappropriate affect.	• Significantly high: angry, fearful affect.
Not Pulled (N)	• Interpersonal relations, delay of gratification, and moral judgement.	• Interpersonal relations, anxiety/depression, delay of gratification, sexual identity, and moral judgement

Functions	Case #4	Case # 5
Cognitive	• Significantly slow reaction time, lengthy total time narration, and limited conflict resolution, lack of temporal sequence, flat imagination, and narrative transformations. • High average verbal fluency	• Significantly slow reaction time, lengthy total time narration, limited conflict resolution, lack of temporal sequence, and narrative transformations. No relationships described. • High average verbal fluency
Personality	• Partial maladaptation in interpersonal relations, aggression, anxiety/depression, achievement motivation, delay of gratification, self-concept, moral judgement, and reality testing.	Partial maladaptation in interpersonal relations, aggression, anxiety/depression, achivement motivation, delay of gratification, self-concept, moral judgement, and reality testing.
Affective	• Significantly high: angry, fearful, ambivalent affect, inappropriate affect.	• Significantly high: sad, angry, ambivalent affect, inappropriate affect.
Not Pulled (N)	• Interpersonal relations, delay of gratification, sexual identity, and moral judgement.	• Aggression, anxiety/depression, delay of gratification, sexual identity, and moral judgement.

In all cases examined the children exhibited at least average verbal fluency with the TEMAS. Therefore, it may seem that the TEMAS cards were useful in eliciting verbal disclosure from these Puerto Rican children. This is consistent with previous findings suggesting that the TEMAS showed increased verbal fluency for Hispanic children (Costantino, Malgady, & Vázquez, 1981).

Concordant with previous TEMAS findings with sexually abused Hispanic children (Costantino, et al., 1994), these Puerto Rican children showed diminished imagination (4 out of 5 cases), and greater failure to perceive and resolve the psychological conflicts in the story

(5 out of 5 cases). However, in contrast to the aforementioned study, none of the cases revealed significant difficulties in narrative omissions, yet often exhibited narrative transformations (3 out of 5 cases). All cases examined indicated several areas where certain themes were not pulled, for instance, Sexual Identity (4 out of 5 cases). In general, children exhibited more maladaptive than adaptive personality functioning. In the cognitive domain, it was common to see slow Reaction Times. With respect to the affective domain, in all children negative affects were prominent, but they had difficulty identifying affects.

A concern with the adapted TEMAS was whether the new cards would elicit valuable material in terms of the sexual abuse issues. We were also intrigued by the possibility that some children might, in the content of their story, reveal clinical material not offered to the therapist before. Anecdotical accounts by the therapists suggested that the TEMAS testing may have accelerated treading over clinical material related to the sexual abuse experience.

Judging from the responses, children used the cards to project aggressive and persecutory fantasies.

In one case a child said:

Card 25

"Que esos quieren matar a esa y capturar...llevársela pa' comérsela...y éste le dijo a ese que cogiera a, no sé cómo se llama y la matará...A ese que lo matara, no sé, parece un perro, un chivo yo creo. La nena se tapó la boca y ella está asustá. No sé..." [Those want to kill and capture her...take her to eat her...and this one said to that one to take, I do not know what this is called, and will kill her... To that one that will kill her, I don't know, a dog, a goat. The girl covered her mouth and she is scared. I don't know...]

Associated to those persecutory/aggressive feelings, children projected a sense of vulnerability, as for example: *"...atemorizado porque tiene miedo de que ese animal vaya a ser salvaje y lo vaya a atacar" [...frightened because he is afraid that that animal is wild and will attack him].* Rampant aggression and its corresponding helplessness seems to lead children to believe that bad things will happen and adults won't intervene to protect them and correct wrongdoings.

Another finding is that in the case with the pre and posttest measures, there were noteworthy improvements in cognitive and personality functioning. Narratives were more internally coherent, with more complete thoughts, and sophisticated language. The child was able to address the topics in the story less defensively, thus, showing less not pulled functions. Another remarkable change was that the emphasis of the story changed from a victim's standpoint to a more resilient and observant survivor. Therefore, we assume that the treatment helped the child in developing more adaptive coping skills.

DISCUSSION

In the narratives, children not only exhibited maladaptive coping skills, but also ego defenses that lead to fragmentation of the percept and tangential thinking. These defensive operations may have been related to the relatively slow reaction times. Other defensive maneuverings may have been related to increased total time such as not understanding, getting bored, and changing topics in order to not deal with conflictive stimuli. On the one hand, loosening of associations and fantastic elaboration seems to allow a glimpse into the feared material. For example, fantasies of physical disfigurement referring to characters not having an eye or having four fingers. On the other hand, the inability to deal with conflict seems to be associated with poor psychosocial skills, social judgment and reality testing.

This tendency is congruent with what Sarnacki, Canfield, and Sgroi (1982) conceptualized as the *damaged goods syndrome*. Children often talked about *"la cosa mala..., la cosa fea..., cosas frescas" [the bad thing, the ugly thing, fresh things]*, there was an emphasis on being damned (*maldito*), and of the experience to be somewhat unreal. Examples related to this included a narrative stating that people could be a family (*"parece una familia"*) and another narrative, more pathological, was about a monster eating a parent. Another aspect mentioned by Sarnacki, Canfield, and Sgroi (1982), evident in the stories, was the blurring of roles, represented as the fluid movement between self and text. In the case of the latter, the narrative goes in and out, interlaced with things happening in the examining room (real time), and terrible things, happening in the story (narrative time).

As seen throughout this article, several benefits were derived from this pilot study. We identified the following:

1. The intervention as designed is a fine example of the role of researchers and clinicians working together, and was an excellent training vehicle.
2. The TEMAS test was used as a screening instrument for sexual abuse issues for this population in Puerto Rico.
3. The TEMAS instrument has the potential to offer feedback to program administrators and supervisors about the outcome of treatment or areas of treatment to focus on.
4. The TEMAS test tends to reveal the underlying dynamics of the sexually abused children thus giving clinicians the ability of developing adequate treatment planning.

Methodological limitations of the pilot study included:

1. Access to sample was very limited, thus, only five cases could be examined.
2. The TEMAS was administered at different points of their treatment, since the sample was of such limited availability.
3. Therapists in the PAS program, trained in the use of TEMAS, administered the instrument to their own patients. These therapists also administered the TEMAS to the patients of other therapists. Other therapists in the program who were treating children who were sexually abused were not part of the sample because therapists lacked formal training in administering TEMAS. Therefore, testing was not always blind to the case material.
4. The therapists/researchers could not generally have access to the clinical history of the patients due to confidentiality issues cited by the clinical supervisors of the cases. Therapists/researchers were dimly familiar with cases that were not theirs and, overall, only had access to demographic data about the cases. This limits considerably the confirmation of the assessment outcome with the clinical data available.

Overall, considering these findings we are encouraged to

develop a systematic assessment of sexually abused children, using this screening instrument in a pre- and post test design and comparing this clinical sample to normal peers. A control group, a group of children with psychopathology which do not meet the criteria for sexual abuse, and a group of children with physical abuse, without sexual abuse, should be used in future studies to make comparisons between the groups. Further research of the TEMAS adapted test could complement treatment by helping in the process of disclosure in sexual abuse validation cases. This pilot study is another example of the cumulative knowledge built around the clinical utility of TEMAS as an instrument for Puerto Rican children.

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