
CLINICAL CASE APPLICATIONS

Sequelae of Child Sexual Abuse: A Child and Parent Assessment

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We present a case example of a 9-year-old, biracial girl and her mother. We integrate data collected from rating scales (e.g., Child Behavior Checklist; Achenbach & Rescorla, 2001), a free response measure (Thematic Apperception Test; Murray, 1943), and a direct observation measure (Parent–Child Interaction Assessment–II; Holigrocki, Kaminski, & Frieswyk, 1999, 2002) and reveal how a child sexual abuse victim’s internal representations and symptoms manifest in both an interpersonal context and in the realm of play. We discuss assessment findings regarding how they provide for an idiographic understanding of the child.

The benefits of a case study are the potential for person-centered, rich descriptions and for highlighting issues beyond the individuals in the case, what Stake (2000) referred to as *intrinsic* and *instrumental* characteristics, respectively. This case of a child and her mother focuses on the participants, multimethod assessment, and child abuse sequelae revealed by assessment. In understanding the child and parent, we present data from the dyad’s rating scales, transcribed excerpts from a videotaped parent–child interaction, several of the dyad’s responses to questions posed to them when they were shown excerpts from their videotape, and stories from the child’s Thematic Apperception Test (TAT; Murray, 1943). We interpreted data from each instrument then integrated it to develop an idiographic, person-centered understanding of the child. As part of this endeavor, we highlight the process by which assessment clinicians interpret psychological tests and work to integrate their findings. Our purpose is to illustrate how rating scale, free response, and direct observation measures provide the types of data pertinent to understanding the child’s symptoms, representations, and relational dynamics that we believe were largely caused by her history of sexual abuse.

ASSESSMENT PROCEDURES

Rating scales such as the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) that describe observable symptoms can illuminate the degree of distress a child is likely experiencing and can provide information that assists with a descriptive diagnosis. Like other norm-based instruments, they bring to a case study the rigor of quantitative science in describing how a person differs from an established standard. Free response measures such as the TAT (Murray, 1943) complement rating scales by assisting with the development of a personal and dynamic understanding of a person’s functioning. They are well suited for providing the thematic types of data that can be mined for inferences about the structure, content, and flow of a person’s experiences. Direct observation instruments such as the Parent–Child Interaction Assessment–II (PCIA–II; Holigrocki, Kaminski, & Frieswyk, 1999, 2002) elicit behavior, affect, and stories from a child and parent (e.g., Holigrocki & Hudson-Crain, 2004; Holigrocki & Kaminski, 2002) and assist with understanding the interpersonal interplay of symptoms and representations. When rating scale, free response, and direct ob-

servation data from a child and parent are integrated, the psychologist can examine how the child's symptoms and representations manifest in the child's relationship with his or her parent and fantasized relationships with other people.

We collected data as part of a research study of children with and without disruptive behavior disorders. Ms. P. gave consent, and her daughter, Julie, gave assent to participate (names are pseudonyms). Testing was conducted by a female examiner, and as per the research protocol, a fixed assessment battery was administered, and they were not provided with feedback.

Ms. P. and Julie started with the PCIA-II, which involved videotaping them playing with toys at a make-believe zoo. A free play period was followed by their creating stories in response to story stems. After they cleared away the toys, they began the PCIA-II inquiry. During this video-recall procedure, Ms. P. was asked to briefly leave the room while Julie was shown excerpts from the videotape. While observing the still images, Julie was asked a series of open-ended questions about what was happening and what each member of the dyad was doing, thinking, feeling, and wanting. Ms. P. watched the same videotape excerpts following Julie's departure from the room and responded to the same set of questions. After the PCIA-II inquiry, Julie completed the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 1990) and the TAT (Cards 1, 3BM, 4, 13MF, 15, 2, 6GF, 14, 10, 18GF, 6BM, and 12M). These TAT cards were chosen to balance child and adult gender combinations and for their congruence with sets used by Westen et al. (1991) and the Menninger Psychology Department (Psychology Training Committee, 1967).

Ms. P. completed a demographic information form and a series of rating scales measuring child personality, parent personality, and parenting style. She was administered the CBCL, Attention Deficit Hyperactivity Disorder-IV (ADHD-IV) Rating Scale (ADHD-IV-RS; DuPaul, Power, Anastopoulos, & Reid, 1998), Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, 1994), Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996), Child Abuse Potential Inventory (CAP; Milner, 1986), Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 2001), and Parenting Stress Index (PSI; Abidin, 1995). The rating scale, free response, and observational data were reviewed, summarized, and integrated.

Choice of PCIA-II Scenario, PCIA-II Inquiry, and TAT Excerpts

We include 3 of 15 PCIA-II scenarios, one of two PCIA-II inquiries, and 5 of 12 TAT responses in this article. The *Wait*, *Stranger*, and *Gift Shop* PCIA-II scenarios were chosen, as they best illustrated what were thought to reflect Julie's sexual abuse sequelae, the relationship between her representations and social behaviors, and the parent-child interaction patterns common across many of the dyad's PCIA-II scenar-

ios. Although two scenarios, *Wait* and *High Rock* were inquired, we chose the *Wait* inquiry for inclusion in the article because the inquiry findings across these two scenarios were similar and the *Wait* scenario transcription (on which the inquiry was based) was to be included in the article. We selected the minimum number of TAT stories deemed necessary for revealing our interpretive process to the reader. We also included TAT responses that were detailed enough so the reader could understand Julie beyond the issues explored in the article.

CASE DESCRIPTION: JULIE AND MS. P.

Julie is a 9-year-old biracial girl (African American father and White mother) in the fourth grade. She is African American identified and associates with an African American peer group. Julie was sexually molested by a 16-year-old male day care worker on at least one occasion when she was 5 years old and by a 12-year-old girl during the same month. Julie attempted suicide at that time by overdosing on medications. Over the next 2 years, she was sexually abused on numerous occasions. The abuse involved her mother allowing men to have intercourse with Julie in exchange for drugs. Julie reported that she did not know the abusers, and the actual number of abuse incidents is unknown. The substantiated history of sexual abuse, neglect, and substance abuse in the home led to Julie being temporarily removed from her home for 1 year when she was 7 years old. She was placed back in the home after her mother completed substance abuse treatment.

Julie has been diagnosed with ADHD, predominantly hyperactive-impulsive type, anxiety disorder not otherwise specified, oppositional defiant disorder (ODD), and impulse control disorder. The diagnosis was given by a psychiatrist based on interview, observations, and parent report, as there had been no prior psychological testing. As well, the school system diagnosed her with an emotional handicap and a reading disorder. Julie has been receiving outpatient treatment since she was 5 years old. Her current treatment consists of individual therapy, family therapy, a social skills group, and psychopharmacology (i.e., antidepressant, antihypertensive, and anticonvulsant medications) as well as attendance at a therapeutic school.

At the time of the assessment, Julie was living with her 35-year-old mother, pregnant 15-year-old sister, and her mother's boyfriend. A 21-year-old brother was absent from the home. There are few details about her father other than his divorce from Ms. P. when Julie was 18 months old. Julie's sister has also been in the foster care system, although both daughters are currently in the custody of the mother.

Ms. P. has a high school education and works as a server in a restaurant. She was the victim of frequent physical violence from Julie's father, and Julie was witness to domestic violence in the home during and after the divorce. Ms. P. reported having been diagnosed with bipolar disorder,

substance dependence, ADHD, generalized anxiety disorder, and major depressive disorder. She had been in counseling since the age of 10 and was taking an antidepressant.

Julie's K-BIT, CBCL, and ADHD-IV-RS Results

Intelligence test and rating scale data are presented in Table 1. Julie's intellectual functioning is likely in the below average range, although she scored considerably lower on some K-BIT indexes. Due to Julie's dyslexia and the cultural considerations described in the discussion, the K-Bit Matrices standard score of 80 is considered the most accurate reflection of her IQ. Julie's CBCL and ADHD-IV-RS, as completed by Ms. P., were consistent with Julie's ODD, anxiety, and ADHD diagnoses. The CBCL results suggest that Julie's behaviors are very aggressive, oppositional, and rule breaking; and she is experiencing significant problems with her attention and impulsivity. Julie is often experiencing emotional upset, in particular feelings of depression and anxiety. Julie's ADHD-IV-RS scores also indicate problems of inattention and hyperactivity.

Ms. P.'s MCMI-III, BDI-II, CAP, AAPI-2, and PSI Results

Based on Ms. P.'s valid MCMI-III profile and BDI-II, she is negativistic, mistrusting, and resentful. She wishes others would take better care of her but feels her autonomy is threatened if she does become dependent. In this manner, she may push people away and then feel mistreated and uncared for. She is often unempathic and indifferent to the situations of others and expresses directly or indirectly considerable anger toward those around her. As well as being angry and irritable, she is depressed; and her affect is likely intense, unpredictable, and highly variable. She lacks effective coping strategies, and substance abuse has been a significant problem for her.

Ms. P.'s parenting style is harsh, and she is extremely stressed in her role as a parent. On the parenting inventories, Ms. P. scored above the conservative cutoff on the Abuse scale of the CAP, indicating that her parenting attitudes and behaviors are similar to that of known physical child abusers. Additional CAP scores indicate significant distress pertaining to parent-child interactional problems and that she views

TABLE 1
Child and Parent Test Results

Test	Score Type	Scales, Subscales, and Scores					
Child							
K-BIT	Standard T	Verbal	58**	Matrices	80**	Composite	66**
CBCL		Activities ^a	39	Anxious/Dep	72**	Affective	70**
		Social ^a	25**	Withdrawn/Dep	66*	Anxiety	70**
		School ^a	29**	Somatic	64	Somatic	64
		Competence ^a	26**	Social	70**	Attention	70**
				Thought	58	Oppositional	80**
		Internalizing	71**	Attention	68*	Conduct	77**
		Externalizing	80**	Rule-Breaking	76**		
		Total Prob	75**	Aggressive	87**		
ADHD-IV	Percentile	Inattention	99**	Hyperactivity	99**		
Parent							
MCMI-III	Base Rate	Schizoid	18	Schizotypal	43	Thought Dis	32
		Avoidant	49	Borderline	79*	Major Dep	28
		Depressive	82*	Paranoid	61	Delusional Dis	0
		Dependent	84*				
		Histrionic	68	Anxiety	73	Disclosure	77*
		Narcissistic	47	Somatoform	58	Desirability	43
		Antisocial	90**	Bipolar: Manic	60	Debasement	74*
		Sadistic	72	Dysthymia	68		
		Compulsive	26	Alcohol Depen	66		
		Negativistic	94**	Drug Depen	107**		
		Masochistic	79*	Posttraumatic	38		
BDI-II		Raw	Total Score	30**			
CAP		T	Abuse	72**			
AAPI-2		Percentile	Punishment ^a	7**			
PSI	Percentile	Total Stress	99**				

Note. K-BIT = Kaufman Brief Intelligence Test; CBCL = Child Behavior Checklist; ADHD-IV = Attention Deficit Hyperactivity Disorder-IV Rating Scale; MCMI-III = Millon Clinical Multiaxial Inventory-III; BDI-II = Beck Depression Inventory-II; CAP = Child Abuse Potential Inventory; AAPI-2 = Adult-Adolescent Parenting Inventory-2; PSI = Parenting Stress Index. Subscale abbreviations are Prob = Problems; Dep = Depression; Depen = Dependence; Traumat = Traumatic Stress; Dis = Disorder.

^aReverse scored therefore low numbers are significant.

*Borderline or marginal significance. **Clinical or prominent significance.

her children and herself in a negative manner. On the AAPI-2, Ms. P. endorsed items suggesting that she has a strong belief in corporal punishment. However, other indications of maladaptive parenting attitudes were not indicated by this test. Her PSI results indicate she is experiencing clinically significant levels of stress related to parenting.

PCIA-II Scenarios and Inquiry

We provide several PCIA-II excerpts below, and the inquiry is displayed in Table 2. In the following transcription, the left column indicates who is speaking, the role that is being enacted if it is other than the speaker's role, and who the statement is directed toward. For example, "Child (as male friend) to child" refers to Julie playing the role of a male figure talking to her own figure. The right column describes verbalizations, and statements in italics indicate behavioral observations or qualify verbalizations. Ellipses indicate pauses, dashes are inserted at the point of interruptions, and vertical lines indicate simultaneous verbalization or behavior among participants.

Wait Scenario (7th Scenario of 15)

Examiner:	<i>(Examiner places a female friend figure beside the figures representing Julie and Ms. P.)</i> Mom sees a friend and wants Julie to wait while she talks with their friend. Julie wants to go and play. Play out what happens together.	Child:	I'm a grown girl. I'm 14 now.
Child:	Not a girl. Not a girl. I want a boy <i>(Child attempts to hand female figure back to examiner)</i> .	Parent:	No you're not.
Parent:	Mmm mmm <i>(indicating no)</i> . <i>(Parent returns female friend to the zoo board)</i> .	Child:	Yes I am, act like I am.
Child:	Oh, man <i>(sounds angry)</i> . Julie says, "no, I'm talking to her." <i>(Child moves her figure and female friend figure together and away from parent's figure)</i> .	Parent:	You gonna have to chill out. I'm talking to my friend.
Parent:	Julie, you are going to get into trouble. <i>(Parent tries to take female figure from child)</i> .	Child:	All right, talk to your friend. I'll take a break. <i>(Julie gets up and walks behind examiner to where additional toys are kept.)</i>
Child:	No, hold up. You can't take it.	Child to examiner:	Can I see one of those other things? And I'll go find my other friend ... And I'll go find my other friend. <i>(Child brings a male figure to the table.)</i> [Note: This is when the videotape was paused for the inquiry]
Parent:	Yes. I can.	Child (as male friend) to child:	Hey, I was going to go look at the other animals. You wanna to come?
Child:	You have to walk over there.	Parent:	Don't run off.
Parent:	Julie, you are going to get into trouble —	Child to male friend:	I'm 14. Let's go.
Child:	No, I'm not.	Parent:	Don't run off.
Parent:	I am talking to somebody. You are going to have to chill out. <i>(Parent takes female friend from Julie and puts it beside parent's figure.)</i>	Child (as male friend) to child:	Hey, I'm going to California ... and this is —
		Parent:	You stay where I can see you.
		Child to male friend:	Well, I'm going, too. Come on, let's go. <i>(Child has both figures walk together off the table and keeps them below the table out of sight.)</i>
		Parent:	Uh-huh.
		Child to parent:	You have to go and find them.
		Parent:	Now, that's not cool. Now, she's going to be grounded.
		Child:	Now, she came back, "Hi, Mom." <i>(Child returns her figure to the table and places it near parent's figure.)</i>
		Parent:	Mmm mmm. You took off and you weren't supposed to —
		Child:	No, I went to the, I went to the bathroom. <i>(Child returns male figure to the table.)</i>
		Parent:	Now you, you —
		Child (as female friend) to parent:	No, Miss. She went wherever she wants.
		Parent:	Now you're going to get grounded.
		Child:	<i>Singing (words inaudible)</i>
		Examiner:	Okay, pass me your two figures. <i>(Parent passes her and child's figure to examiner)</i> .
		Child:	I ain't gonna get grounded <i>(Child holds the male friend and female</i>

friend figures together and makes the sound of kissing.) (Child laughs)

Stranger Scenario (10th Scenario of 15)

Examiner: *(Examiner places a male figure beside the figures representing Julie and Ms. P.) A stranger walks up to Mom and Julie. Play out what happens together.*

Child to stranger: Hi. What's your name?

Child as stranger: Umm. My name's Peter —

Parent: Who you talking to, Julie? You aren't supposed to be talking to strangers.

Child: No, his name is Peter.

Parent to stranger: Hi Peter, but Julie has to come with me. *(Parent reaches for Julie's figure and tries to pull it from her hand. Julie does not let go of the figure.)*

Child: Sure, you should, hold on, I wanna see it —

Parent: Julie, stop.

Child as stranger: You should listen to your mama.

Child to stranger: Why should I? I'm staying right here.

Parent: Nope, you are coming with me. *(Parent reaches for Julie's figure and takes the figure to her side of the table)*

Child to stranger: I'll see you next time.

Parent to stranger: It was nice meeting you. Good-bye.

Child as stranger: Good-bye. *(Child is playing the role of the stranger and having the character walk away.)*

Parent: You don't talk to strangers, you know that.

Child: *Ignoring mother*

Parent: You hear me?

Child: Yeah. Yeah. Well, I gotta go to the bathroom. Gotta go, gotta go, gotta go. *(Julie pulls her figure from her mother's hand and has her figure run back to the stranger. She meets the stranger off the edge of the zoo board.)*

Child to stranger: Hey, I tricked her. Want to go to the store?

Child as stranger: I got some money

Child to stranger: Woah! That's a lot of money.

Parent: I don't think so.

Child: *(Laughs)*

Parent: Get right back over here.

Child: Look. *(Child makes kissing noises and has her figure kissing the stranger figure).*

Parent: You'd do that with a stranger? *(Parent takes figures from Julie).*

Child: No.

Parent: Yeah, well that's what you are saying.

Child: Nuh, uh. *(Indicating no)*

Parent: Yes, you are.

Gift Shop Scenario (13th Scenario of 15)

Examiner: *(Examiner places the figures representing Julie and Ms. P. in front of a plastic block.) This is a gift shop. Julie wants to buy a toy in the gift shop. Mom does not want to spend money on the toy. Play out what happens together.*

Child: Ooo, a toy. Wonderful. *(Sarcastically, with exaggerated femme fatale intonation)*

Parent: Julie, I don't have any money to spend on a toy.

Parent to examiner: This is an everyday thing.

Child: Whatever. You always say that. You always —

Parent: Because we are on a very strict budget. We don't have money.

Child: So, I'll ask this guy for money. *(Child creates a make believe male character. No toy is used to represent this character.)*

Parent: No, you will not ask a stranger for money. No.

Child to new male character: Excuse me, man. My mom asks you, told me to ask you for a dollar —

Parent: Julie, you will not get anything now. At all. And you are going to bed early.

Child as new male character to parent: Can she have a dollar, ma'am?

Parent: Now you are leaving.

Child: No. I won't.

Parent: Yes, we are.

Child: I'll steal the toy.

Parent: No, you will not. Let's go.

Child: I got it in my pocket. I got it in my pocket. I got it in my pocket. *(Singing)*

Parent: Let's go. Now, we have to leave.

Parent: You may take it right back.
 Child: Fine.
 Parent: And I make you give it right back; and now we are going home and you are going to bed.
 Child: Oh, be quiet. Before I slap-jap you. Pimp slap you. Pimp slap you. Eee-yo. (*laughs*)
 Parent to examiner: Mmm mmm mmm. We do this all the time. Okay. (*laughs*)
 Child: (*laughing*)
 Examiner: Play out what happens next.
 Parent: Alright, now, now we are going home, see, because you didn't —
 Child: Let me see her (*referring to her figure that Ms. P. is holding*)
 Parent: You're not going to run away?
 Child: No, let me see her —
 Parent: Nope, you're gonna do what I say.
 Child: Let me see her.
 Parent: We're not at the zoo anymore. We're going home.
 Child: I know that we're at home.
 Parent: Now, you go to your room and you sit there and think about what you did.

Child: Okay.
 Parent: Now you got to go to bed early —
 Child: I have the music all the way up (*Verbally makes the sound of bass guitar and drums*).
 Examiner: Okay, pass me your two figures.
 Child to parent: I ain't gotta go to bed. You better shut yo' mouth.

PCIA-II inquiry. The process of making sense of the mental states of self and other is referred to as *mentalizing* or *reflective function* (see Allen, 2003; Fonagy & Target, 1997). Table 2 displays the verbatim responses of the child and parent to questions individually presented to them as they viewed their images during the video-recall procedure. The tape was stopped at the 45 second mark of the *Wait* scenario, which was at the time when Julie introduces a male friend into the scenario [see "Note:" in the *Wait* Scenario (7th Scenario of 15) section].

Analysis of PCIA-II scenarios and inquiry. Julie is often oppositional in these scenarios, making choices that would be risky outside of play. She engages in sexualized behaviors that are directed toward male figures that play roles in her defiance toward her mother and her rule breaking. Julie's kissing of the male stranger who had the money is

TABLE 2
Parent–Child Mentalizing Table: Parent–Child Interaction Assessment–II Inquiry of *Wait* Scenario

Question Type	Child Inquiry		Parent Inquiry	
	(SELF)	(OTHER)	(SELF)	(OTHER)
Happening	<i>Julie, what was happening during that one?</i> She was telling me to go to my room and then I didn't want to so I just went and found another friend.		<i>What was happening during that part?</i> She wanted the attention so she didn't want to share the, she didn't want, she wanted to keep it going, she didn't want to let me do what I had to do.	
Doing	<i>What were you doing right then?</i> Playing with another friend. Talking to another friend.	<i>Look at your mom, what was she doing right then?</i> Telling me, "come on."	<i>What were you doing right then?</i> Trying to talk to my friend.	<i>Now look at Julie. What was she doing right then?</i> She was taking over. She was getting all the attention. She was going to make sure she got all the attention.
Thinking	<i>What were you thinking right then?</i> Thinking to go see an animal with her. ^a	<i>What was your mom thinking right then?</i> I don't want to be here all day.	<i>What are you thinking right then?</i> I wish this child would leave me alone. (<i>laughs</i>)	<i>What was Julie thinking right then?</i> Probably, I don't know, probably, I want to have fun, I wanna talk. Heck with my mom, I'm talking.
Feeling	<i>What were you feeling right then?</i> Happy	<i>What was your mom feeling right then?</i> Mad	<i>What were you feeling right then?</i> Aggravated	<i>What was Julie feeling right then?</i> Mischievous, probably
Wanting	<i>What did you want from your mom right then?</i> To give me some time alone.	<i>What did your mom want from you right then?</i> To come back.	<i>What did you want from Julie right then?</i> For her to do what I asked her to do, and just chill out.	<i>What did Julie want from you right then?</i> For me to leave my friend alone to talk to her.

Note. Examiner questions are indicated by italicized text. Child and parent responses are directly below the examiner questions. In the table rows labeled Doing, Thinking, Feeling, and Wanting, columns 2 through 5 display Julie and Ms. P.'s verbalizations about their own and the other's behaviors and internal states.
^aDuring the Inquiry, Julie referred to the male friend as "her."

clearly a posttraumatic reenactment of her experience of being prostituted.

Throughout these scenarios, Julie's mood is generally euphoric; however, she does display anger and threats toward her mother when her efforts are frustrated. Themes emerge pertaining to Julie's desire to be independent and adult like as well as her wish to take distance from her mother. We see these behaviors in her describing herself as a "grown girl" who is 14 years old and in her enactment of fantasies of leaving with the male friend or the stranger. Julie's efforts to separate are probably due to Julie's not wanting to depend on Ms. P. and her wanting to frustrate and defy Ms. P.'s call for her to stay close. Julie's distancing may also be an enactment of a message she has indirectly picked up from Ms. P. That is, although Ms. P. clearly states to Julie that she does not want her to run off, during the inquiry Ms. P. jokes to the examiner that she wishes that Julie would leave her alone.

Ms. P. is angry and anxious throughout the scenarios. Her behaviors are mostly related to attempts to get Julie to comply. However, despite her attempts to set limits for Julie, warn her, tell her what not to do, and punish her, she has no success in establishing the control she seeks. During the inquiry, she views her daughter as unconcerned about her needs and experiences their play together as a battle for attention, an aggravating struggle that she experiences as losing.

Julie's TAT

The card name and position in the 12-card sequence is followed by Murray's (1943, pp. 19–20) description of each card. The examiner's comments are abbreviated and indicated by nonitalicized type in parentheses and editorial comments or additions are in square brackets. After the stories, we provide a summary of central themes.

Card 1 (1st story of 12; a young boy is contemplating a violin which rests on a table in front of him). Feeling bored and he ... (Tell a story) Okay, he's working on something and he's feeling bored because he can't do it and he doesn't have no one to help him, so he's feeling sad, too. And, he wants his mother to help, but his mother is on the phone and doesn't want to help 'cause she is in the bed sick, but he still doesn't care. He needs help with his art work for school tomorrow. If he doesn't get it done, then he won't be able to go and sell his boat, or whatever it is [referring to the violin] and he'll be very sad. So, he didn't get to go because it wasn't done, so he slammed the door and broke the lock and threw everything of mom's away. Even her pictures. He ripped up her flowers and busted her window. (Is that the end?) Yep.

13 MF (4th story of 12; a young man is standing with downcast head buried in his arm. Behind him is the figure of a woman lying in bed). A lady was in the room. She was sick and hurt. She had a bad, bad girl. I messed up.

Where is her shirt? For real, where is her shirt? Okay. There was a guy. Hold up. I can't do this. It was his birthday. Actually, it was his birthday and she invited him over to come and spend the night. And, she sleeps in a different kind of way. She might sleep in a way that she's not supposed to. Against the law like. But she feels uncomfortable with somebody in her bed with her when she sleeps like that. So, he sleeps on the couch and he wakes up. Actually he sleeps on the floor; and he wakes up and says, "She's still not awake. What should I do?" So he pushes her and pushes her and hits her and hits her. Now, she has a very bad birthday because he hit her. (He feeling?) Sad because he didn't get to sleep in a warm comfortable blanket with her. (She feeling?) Uncomfortable with him in her house because she never has anyone sleep in her house before (End?) The story ends by she lets him in and she wakes up and says, "You can stay here for like a week because I really am bored and I should be playing cards with you because it is my birthday."

Card 15 (5th story of 12; a gaunt man with clenched hands is standing among gravestones). [Julie screams and drops the card]. He looks scary. He was a scary, scary guy. His name was Mikey John. You know who Mikey John is? Michael Myers. He was, you seen it? Michael Myers saw. There was a whole bunch of police because Michael Myers was a really, very bad man and he always murdered people. There was an office and a cop was sitting in a chair. They told another guy to go and hammer the doors so he couldn't get in the house. But, he got in somehow, because he's invisible or something. I don't know. Cut it open or something. Or hammer the nails out. So, the policemen said, "he murdered them." He got into the house and he saw the little girl he was after. But, umm. The little girl was scared of him. So, her sister put her on her back and climbed up on the roof. Michael Meyers did that too. Then, at the really bad ending, he died. He didn't really die. He fell into this wood thing, and the girl touched his arm and his eyes opened. And they said, "run." I think it was his niece, because she hurt people. (He feeling?) Sad about making her hurt her own people (He thinking?) Bad stuff about people (Okay, now tell me a story about that card). I did.

Card 2 (6th story of 12. Country scene: in the foreground is a young woman with books in her hand; in the background a man is working in the fields and an older woman is looking on). Once upon a time, there was an old, old house. They had no money and no food, so they had to dig up food. They had horses, but their horses was so old that one of it died. Her grandmother was very sick. She's laying on the tree, and she would [fall] off of it because she would, couldn't walk. And there is no ambulance that lived in this place and she couldn't call because she doesn't have no phone. There were no neighbors that lived around her. And she was sad, that one day, she moved. And her grandpa, she started to move, and her grandpa gave them some money to help them out and she was as excited as she could ever be.

Card 10 (9th story of 12; a young woman's head against a man's shoulder). Okay. Once upon a time, there was a man and a girl and he was fired from his work and she gave him a big kiss and said, "it's all right. I'll be there and work with you. I'll help you out and stuff;" and then they started helping each other out and he got his work back and said, "I love you." (She thinking?) Happiness. (She feeling?) Sad, because he lost his job and she had to do things for him (He thinking?) Happy things. (He feeling?) Sad.

Analysis of TAT stories. Julie sees herself as bad and damaged, as alone in a world that is unprepared to meet her needs. She often feels anxious and sad and that her needs are disregarded by others. When feeling in need and without someone to help her, anger often boils inside her and she may lash out. She likely believes she cannot count on those around her, as others may seem unpredictable, dismissive, and sometimes dangerous.

In response to sexually laden situations, Julie can be particularly uncomfortable and anxious. Her thinking and behaviors are affected in such situations, and they can take some time to recover. She becomes quite confused and has difficulty engaging in self-protective behaviors. For example, in Card 13MF, which has a sexual card pull, Julie's boundaries between self and other were poorly differentiated as when the man's birthday becomes the woman's birthday. Also in this card, when the girl was a victim of violence, she showed significant minimization or denial of its effect.

Julie has a strong negative reaction to Card 15, the next in the sequence, where she began the story with a scream. Likely due to her heightened anxiety carried over from the prior card, her thinking becomes increasingly disorganized and illogical, and she recounts a horror movie plot involving magical powers, murder, and a man's pursuit of a girl. Although this card picturing a man in a graveyard can be disturbing to many respondents, Julie's disorganization exceeds what is expected.

Her next story about the farmers is more coherent, although very depressive. She tells a story that involves deterioration, deprivation, illness, and the lack of assistance. A happy ending is defensively tacked onto the end of the story with a rescuer coming in the form of an older man whose money brings help and excitement. The formal quality of her thinking shows some recovery in this story, however. Julie shows much improvement on Card 10 where she tells a brief, organized story about a man who loses his job and a girl who helps and comforts him. Although her choice of "girl and man" as characters instead of "woman and man" may partially reflect age-inappropriate behavior secondary to past abuses, in this story, she shows signs of caring and compassion. With distance from the sexually laden imagery, and alone with the examiner, she reveals some interpersonal strengths that highly contrast with her earlier PCIA-II behaviors and TAT stories.

INTEGRATION OF ASSESSMENT FINDINGS AND TREATMENT IMPLICATIONS

To integrate the data, we follow the person-centered interpretation tradition described by assessment clinicians such as Appelbaum (1972), Lerner (1990), and Weiner (2003). We organize data from multiple tests as to how they pertain to key constructs relevant to understanding an individual.

Self

Julie sees herself as alone in a world that is essentially uncaring about her welfare. She wishes for greater autonomy from her mother, perhaps with the hope that others may better provide for her welfare.

Affect

Julie is very anxious and she experiences a great deal of depression and anger. Her affect ranges widely, quickly changing from anger when she is frustrated to euphoria associated with defiance.

Other

Julie often feels that her needs are unmet by others who may be unresponsive if not outright dangerous to her. In her feelings of helplessness, anxiety, and frustration, she may lash out and potentially cause harm to others. Her aggression in response to frustration is apparent in several of her TAT stories, such as when the boy rips up his mother's flowers and the man batters the sleeping girl as well as her PCIA-II behavior of threatening to slap her mother. Such aggression, if enacted toward peers, puts other children at risk and leaves her vulnerable to peer rejection and school expulsion.

Defense and Coping

Julie tries to defend against anxieties through a combination of projection and denial, sometimes by attributing hostility to those around her and acting as if she is invulnerable to harm. She has a limited ability to make use of interpersonal supports, and she may try to cope by fleeing. She is at significant risk for running away.

Thinking

Julie's thinking is most coherent, and her relational capacity is facilitated when she is calm and the situation is free from sexual triggers. In such calm periods, she is best prepared for inward reflection and empathic relatedness. When Julie perceives a situation to be sexually charged, she can become very anxious and is prone to irrational thinking and making poor decisions.

Academic

Julie's low IQ, dyslexia, and significant emotional disruption will make school all the more challenging for her. Further learning disability, ADHD, and intellectual assessments are needed to understand the extent and nature of her difficulties in these areas so that the school can be assisted with making the requisite curriculum adaptations.

Diagnostic Considerations

Julie's treatment efforts should proceed with the possibility that posttraumatic stress disorder (PTSD) and reactive attachment disorder accompany her attentional, oppositional, and impulse control diagnoses. Perhaps more descriptively accurate than the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; American Psychiatric Association, 2000) PTSD diagnosis are the complex PTSD diagnoses of Type II childhood trauma (Terr, 1991) or "disorder of extreme stress not otherwise specified" (Herman, 1993, p. 213; see also, Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). Both of these diagnoses emphasize the prolonged maltreatment that is responsible for posttraumatic symptoms, representations, and behaviors.

Treatment Considerations

Julie would benefit from long-term individual and group psychotherapy. She will expect her needs to go unmet in therapy and is sure to be mistrustful and oppositional. Her wish to be cared for and expectation that her therapist will be unhelpful may lead her to skip sessions; and she may experience her absences from therapy as signs of being independent, grown, and able to care for herself. Similar struggles may be enacted in group therapy, with the added element of sexualized behaviors with peers and defiance against the leader. Although her defiance and mistrust will impede her treatment, a relationship with a safe, attuned therapist will be her best chance of being able to develop positive self-regard and the sensitivity and empathic relatedness that was apparent in her TAT Card 10 story. Of note, despite her low IQ, Julie demonstrated the metacognitive skill for distinguishing between thoughts, feelings, and behaviors on the PCIA-II inquiry and often in the TAT stories, which should be an asset to her in therapy (see Quakley, Reynolds, & Coker, 2004). Julie's upcoming developmental transitions—such as becoming an adolescent, dating, and the later transition to forming relationships in early adulthood—and motherhood can be expected to be periods in which therapy will be particularly helpful.

Parent Functioning

Ms. P. is prone to anger and has long struggled with emotional turbulence, depression, anxiety, and drug addiction. Her parenting style is harsh; and she feels highly stressed in

the parenting role. In the videotaped interactions, she tries to constrain her daughter's behavior through limit setting, scolding, and threats of punishment but is generally unsuccessful. She views the play as an aggravating struggle and sees her daughter as striving to be the center of attention while her own needs are being ignored.

Continued interventions with Ms. P. are needed to assist with her parenting skills such as developing her capacity to protect and sensitively attune to Julie as well as recognize and praise appropriate behaviors. Treatment must also focus on Ms. P.'s sobriety management and helping her to diminish her depression and affective instability.

DISCUSSION

The assessment measures help us understand how Julie's behaviors change across situations. Her defiant, rule breaking, and aggressive behaviors with her mother during the PCIA-II are congruent with her externalizing behavior problems described by the CBCL. Although some aggressive fantasy is also evident in her TAT stories, the stories also show her internalizing problems and signs of effective relatedness. Julie completed the PCIA-II with her mother and the examiner in the room; and she was alone with the examiner during the TAT. These different interpersonal contexts help to explain the discrepancy in findings and correspondingly help us better understand Julie.

In the PCIA-II, a facet of her distancing, defiance, and autonomy seeking may be explained by her putting on a performance for her mother, the examiner, and whoever else she believes may view the videotape. She seems to be showing herself to others as she wants to be; that is, as independent, adult like, and invulnerable. Later, when she is alone with the examiner doing the TAT, she displays a greater range of her internal representations. While she tells TAT stories involving aggressive fantasy, the aggression occurs in response to unmet needs and, on one occasion, in reaction to sexual imagery. Away from her mother and with a sensitive female examiner, she allows herself to be more vulnerable and sad; and when she is calm, she shows a degree of caring for others that is otherwise absent.

One sequelae of Julie's sexual abuse that deserves particular attention is how she adds sexualized content to her PCIA-II stories. In the *Stranger* scenario, Julie organizes her play around a schema that in part involved the receiving of money from the stranger and the kissing of the stranger. Theoretically, the reason for her sexualized play behaviors is that Julie is making sense of this interpersonal situation (i.e., cognitively and affectively "structuring" the social play) based on her past experiences of being sexually abused. A schema formed during her experience of being exploited through prostitution is being expressed through her behaviors toward the stranger. In contrast, children of similar age to Julie tend to distance themselves from the

stranger in this scenario. We can infer that most children construe the *Stranger* scenario based on a schema informed by past parental warnings about being wary of strangers. All children have schemata that were developed from past interactions. Such schemata are activated by current contexts and influence their perceptions. Schema formed from the mutual influence of experience, perception, and behavior explains Julie's highly unusual posttraumatic play behavior of kissing the stranger and most children's behavior of removing themselves from the stranger. Children's posttraumatic play has been reported elsewhere, two excellent examples of which are found in the reports of cases of children who witnessed the violent deaths of their mothers (see Gaensbauer, Chatoor, Drell, Siegel, & Zeanah, 1995; Osofsky, Cohen, & Drell, 1995).

There are three primary limitations to this case study. First, the assessment occurred in the context of a research study using a fixed battery of instruments. The nature and extent of Julie's academic difficulties, cognitive difficulties, and peer problems could not be determined by the measures, and child self-report measures were not administered. As well, free-response measures were not administered to Ms. P., which hampered the development of an experience-near understanding of her psychological functioning. We could not avail ourselves of some of the advantages of a flexible battery approach such as adapting assessment procedures to referral questions or questions as they arose during testing.

Second, limited information was available regarding Julie's cultural background and the ways she experienced her ethnic identity. There have been only a few articles published about parent and biracial-child interactions (e.g., Miller & Miller, 1990), and clearly more attention is needed in this area. Regarding the cultural sensitivity of the assessment data we collected, the PCIA-II and TAT were used idiographically, and findings were not affected by a common problem faced by assessment using norm-based measures: namely, the demographic characteristics of a nonrepresentative normative sample. However, our inferences about Julie may be influenced by our clinical experiences assessing other biracial children. Regarding norm-based measures, an important part of culturally sensitive assessment is validating or developing measures with non-White and bicultural populations. Julie's biracial and low socioeconomic status suggest the adoption of the K-BIT interpretation strategy described by Grados and Russo-Garcia (1999) in their study of 6- to 16-year-old economically disadvantaged African American youth and Kaufman and Kaufman's (1990) consideration for testing individuals from a different cultural background. Based on these recommendations, Julie's K-Bit Matrices standard score is considered the most accurate reflection of her IQ. Although the psychometric properties of the CBCL with biracial youth have not been published, the ethnicity of the CBCL's normative sample used to identify syndromes is quite diverse (see Achenbach & Rescorla, 2001), which lends some

support to the validity of this instrument with biracial children. There remains a need for the development of standard child measures that include items established for heterogeneous samples.

Third, one must be cautious about generalizing from this case to the experiences of other children or parent-child dyads. With that said, this case may usefully add to discussions pertaining to integrative assessment, the experiences of maltreated children in high-risk families, posttraumatic play, or many of the other physiological, psychological, and interpersonal child sexual abuse sequelae that have been identified in the empirical literature.

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