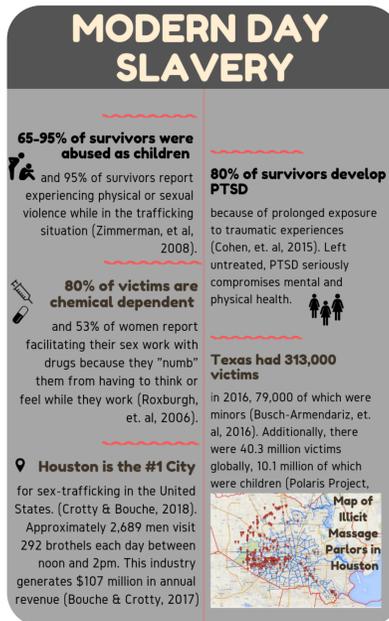


TF-CBT to Reduce PTSD in Survivors of Sex Trafficking

Katie Collier

Introduction

- Sex trafficking involves the use of force, fraud or coercion to control someone for the purpose of engaging in commercial sex acts (UNODC, 2018)
- Prevalence is currently underestimated due to the hidden nature of the industry, variation in definitions, and underreporting (Ulibarri et al, 2017)
- Limited literature has investigated effectiveness of interventions for PTSD (Cohen et al, 2015)

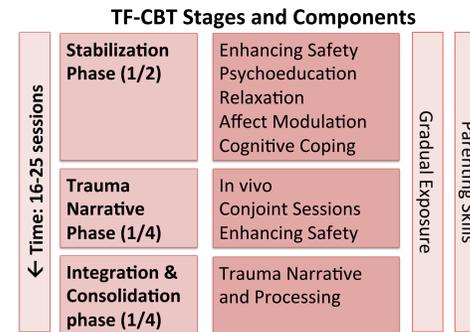


Research Question

What is the most effective intervention to reduce PTSD symptoms among adolescent females who are survivors of sex-trafficking?

Trauma-Focused Cognitive Behavioral Therapy

- TF-CBT is an evidence-based treatment for individuals impacted by complex trauma (Courtois, 2008)
- It prioritizes safety and affect regulation, and seeks to identify and change inaccurate or unhelpful cognitions (Cohen, Mannarino & Kinnish, 2015) that lead to negative feelings or behaviors
- TF-CBT has been shown to reduce symptoms of PTSD and externalizing behavior problems (Cohen, Mannarino & Kinnish, 2015)
- The therapist administers this intervention when the client decides they are ready to "leave the life" (Cohen et al, 2017)
- Can be delivered individually or in a group (O'Callaghan, et al, 2013)



J. Cohen, A. Mannarino & E. Deblinger, (2012)

Rationale

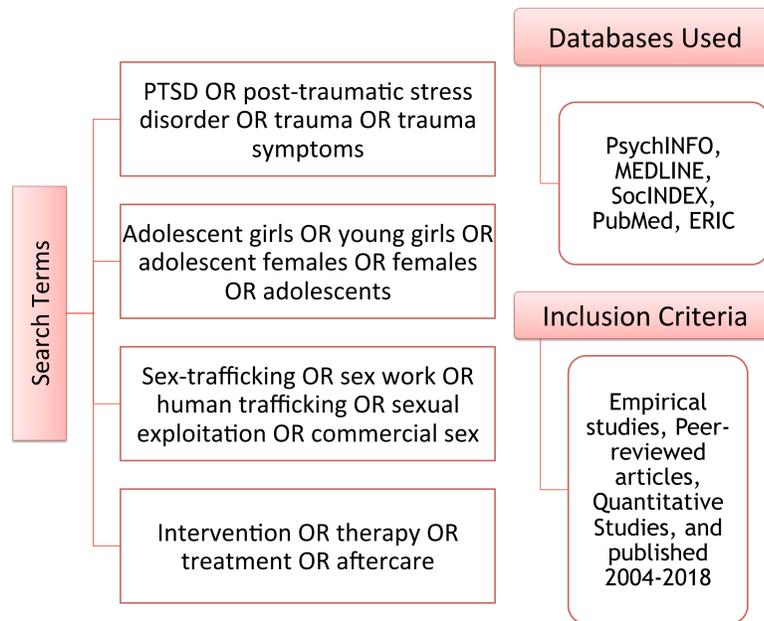
- In a RCT that compared TF-CT to a waitlist control group, the TF-CBT group experienced a much larger reduction in trauma symptoms (n=52, p<0.001, d=0.518) at posttest and at a 3 month follow up (O'Callaghan et. al, 2013)
- Another multisite RCT showed that TF-CBT was superior to Child Centered Therapy (CCT) and a waitlist control group in treating PTSD (n=180, p<0.001, d=0.26) at posttest, and at 6 and 12 month follow up (Cohen et al, 2004 & Deblinger et al, 2006)
- It is modified to fit the unique needs of this population, because it emphasizes safety planning and affect regulation before moving onto more psychologically demanding tasks in therapy (Cohen, Mannarino & Kinnish, 2017)
- Addresses other factors such as drug use, running away, or other risky behaviors that influence their 'performance' in therapy, and is easily culturally modified

Limitations

- Small sample size (n=52)
- Self-report was the only method used to measure symptoms
- One study was only conducted with girls from Africa
- Attrition concerns with the multisite RCT



Methods



Of the 31 articles meeting inclusion criteria, 6 were used to complete this research.

Alternative Treatments

Narrative Exposure Therapy (NET)

- Therapist guides client through detailed exploration of previously experienced traumatic events (Robjant, Roberts & Katona, 2017)
- Therapist helps integrate contextual information into the client's narrative
- No dropouts, which suggests that this intervention is tolerable
- Several study limitations such as small sample size (n=10) and retrospective design

Comprehensive Care: Live in Residence

- Client lives in a residential home/shelter where they receive individual counseling, group counseling, adjunct therapies, and academic/job training (Munsey, Miller and Rugg, 2018)
- Individual therapy is often supplemented with Eye Movement Desensitization and Reprocessing (EMDR)
- High dropout rates, and program is expensive
- Concerns with safety in aftercare facilities and compounding trauma (Rafferty, 2018)

Conclusion & Recommendations for practice and research

- TF-CBT appears to be most safe and effective intervention to reduce trauma symptoms for this population (Cohen et al, 2017)
- TF-CBT is best delivered with adjunct services such as vocational, educational and caregiver training, and should include opportunities for empowerment and leadership (Ulibarri et al, 2017); "not trauma alone" approach (Courtois, 2008)
- Practitioners should be trained in Motivational Interviewing and the Stages of Change to best engage with clients (Cohen et al, 2017)
- Due to attachment and relational deficits experienced, the therapist must be consistent and not allow crises to disrupt the therapy process (Cohen et al, 2017)
- More research is needed to support the selected intervention modality in diverse groups of clients
- Future interventions may be inclusive of caregivers and mentorship
- Future studies should investigate which component of treatment is more effective, as well as treatment delivery with comorbid substance abuse and with other populations