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## ABSTRACT

### Factors that Increase and Decrease Therapist Use of an Evidence-based Practice with Youth Victims of Commercial Sex Trafficking

By

COLLEEN MARIE MCCARTY

July 27, 2015

Traumatic experiences occurring during childhood is an increasing public health concern. Commercial sexual exploitation of children (CSEC), which is the sexual abuse of a minor for economic gain, can be considered a complex trauma, as often this experience includes entrapment, isolation, frequent relocation, and prolonged physical, sexual, and psychological abuse. CSEC victims have a particularly high risk for negative mental health outcomes, such as PTSD, anxiety, depression, and substance abuse, which requires trauma-focused care. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is the gold standard treatment approach for children and adolescents that have experienced sexual abuse. TF-CBT is an evidence-based practice designed to target negative mental health outcomes associated with traumatic experiences, including PTSD, depression and anxiety, and externalizing behavior problems. A network of highly trained therapists was established in Georgia to serve the CSEC population. The current research study examined responses from therapists following an advanced TF-CBT CSEC training workshop. A primary objective of this study was to assess needs identified by the providers while considering suggestions for improved applications of TF-CBT with CSEC clients. Results from this study reaffirm the benefits of using TF-CBT with CSEC clients, but emphasizes the need for additional TF-CBT CSEC-specific resources to be developed.

FACTORS THAT INCREASE AND DECREASE THERAPIST USE OF AN EVIDENCE-BASED PRACTICE  
WITH YOUTH VICTIMS OF COMMERCIAL SEX TRAFFICKING

by

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B.S., GEORGIA STATE UNIVERSITY

A Thesis Submitted to the Graduate Faculty  
of Georgia State University in Partial Fulfillment  
of the  
Requirements for the Degree

MASTER OF PUBLIC HEALTH

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APPROVAL PAGE

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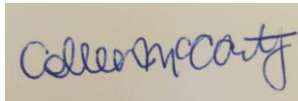
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## Author's Statement Page

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Colleen Marie McCarty



Signature of Author

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## **Introduction**

The purpose of this thesis is to explore the factors that increase and decrease therapist use of an evidence-based practice (EBP) with youth victims of commercial sex trafficking. EBPs have demonstrated positive impacts on patient mental health outcomes and satisfaction while reducing the cost of health care (Pagoto, Spring, Coups, Mulvaney, Coutu, & Ozakinci, 2007). However, there is an existing gap between youth mental health services and the utilization of EBPs. Understanding the barriers and facilitators to the application of EBPs may promote its implementation and further endorsement (Pagoto, et al., 2007).

## **EBP Adoption Barriers**

There are many factors that influence EBP adoption. For instance mental health provider educational background, training experience, and work setting collectively influence EBP use. Further, negative attitudes, lack of training, and lack of practicality impede the adoption of EBPs (Bearman, Wadkins, Bailin, & Doctoroff, 2015). Previous research has indicated that some therapists are concerned with the manualized nature of most EBPs, which can potentially hinder the therapeutic relationship and stagnate the creative process, as well as limit the practicality of use (Bearman, et al., 2015; Bearman, Weisz, Chorpita, Hoagwood, Ward, Ugueto, & Bernstein, 2013). The majority of research studies thus far have examined the views of psychologists and psychiatrists instead of practitioners that are serving this population in community settings (Kolko, et al., 2009). It is also important to not only focus on their background but also explore their thoughts on client outcomes.

Another barrier to the use of EBPs may be the context in which interventions are delivered. Research on this topic emphasizes the difference between community therapists and



therapists that are involved with interventions disseminated via randomized clinical trials (RCTs) (Bearman, 2013). Typically, RCTs employ highly trained and motivated therapists that have access to expert feedback and support. Conversely, community therapists differ a great deal in their experience in specialized training and often lack a support system. Some researchers have found that treatment outcomes are largely dependent upon therapist characteristics (Bearman, 2013).

The pros and cons of EBP have ignited much debate within the mental health field. Supporters of EBP argue that interventions demonstrating positive research outcomes should be used instead of interventions that lack empirical support (Weisz, Jensen-Doss, & Hawley, 2006). Weisz, et al., conducted a meta-analysis that compared EBPs for youth in the mental health field to usual care (2006). The authors found that EBPs produced better outcomes than usual care. One of the major issues that surfaced when examining usual care was the lack of procedural documentation (i.e. what took place during the session). Under the circumstances where usual care outperformed EBPs the type of treatment that was practiced, who delivered services and to whom, and in what context were unclear. To better serve youth experiencing mental health issues, specifically stemming from commercial sexual exploitation, it is essential to draw from treatment practices that show evidence of positive outcomes.

### **Need for EBPs for Youth who are Traumatized**

Traumatic experiences occurring during childhood is an increasing public health concern. Youth are exposed to a high percentage of trauma, which can result in negative mental health outcomes such as posttraumatic stress disorder (PTSD) and anxiety and depression (Kramer, Sigel, Connors-Burrow, Worley, Church, & Helpenstill, 2015). Further,

traumatic events that occur in early childhood and adolescence can significantly disrupt brain development and functioning (Nader, 2011). It is critical to provide children and adolescents that have been exposed to trauma efficacious treatment.

### **Child Trauma Experience that Involved Commercial Sexual Exploitation**

Commercial sexual exploitation is the sexual abuse of a minor for economic gain, which can involve physical abuse, pornography, and prostitution (U.S. Department of Justice).

Commercial sexual exploitation of children (CSEC) is conceivably the most complicated and unacknowledged form of abuse occurring against children today. In addition, it is one of the least investigated crimes (GOFC, 2010). CSEC can be considered a complex trauma, as often this experience includes entrapment, isolation, frequent relocation, and prolonged physical, sexual, and psychological abuse (Courtois, 2008; Hardy, Compton, & McPhatter, 2013).

Additionally, many of these youth have experienced multiple traumatic events prior to entry into the life (Hossain, Zimmerman, Abas, Light, & Watts, 2010). CSEC are susceptible to complicated health needs related to their traumatic experiences, which requires integrated trauma-focused care (Ferguson, Soydan, Sei-Young, Yamanaka, Freer, & Bin, 2009). Complex traumatic experiences can significantly impact youth brain development in the areas of self-regulation and self-integrity, which may also impact their ability to experience relationships as supportive and consistent (Nader, 2011).

CSEC victims have a particularly high risk for negative mental health outcomes, such as PTSD, anxiety, depression, and substance abuse. CSEC victims are particularly susceptible to experiencing PTSD, likely resulting from high levels of trauma exposure related to commercial sexual exploitation, as well as significant histories of trauma prior to their experiences as CSEC

(Hossain, et al., 2010). A recent study suggests that PTSD incidence rates for the CSEC population are close to 80% (Hossain, et al., 2010).

### **Meeting the Mental Health Needs for CSEC Youth**

Previous dissemination and implementation research reinforces the above-mentioned barriers associated with bridging the gap between EBPs and mental health services for youth, specifically youth suffering from PTSD symptoms (Sigel, Benton, Lynch, & Kramer, 2013). Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an EBP, supported by the literature, and is designed to treat PTSD symptoms (Jensen, et al., 2014; Cohen, Mannarino, & Knudsen, 2005; Cohen, Deblinger, Mannarino, & Steer, 2004). And related mental health symptoms that occur following traumatic experiences among youth.

TF-CBT is the gold standard treatment approach for children and adolescents that have experienced sexual abuse. TF-CBT is an EBP designed to target negative mental health outcomes associated with traumatic experiences, including PTSD, depression and anxiety, and externalizing behavior problems (Cohen, Mannarino & Knudsen, 2005). This treatment approach aims to enhance coping skills, process trauma, and provide closure. TF-CBT consists of the following components: 1) Psycho-education, 2) Relaxation techniques, 3) Affective expression and regulation, 4) Cognitive coping, 5) Trauma narrative and processing, 6) In vivo exposure, 7) Conjoint parent/child sessions, and 8) Enhancing personal safety and future growth (Cohen & Mannarino, 2008). TF-CBT is the most reputable form of treatment for children that have been exposed to traumatic experiences, which further reinforces the need for EBPs to be accessible for CSEC youth (Eagle, & Kaminer, 2015).

There is an increasing amount of empirical support documenting the effectiveness of TF-CBT use with CSEC youth. The efficacy of TF-CBT with traumatized youth has been demonstrated in recent randomized clinical trials comparing services as usual to TF-CBT (Jensen, Holt, Ormhaug, Egeland, Granly, Hoaas, Hukkelberg, Indregard, Stromyren, & Wentzel-Larsen, 2014). Participants that received TF-CBT showed significant improvement from pre- to post therapy in regards to PTSD symptoms and overall mental health functioning. Further, researchers found TF-CBT as an effective treatment for children experiencing PTSD symptoms related to sexual abuse in a large RCT (Cohen, Deblinger, Mannarino, & Steer, 2004). These results reinforce the importance of utilizing TF-CBT, as it is an effective treatment model for children and adolescents that have experienced trauma related to sexual abuse.

The implementation and dissemination of TF-CBT is a key component to improving mental health outcomes and well-being of CSEC victims. Murray, et al., examined implementation with mental health providers delivering TF-CBT to sexually abused youth in Zambia, which resulted in a focus on implementation techniques while adhering to the core elements of TF-CBT (2013). These results demonstrated how mental health providers were able to tailor the delivery of TF-CBT in order to achieve cross-cultural acceptance. Another study examined the effectiveness of TF-CBT in the community setting, suggesting that mental health professionals and clinicians with minimal experience with TF-CBT can be effectively trained to deliver the model to traumatized children (Webb, Hayes, Grasso, Laurenceau, & Deblinger, 2014).

### **Purpose of current study**

The purpose of this exploratory study is to examine both quantitative and qualitative data that will inform future applications and augmentations of TF-CBT with CSEC youth. This study will examine therapist responses to surveys collected after advanced TF-CBT trainings as part of a large grant funded by the National Child Trauma Stress Network (NCTSN).

NCTSN awarded funding to the Georgia Center for Child Advocacy (GCCA) to establish a network of therapists who will provide EBPs for CSEC in Georgia aged 11-17. The Governor's Office for Children and Families conservatively estimates that 300-500 minors in the state of Georgia are sexually exploited each month. Currently, there are challenges identifying CSEC victims and delivering high quality trauma-focused mental health services. Project Intersect was developed to reduce negative mental health outcomes for CSEC youth by establishing a network of highly trained therapists to provide trauma-focused EBPs. The project aims to 1) identify EBPs that effectively engage and treat the mental health needs of CSEC youth; 2) train therapists in Georgia to deliver EBPs; 3) create a network of therapists; 4) collaborate with Georgia Cares to refer CSEC youth to trained therapists within the network; and 5) evaluate treatment and training to achieve the highest quality of mental health care for CSEC youth. This study focuses on evaluating advanced TF-CBT training by analyzing survey responses that indicate the strengths and weaknesses of the model when practiced with CSEC youth.

A primary objective of this study is to assess needs identified by the providers while considering suggestions for improved applications of TF-CBT with CSEC clients. Previous research highlights the importance of surveying practitioners on their backgrounds, treatment practices, caseloads, and attitudes towards EBPs when investigating treatment dissemination

efforts (Kolko, Cohen, Mannarino, Baurmann, & Knudsen, 2009). Implementing trauma-focused treatment relevant to commercial sexual exploitation is critical. TF-CBT is regarded as the gold standard of treatment for youth that have experienced sexual abuse. CSEC victims often experience negative mental health outcomes resulting from complex traumatic experiences, which highlights the need for EBPs (Ferguson, Soydan, Sei-Young, Yamanaka, Freer, & Bin, 2009).

## **Methods**

Project Intersect aims to reduce negative mental health outcomes and improve positive outcomes for CSEC youth by establishing a network of highly trained therapists to provide targeted trauma-focused evidence-based treatment in Georgia and Florida. Several training initiatives were established in order to achieve the goals of the project. Three trainings in advanced applications of TF-CBT, called Keystones Training, with CSEC clients were conducted.

Keystones is an intense two day training that therapists can complete following a TF-CBT basic training. Following training, these therapists also receive bi-weekly consultation calls to help boost their experience with youth who have experienced CSEC.

Qualtrics, a web-based survey software tool, was used to disseminate surveys to therapists that completed Keystones Advanced TF-CBT training for CSEC youth in either April 2014, October 2014, or March 2015. Qualitative and quantitative data was examined to better understand barriers to serving CSEC clients, therapist attitudes towards TF-CBT, and identify additional support and/or training area needs.

## **Participants**

A total of 33 therapists, those who have completed Keystones training, were invited to participate in the survey. Responses were received from 22 therapists. Training in basic TF-CBT ranged from 2005 to 2014, 27% of participants received Keystone training in April 2014, 60% in October 2014, and 13% in March 2015. In terms of location, 90% of therapists worked in Georgia and 10% of therapists worked in Florida. Only 36% of participants were actively serving CSEC youth at the time of the surveys. Of those, the majority of therapists, 59%, were serving CSEC clients in an outpatient setting, 14% were serving clients in a residential treatment facility, 5% were serving clients in a residential maximum treatment facility, 9% were serving clients in a group home, and 9% were serving clients in-home.

### **Measures**

The research team created the Keystones Therapist Survey in order to collect information that will inform future TF-CBT adaptations and trainings (*See Appendix A*). The survey included a combination of multiple choice and open-ended questions that specifically targeted the usefulness of the model, current challenges with the model, and suggestions for additional tools and training that might be helpful in serving CSEC clients and their families. Therapists were asked to be as detailed as possible in their responses. In order to better prepare therapists to serve CSEC clients, participants were asked to identify additional topics or skills that might be helpful for future trainings. Participating therapists were also asked to identify challenges and offer suggestions for improving therapy.

### **Procedure**

The 33 therapists that participated in the Keystones Advanced TF-CBT training were invited to participate in a 20-minute survey asking about training experiences and suggestions

for additional training components that may be helpful in serving the complex needs of CSEC youth. The survey was sent via web link to active email addresses therapists provided during the Keystones training. The email included a web link to the survey, along with a brief explanation of the survey's purpose, and was sent out to therapists by the research PI (Self-Brown). The April and October training groups were sent a web link to the survey in February 2015 and the March training group was sent a link to the survey in June 2015. Thus, completion of this measure ranged from 3 to 10 months post Keystones training. Therapists had 1 month to participate in the survey and were prompted approximately 2 weeks before the survey was scheduled to close. Compensation, a \$20 gift card, was sent to participants once the survey closed.

## **Results**

### **Themes from Qualitative portion of Survey**

#### Theme 1: Benefits of TF-CBT with CSEC youth

When participants were asked to describe how TF-CBT meets the needs of CSEC clients, compelling arguments were made for the use of the model. 62% of therapists serving CSEC at the time of the survey noted that the model helps their clients develop trauma narratives. For example, one participant stated how TF-CBT allowed their client to progress in processing traumatic experiences:

“TF-CBT has allowed my client to develop coping skills and gain knowledge of trauma, abusive relationships, and how this affects her. Through TF-CBT my client has also been able to greatly progress in processing past trauma and cope with it more effectively. In general, when there is not a crisis of another kind, my client responds well to TF-CBT.”



Another therapist responded how TF-CBT provides structure and essential tools for clients:

“In the past, TF-CBT was helpful to my clients as it gave structure to the counseling sessions and was an appropriate sequence for addressing their trauma needs. They were able to first gain the skills necessary to deal with the difficulties of completing trauma narratives and processing their trauma history. They were also able to understand that they are not alone in their experiences and understand the tactics of pimps through psychoeducation.”

## Theme 2: Challenges and Barriers to TF-CBT

The majority of participants, 64%, were not serving CSEC clients at the time of the survey so this question was not applicable due to lack of referrals, the most commonly identified barrier. However, for those that were serving CSEC clients and not implementing TF-CBT, there were several reasons for not adopting this EBP. According to participating therapists, the complexity of traumas, coupled with frequent crises, can hinder the progress of TF-CBT and cause patients to advance through the model at a slower rate (i.e. spend a greater amount of time in the initial coping skills stages or having difficulty identifying one specific trauma experience to use for their narrative). Additional barriers included dysfunctional family relationships or lack of family involvement, substance abuse, tendency to run away, return to the “street life,” hospitalization, inconsistent therapy sessions, group therapy versus individual therapy, and establishing trust with treatment providers. Denial of trauma was also a common theme that therapists identified as being an issue with using TF-CBT. When CSEC deny traumatic experiences and victimization, the therapeutic process is significantly hindered. If

CSEC deny their trauma or cannot identify a single traumatic experience to apply to model, they will not be able to progress through TF-CBT treatment. One therapist noted:

“TF-CBT is not being used because client is in denial of sexual exploitation activity. She denies traumatic experiences. However, various components are used to assist client with anger management problems.”

Theme 3: Additional Training Recommendations for Therapists working with CSEC youth.

Several therapists offered suggestions and their insight on this topic. First, therapists noted the many complex non-trauma needs that CSEC clients and their families present with. Thus, determining wraparound services that could increase the case management support would allow for the therapist delivering TF-CBT to focus on the trauma. Engaging other systems of care that CSEC youth are often involved in has the potential to positively affect treatment outcomes by eliminating duplicate services and providing a greater support system. Increased communication across systems of care creates a more comprehensive treatment approach. Several therapists that responded to this topic stressed the need for open communication across the board. Improved communication between systems could enhance the CSEC identification process, therefore, increasing the amount of referrals. Second, when serving youth with this victimization history, it is important to understand how the sex trafficking industry works and how youth are often times made to feel that they “chose” this life. Additionally, therapists discussed the importance of providing comprehensive services that can address co-morbid diagnoses. One therapist noted:

“Discussing runaway behavior, tendencies, and strategies to help youth make better choices to remain engaged at home and in treatment. Training regarding co-morbid diagnoses; often these youth have a plethora of diagnosis as they have been in and out of placements-- managing those symptoms in co-occurrence with PTSD symptoms. Substance use/abuse and gang related activity and its impact on treatment.”

#### Theme 4: Materials that need to be developed

There were requests for more CSEC specific psychoeducation materials, safe sex education, and testimonials from CSEC clients that escaped the life in order to enhance TF-CBT services. One therapist suggested the development of a TF-CBT manual focused on TF-CBT with CSEC for therapists to utilize, which would provide examples for each component of TF-CBT:

“A TF-CBT CSEC focused manual for therapists to utilize. I learn better with having some sort of textbook or manual to refer to for examples of each component of TF-CBT with CSEC children.”

#### **Results from Training Topic Checklist**

One portion of the survey asked specifically about identified topics for future Keystones trainings. Topics were presented in list form, and a text box was provided for their responses. Therapists were asked to express their perceived value of each topic and describe specifically what would be helpful.

Several therapists emphasized the importance of teaching active parents positive discipline strategies, safety planning, and how to set boundaries. It may be beneficial to provide additional training on parenting and behavioral management that speaks to the challenges that CSEC clients and their families face. This type of training would require

targeting runaway behaviors, understanding trauma symptoms, and creating a supportive environment for CSEC victims. Similarly, family communication is also a significant topic that should be incorporated in future trainings. Therapists may benefit from learning how to approach families that are in denial or express inappropriate responses to the child's traumatic experiences.

Responses to the topic on impaired client-caregiver relationships also suggested that learning additional strategies to improve the client-caregiver relationship is highly relevant. Reducing victim blaming and increasing supportive behaviors is essential to promoting a healthy client-caregiver relationship. Therapists recommended learning additional activities or techniques that can aid in repairing dysfunctional relationships of this nature. It is extremely valuable for therapists to be well versed in the challenge areas of serving this population, which in large part involves diminished client-caregiver relationships.

Across the board, 100% of therapists agreed that client engagement and motivations is a critical topic for discussion. As previously discussed, CSEC youth face many challenges that inhibit successful completion of therapeutic services. It is imperative to identify how to engage CSEC youth and understand exactly what motivates them or what will promote "buy in." Related to this topic, learning applications of motivational interviewing may also be beneficial when treating CSEC clients.

Some therapists indicated having limited knowledge about how to address issues related to recruitment/victimization of other youth into the life, which many youth have been required to do as part of their CSEC experiences. Therapist indicated a strong need for more

information on this and how to effectively address related guilt/shame that related to this issue. One therapist noted that this is a major issue in group home settings.

Substance abuse problems were recognized by 100% of therapists as a major issue for this population of CSEC youth. It would be very beneficial for therapists to receive extensive training on this topic and learn how to specifically address these issues with CSEC youth. It may also be helpful to provide therapists with resources that can assist with determining appropriate referrals and/or integrating with TF-CBT. In addition to addressing substance abuse issues, it is also crucial to educate CSEC youth on the cycle of violence. The majority of therapists agreed that the dynamics of power and control, especially related to the pimp/victim relationship, is very important to discuss with the CSEC client.

Runaway risk, assessment, and response, as well as harm reduction for youth not fully out of the life, are critical topics for TF-CBT, which were endorsed by 100% of therapists. Safety is a key component to beginning effective treatment. Runaway risk threatens therapy by leading to unsafe situations and nonattendance. It would be helpful for therapists to understand the importance of detailed safety planning as well as how to address sessions that resume after the client has returned from running away. In regards to reducing harm to youth not completely out of “the life,” implementing safety plans is imperative.

### **Summary of Findings of TF-CBT Acceptability**

Responses from the TF-CBT for CSEC acceptability likert scale illustrated the overall acceptability of TF-CBT. 100% of therapists that participated in this survey like using TF-CBT for CSEC clients, and generally agree that it is an effective approach to handle the problems that CSEC youth present with to therapy. The areas of improvement identified from this portion of

the survey exist in the areas of support and materials needed to implement TF-CBT. Overall, therapists agreed that TF-CBT is a culturally competent effective intervention for CSEC clients.

## **Discussion**

The focus of this research was twofold: to identify factors that influence therapist adoption of EBPs, and more specifically, the use of TF-CBT with CSEC youth. This topic is valuable because it provides in-depth information from the provider perspective delivering TF-CBT to CSEC youth. Further, it informs future adaptations to implementation and dissemination while considering the complex negative health outcomes associated with commercial sexual exploitation.

TF-CBT is the gold standard of treatment for CSEC youth, which targets a plethora of negative mental health outcomes, including PTSD, and depression and anxiety (Cohen, Mannarino, & Knudsen, 2005). Recent RCTs demonstrate the efficacy of TF-CBT and further highlight the need for widespread EBP adoption for mental health services (Sigel, Benton, Lynch, & Kramer, 2013). The present study examined therapist feedback on implementing TF-CBT with CSEC youth. Therapists identified benefits, barriers, and additional training recommendations that will inform future Keystone training sessions and adaptations of the TF-CBT model.

Following training in advanced applications of TF-CBT with CSEC youth, a total of 22 therapists completed surveys targeting their satisfaction, burden, and recommendations for future trainings. Therapists endorsed the TF-CBT model and described the benefits of using the model with CSEC clients. Therapists described TF-CBT as an appropriate treatment that meets the complex needs of CSEC clients by providing a gradual progression in processing traumatic

experiences. Participating therapists were in agreement that TF-CBT is a culturally competent EBP for CSEC clients.

The survey was helpful in identifying barriers and challenges to treatment, specifically with the CSEC population. Lack of client engagement, denial of trauma, and frequent complex crises were among the most common challenges to be considered when using TF-CBT with CSEC youth. Additionally, runaway risk, substance abuse, and safety issues are all contributing factors that affect the implementation process. Figure A. illustrates therapist acceptability of the model and identifies the need for additional support and materials.

### **Strengths**

This is the first known exploratory study to examine the impact of using the EBP TF-CBT with CSEC clients from a community therapist perspective. The present study addressed limitations in existing literature on the use of TF-CBT with CSEC youth. The qualitative data analysis provides a better understanding of the utility of the model, challenges associated with the model, and opinions on additional tools that could improve the model. Additionally, the use of both quantitative and qualitative data allowed for an enhanced understanding of therapists' experiences with TF-CBT and CSEC youth. This mixed-methods design provides an in-depth understanding of the importance of using TF-CBT with CSEC youth. Receiving therapist feedback informs future adaptations of TF-CBT, which increases the public health impact of mental health services.

### **Limitations**

This study had several limitations. First, the findings were limited due to the small sample size (n=22) and concentrated geographical location. The survey was not distributed in a

consistent timely manner as surveys were received 3 to 10 months post workshop. Another limitation is the fact that the majority of therapists were not actively serving CSEC youth, and that the most experienced therapist had only 10 months' experience, which could still be considered a learning period for a new model.

### **Future Directions and Recommendations**

Future research examining the use of EBPs with victims of commercial sex trafficking is needed. Focusing on TF-CBT adaptations for CSEC will be an extremely valuable area of research. It will be important to not only examine the factors that affect the adoption of EBPs by therapists, but also explore client responses to therapy.

Recommendations for future Keystone training include: a TF-CBT manual targeting CSEC including specific psychoeducation tools, safe sex information, and examples for each TF-CBT component; additional resources for improved family communication and behavioral management; learning applications for Motivational Interviewing tailored for CSEC clients; establishing a format for group TF-CBT for CSEC youth; and identifying and engaging other systems of care that assist CSEC youth. More specific recommendations are highlighted below:

1. TF-CBT CSEC Specific Manual

CSEC youth present complex mental health problems, which requires a greater understanding of the traumatic experiences to which youth have been exposed as well as other mental health and quality of life issues. A TF-CBT manual, specifically for CSEC clients, would further support therapists working with this population by providing an additional resource for their reference. The manual should be designed in a manner that provides examples for each component with CSEC clients, and additional materials.



Judith Cohen, Anthony Mannarino, and Esther Deblinger recently published the book, “Trauma-Focused CBT for Children and Adolescents: Treatment Applications.” This book offers guidance on treatment applications with several different populations. It would be beneficial to include a chapter on TF-CBT applications with CSEC youth in the next edition or to outline the newly developed therapist materials in this format.

2. Additional resources for family communication and behavioral management

Additional service needs were identified for enhanced family communication skills and behavioral management. Parent Management Training may be a helpful EBP for therapists to draw from when working with families that are experiencing child mental health problems related to CSEC. Parent Management Training has shown positive outcomes in large randomized controlled trials with children exhibiting disruptive behavior (Michelson, Davenport, Dretzke, Barlow, & Day, 2013).

3. Integrating Motivational Interviewing or other engagement strategies with TF-CBT – CSEC specific

Several studies have demonstrated improved treatment outcomes when engagement strategies are integrated with EBPs. Chaffin, et al., (2004) found positive results when Parent-Child Interaction Therapy (PCIT) was integrated with motivational components. The McKay engagement intervention has produced positive results when combined with TF-CBT, which showed improvement in the areas of treatment retention and completion (Dorsey, Pullmann, Berliner, Koschmann, McKay, & Deblinger, 2014). These positive outcomes demonstrate how brief engagement interventions can be used to enhance EBPs, which could be incredibly useful with this difficult to engage population.

#### 4. TF-CBT in group settings

Therapists may not always be treating CSEC clients in individual therapy. It is likely that therapists will be working with groups of CSEC youth that have experienced trauma. It would be beneficial to reach as many CSEC victims at one time and implement TF-CBT. Previous research indicates that youth exposed to sexual abuse can benefit from trauma-focused group therapy through structured exercises eliciting the trauma narrative (deYoung, & Corbin, 1994) and groups have been used in delivery of TF-CBT both in the US and abroad (Dorsey, personal communication).

#### 5. Engaging systems that commonly serve CSEC youth

There is a dire need for communication to take place between systems of care that serve CSEC clients. In order to address lack of referrals, it is important to establish a communication protocol that provides a greater support system for practitioners and clients. The GOCF created the Georgia Care Connection (GCCO) as a statewide resource for all identified CSEC youth. GCCO has been tasked to connect youth and their families with a range of advocacy, educational, health and mental health services. However, CSEC referrals have remained well below the estimated number of trafficked youth. It is important to recognize that a system of this nature takes time to develop, needs policy to delineate, and adequate funding to support staffing needs. It is essential for agencies to continue to work together in identifying CSEC and providing services.

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## Appendix A

### Keystone Therapist Survey

Q39 Name

Q40 Agency/Organization

Q41 Address to send your \$20 reimbursement for completing the study

Q1 Do you currently work in:

- Georgia (1)
- Florida (2)

Q2 When were you trained in TF-CBT?

Q4 When did you receive the Keystone training focused on TF-CBT applications with CSEC youth? Please select 1:

- Keystone April 2014 (1)
- Keystone October 2014 (2)

Q5 Do you currently participate on Keystones consultation calls? Please select 1:

- Every or nearly every call (1)
- Approximately half of the calls (2)
- Less than half the calls (3)
- I am not currently participating in the calls (4)

Q6 At this time, are you serving any youth who have been victims of commercial sexual exploitation (CSEC clients)?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To Who refers CSEC client to you or you...

Q7 Who refers CSEC client to you or your agency (e.g. Georgia Cares, DFCS, DJJ, etc.)?



Q8 Are you interested in serving CSEC clients?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To

What are the primar...

Q9 What are the primary barriers to serving CSEC clients?

Q10 In what setting are you serving CSEC clients?

- Inpatient (1)
- Psychiatric Residential Treatment Facility (2)
- Residential Maximum Treatment Oversight (3)
- Group Home (4)
- In-home (5)
- Outpatient (6)
- Other please describe (7) \_\_\_\_\_

Q11 How long have you been serving CSEC clients?

- I have not served a CSEC client yet (1)
- 1-6 months (2)
- 6-12 months (3)
- 1-3 years (4)
- More than 3 years (5)

Q12 How many CSEC clients are you currently serving?

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5+ (6)

Q15 The following questions are to help understand more about the utilization of TF-CBT with CSEC clients, especially ways that the model is helpful, current challenges with the model, and additional tools and training that might be helpful in serving CSEC clients and families. Please be as detailed as possible.

Q14 With How many CSEC clients are you currently using TF-CBT ?

Q13 If you are not using TF-CBT with a current client or clients, please describe the reasons TF-CBT is not being used and what services are being provided.

Q17 Please describe how TF-CBT meets the needs of your CSEC clients?

Q18 Please describe the challenges you have experienced in using TF-CBT with CSEC clients.

Q19 Thinking back on your Keystones training and considering the challenges and difficulties faced by yourself and/or other therapists, what additional topics or skills do you think it would be helpful to include in preparing therapists to best serve CSEC clients.

Q20 We are considering the following areas/topics for additional training for Keystones therapist. Please let us know what you perceive to be the value of each topic and describe specifically what would be helpful.

Q21 Parenting and behavioral management of adolescents

Q22 Family Communication

Q23 Impaired client-caregiver relationships

Q24 Interacting with other systems of care that CSEC youth are often involved in

Q25 Engaging and motivating CSEC clients

Q26 Learning applications of motivational interviewing with CSEC clients

Q27 Challenges related to client behavior problems (conduct problems, oppositional-defiant/disruptive behavior, "acting out, etc.)

Q28 Challenges related to recruitment/victimization of other CSEC –involved youth

Q29 Substance Use Problems

Q30 Dynamics of Power and Control/Cycle of violence

Q31 Adolescent development

Q32 Runaway risk, assessment, and response

Q33 Harm Reduction for youth not fully out of the life

Q34 In TF-CBT Training, a number of tools were provided to guide clinicians and for use with clients and caregivers (e.g. “Common caregiver reactions to Child Sexual Abuse,” TN guidelines, etc.). Some examples of tools therapists find helpful with CSEC include CSEC Fact sheets, “Human Trafficking/DV Power and Control wheel, Internet Safety videos and materials.

Q33 What additional tools or materials would be helpful in your work with CSEC Clients? That is, what materials would you like to see developed that would support you in your work with CSEC clients?

Q34 What tools or materials do you currently use that you find to be helpful in your work with CSEC Clients? [Upload here if you are willing to share with others]

Q37 Acceptability of TF-CBT for CSEC Intervention (AIM): PRE

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
I like TF-CBT for CSEC clients. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TF-CBT is an effective approach to handle the problems that CSEC youth present with to therapy. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TF-CBT is a beneficial model to address the most pressing needs that caregivers of CSEC clients present with to therapy. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the materials needed to implement TF-CBT with CSEC clients. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the support needed to implement TF-CBT with CSEC clients. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>I would suggest the use of TF-CBT to other mental health professionals working with CSEC clients. (6)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>CSEC clients have problems or challenges that TF-CBT is designed to address. (7)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>TF-CBT is culturally appropriate for the CSEC clients I serve. (8)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Overall, I believe TF-CBT is an effective intervention for the CSEC clients I serve. (9)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 If you have any compelling stories to share about the benefits of TF-CBT with youth you have served, please do so here so that we may consider sharing them in future trainings, and/or with NCTSN (our grantee).