

**APPROACHES TO BOLSTER RESILIENCE IN VICTIMS OF HUMAN
TRAFFICKING: CORE TASKS OF INTERVENTIONS**

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SUMMARY OF CORE THERAPEUTIC TASKS

- ___ 1. Develop, maintain and monitor a therapeutic alliance.
- ___ 2. Implement culturally-sensitive, gender-specific and sexually orientation/gender-identity interventions and where indicated, incorporate the client's spirituality, religious and cultural beliefs, practices and rituals.
- ___ 3. Address any therapeutic interfering behaviors.
- ___ 4. Assess for safety issues and concerns. Provide safety planning.
- ___ 5. Assess for both developmental and current risk and protective factors (evidence of survival skills and resilience).
- ___ 6. Use the "art of questioning" in the form of compassionate curiosity. Use Time Lines to assess for the history of victimization, substance abuse, involvement in sex trafficking activities and for the "rest of the story" of the client's strengths and evidence of resilience.
- ___ 7. Use Motivational Interviewing Procedures to ascertain the pros and cons of being part of sexual trafficking activities (prostitution).
- ___ 8. Engage the individual in collaborative goal-setting.
- ___ 9. Conduct ongoing psycho-education. Use the CLOCK metaphor to educate the individual about the interconnectedness of appraisal processes, emotions, thoughts, behaviors and resultant consequences ("vicious cycle" and ways to break this cycle).
- ___ 10. Teach and nurture intra-and interpersonal coping skills. Build in generalization, self-attribution and maintenance guidelines. Teach how to become an "emotional detective."
- ___ 11. Address the "lingering impact" of past and current victimization experiences. Help individuals develop a "coherent narrative". Obtain a history of victimization experiences and interventions using the Time Lines; Conduct Prebriefing; Cognitive Exploration Reconsideration and Retelling; Writing activities; Titrated exposure and Cognitive restructuring interventions.
- ___ 12. Help individuals avoid revictimization and conduct relapse prevention.
- ___ 13. Provide follow-up contacts. Take on the role of being supportive, engaged and a helpful advocate.
- ___ 14. Help the helpers.

“It is not unusual for homeless often runaway adolescents, especially those with histories of childhood sexual, physical or emotional abuse to become involved in prostitution (human trafficking). In some cases, they are recruited and controlled by a pimp. In others, the survivor may exchange sex for drugs, food or shelter. Such prostitution is associated with an elevated risk of assault, disease, depression and posttraumatic stress. Entreaties that the adolescent just stop such behavior is often “less than effective.”(Briere and Lanktree, 2014).

If entreaties to change do not work, then what can individuals and society do to be of assistance? What do we know about behavior-change principles and core psychotherapeutic interventions that can be implemented to help individuals who are “victims” of human trafficking? This presentation will describe the Core Tasks of such psychotherapeutic interventions. (***Also, see the multimodal, multicomponent treatment manual by John Briere and Cheryl Lanktree “Integrative Treatment of Complex Trauma for Adolescents – ITCT-A www.attc.usc.edu***). The National Human Trafficking Resource Center Website (<http://www.acf.hhs.gov/trafficking>) has a number of informative reports and helpful resources. See Clawson et al. (2009) report on "Human trafficking into and within the U.S." (<http://aspc.hhs.gov/hsp/07/Humantrafficking/>).

CORE PSYCHOTHERAPEUTIC TASKS

1. The overarching critical therapeutic core task is the ability to develop, maintain and monitor a nonjudgmental, caring and trusting therapeutic alliance. The Health Care (HCP) needs to meet the client/survivor where he/she is at, and “take the individual as he/she is.” The HCP needs to convey an authentic, emotionally-attuned caring and supportive relationship. There is a need to be patient, using a gentle form of inquiry of open-ended questions, conveying a keen compassionate curiosity; a type of Socratic questioning. The survivor needs to feel “heard and respected”. ***The therapeutic alliance is critical to the effectiveness of any intervention.***

In order to maintain the therapeutic alliance, there is a need to consider what, if any, therapeutic interfering behaviors may undermine participation and engagement (fear, hopelessness, depression and practical concerns about safety).

The HCP needs to engage in “outreach” efforts and go to the individual in need. Persistent efforts to engage the client is necessary. Convey a willingness to help. Moreover, it is important to have the clients provide regular feedback on the degree to which the intervention sessions are perceived as being helpful in achieving the agreed-upon goals. Also, ask about the quality of the therapeutic alliance (“the fit”). Maintain continuity of care.
2. There is a need to ensure that any interventions are culturally-sensitive, gender-specific and sensitive to the sexual orientation and gender identity of the youth. For instance, Meredith Dank, in a study of LGBT youth found that they were victimized and engaged in prostitution and became part of the sex trafficking process. They reported engaging in “survival sex.” (See www.urban.org for more details of the study).
3. Where indicated, there is value in incorporating the youth’s spirituality, religious beliefs, practices and rituals. For instance, in her biographical account “Stolen”, Katarina Rosenblatt (Revell Publishers), describes how her religious beliefs that “God wanted me to have a good life that I deserved”, helped her to escape from sex trafficking.
4. Safety issues are key to treatment engagement. There needs to be a “safe place”, away from the clients' “handlers”, to meet. This assessment should be ongoing. In addition, a variety of other safety domains need to be addressed.
 - a) Assess for the presence of any present or past incidence of suicidal and self-injurious behaviors and accompanying depression, poly-substance drug abuse, and other “high-risk” reckless behaviors. (See King, Foster, Rogalski, 2013. Teen suicide risk Guilford Press. Keep in mind that the failure to report suicidal ideation does not necessarily indicate the absence of risk for suicidal behaviors).
 - b) Assess for presence of any criminal, antisocial behaviors, aggressive behaviors that could get them into trouble with the law. Assess for the history of various forms of substance abuse, sexual activities and other high-risk behaviors.

- c) Assess for possible ways to engage in safer-sex practices (protection from HIV, other sexually-transmitted diseases). Use a “harm-reduction” approach. Support safer sexual behaviors. Be nonjudgmental.
- d) Help the client have in place a pre-planned detailed safety-plan for exiting the environment when imminent danger is present (pre-packed bag, planned escape route, how to find a new safer environment, friend’s home, local shelter).

These assessments should be conducted using the “art of questioning” consisting of a compassionate curiosity, gentle inquiry and Socratic questioning. Focus on “What” and “How” questions. Stay away from “Why” questions. Such probes should convey a concern for the client’s well-being and Safety.

5. Assess for developmental and current risk and protective factors. The **RISK** factors for being vulnerable to becoming a victim of sexual trafficking include:

- a) coming from a low SES disadvantaged environment (single parent home);
- b) having experienced cumulative forms of victimization (physical, sexual abuse neglect, exposure to domestic violence) and family members similarly being victimized;
- c) runaway and rejected by your family as in the case of one's sexual orientation;
- d) history of substance abuse and use of drugs when engaging in sexual activities (engaging in sexual activities to survive);
- e) feelings of low self worth, lonely, feeling unlovable;
- f) parents involvement in prostitution and in the sex trafficking trade;
- g) being a school dropout ;
- h) poor development of attachment relations (belief that no cares and what has been called a "daddy hole");
- i) engagement in other high-risk activities (antisocial behavior , sexual acting out behaviors).

Determine the cumulative impact of such risk factors.

There is also a need to obtain a behavioral picture of **DEVELOPMENTAL PROTECTIVE FACTORS**

6. Engage the youth in a discussion of how he/she got involved in sex trafficking? How were he/she lured, groomed, recruited and may have placed misguided trust in others? How individuals may have taken advantage of the youth's vulnerabilities? ALSO, permit the youth to relate any instances of what he/she considers "positive aspects" of their associations and experiences. Ask how the youth developed "street smarts" and "survival skills"? What social network did he/she develop? Who could the youth depend on if in need? What would the youth like to see changed? (SEE BELOW ON WAYS TO USE TIME LINES TO SOLICIT THIS ACCOUNT).

Finally, the assessment should also solicit information for any evidence of the client's "strengths", "survival skills", "resilience". There is a need to highlight the "Rest of the story" of what the youth has done, and is doing, to protect oneself. It is critical to obtain the survivors' perspective, walk in their shoes in order to better appreciate how they negotiate their lives in terms of basic needs (shelter, food, safety protection). For example, ask the following questions:

"How are things going right now in your life and how would you like them to be?" [Be present-focused]

"What have you tried to do to accomplish that goal? How has that worked?"

"How do you think we could work together to help you be X (safer, more in control, less depressed, stay out of trouble, be less controlled and exploited")"

When asking such questions, solicit the individual's permission and put him/her in charge of disclosing only that which he/she feels comfortable in sharing. Indicate that he/she is "in charge" and should feel free to stop the interview at any time, and tell you when you overstep the bounds.

"Is it okay if I ask you some questions about X, since I want to make sure you are safe?" (Not being exploited, controlled, abused)?"

7. Use motivational interviewing procedures as a way to engage the individual in a therapeutic relationship. Avoid argumentation, express empathy, help develop discrepancies, support self-efficacy. In order to highlight discrepancies, ask the youth the following questions:

"What is it that they liked about their life (experiences) with their 'handler', their life -style of being part of the sex trade, times with your friends?"

"I now better understand what you liked about your life-style".

"What don't you like about it?"

Keep in mind that the individuals may not see themselves as a “victim”, and not be motivated to change. Some may hold an implicit theory that change is not possible (“no escape”) or that the so-called benefits (pros) of their current life-style far outweigh the costs (cons). They may hold an “entity” versus an “incremental” theory of change. The social discourse should highlight the “language of possibilities and becoming”, “change talk” and nurture hope for the future. Bathe the discussion with phrases such as “So far”, “As yet”, and personal agency metacognitive verbs such as:

“Are you telling me, are you saying to yourself, that you can notice, sense when you are unsafe, catch yourself, plan ahead of time, use your back up plan and make smart choices.? [Choose one verb] “Can you give me an example when you can do that? Are you saying that in spite of... you are able to do that? How do you pull that off? Where did you learn such survival skills?”

Also use “Re” verbs, as part of the dialogue.

“Are you saying, one of the things you want in your life is to...? Re-connect with X; Re-duce X, Restory your life? Write a new chapter? Rebuild a life.” (See Meichenbaum, 2013, for examples for ways to conduct such resilience-engendering discussions).

8. Engage the individual in collaborative goal-setting. Help individuals develop “**SMART**” goals (Specific, Measurable, Attainable, Relevant to their situation and consistent with their values, and Timely). Be very practical, realistic and present-oriented. Work on sub-goals and small steps. Use foot-in-the-door procedures. Facilitate exploration of other possible safer options for survival that are less self-injurious. Identify specific behaviors that require immediate attention. Collaboratively set behavioral priorities on what should be worked on.

9. Conduct ongoing psycho-education. This is not a mini-lecture, nor a didactic discussion. Out of the art-of-questioning, inform the individual about the services that you and your agency can provide, where and how to access safe shelter, medical and legal services, Hotline telephone numbers, and the like.

Have a discussion of what happens in therapy and counseling; who you are and your background; how such discussions can help you help others. (“Make a gift” of their experiences and survival skills with others you see, but always protecting their privacy and anonymity. A key is establishing and maintaining trust. Share any books, films or TED talks, Websites of how individuals have been able to escape from sex trafficking and make a “gift” of their experiences, so others can benefit. Use peer mentors who have successfully escaped sex trafficking as counselors and provide them with ongoing supervision .

10. Conduct Time Lines analyses. Have the individual walk you through their developmental Time Lines, from birth to the present day. Draw a physical line and have the individuals note when and where any form of “victimization” occurred (abuse, neglect, etc.). What, if any treatment services were provided. ***“When and how did the individual come into the sexual trafficking/prostitution?”***

Normalize and validate their experiences. Ask, "How did they make such choices?" Convey empathy. Help the individual better appreciate how he/she has "internalized the voice", or "repeat the messages" of those who have abused him/her. Have them consider what, if any, "exploitation" is occurring in their present relationships with their "handlers". Highlight the concepts of their being "in charge", "in control", "making personal choices". Where are all those instances where the individuals have made "choices"? Ask how did they come to make such choices?

Generate a Second Time Line of what the individuals have been able to achieve "in spite of" the Time Line 1 history of victimization. Document any examples of evidence of resilience and survival skills. Follow this up with probes of "How" he/she was able to engage in such behaviors and accomplish such personal goals, "in spite of" experiencing "victimization" experiences?

"What lingers from such a life history?" "What beliefs and conclusions does the individual hold about self, others and the future, as a result of these experiences?"

"What story does he/she tell him/herself and tell others, as a result of this life history?"

"What resources (people) can the individual call upon now to help achieve his/her goals?"

A Third Time Line can be generated that begins in the present and projects how the individual would like things to be in the future. Help the individual develop practical short-term, intermediate and long-term goals and sub-goals. Goal-setting is a critical way of nurturing hope.

11. Help the individuals better appreciate the interconnectedness between their feelings, thoughts and behaviors. Use a **CLOCK** metaphor.

12 o'clock – how appraise external and internal triggers

3 o'clock – primary and secondary emotions and the implicit theories about the experience and expression of their feelings

6 o'clock – automatic thoughts and images, beliefs, attributions, schema, scripts, "self-talk"

9 o'clock – behaviors and actions and resultant consequences

Discuss how these four components can become a "**vicious cycle**" and what are the "**impact, toll and price**" he/she and others pay as a result?

"Is this the way he/she wants things to be? If not, what could be done? How has he/she been able to break the 'vicious cycle' in the past? What alternatives now exist to break the 'vicious cycle'?"

12. Teach and nurture the individual's intra and interpersonal coping skills. These skills include ways to:

- a) increase trigger awareness, identification and intervention.
 - i. Identify instances when she is being triggered. (*“What triggers me?” “How do I know I have been triggered?”*)
 - ii. Reframe triggered reactions. *“These are old movies being replayed”. “Can I check this out?” “What can I do if I get triggered?”*
 - iii. Cope with such triggers. *“What I do or say to myself can lessen the impact of the trigger?” “What has to happen for the situation to be less emotional?”*
- a) I can analyze the trigger; increase my social supports; engage in positive self-talk; use my breathing exercises; use distraction; remember how I handled this in the past; change my facial expressions that sends messages to my brain; change my posture and activities. I can relabel my flashbacks, intrusive thoughts as “old movies”, and use acceptance and mindfulness activities and watch non-judgmentally as they come and go - - like “a wave.”
- b) Become an “emotional detective” and self-regulate negative emotions and engage in opposite actions (e.g., ground myself; disengage; use visualization, relaxation, mindfulness activities; distress tolerance skills; control impulsivity);
- c) Increase positive emotions and pursue pro-social safe pleasant activities; increasing my well-being; help the individual identify their values - - what is really important. Build a life worth living. Attend to relationships and end “destructive” relationships and establish safe boundaries.
- d) Use social problem-solving skills. Help individuals develop a **Goal-Plan-Do-Check** approach. Help them break goals into smaller steps, brainstorm ideas, make choices using a Pros and Cons analysis, anticipate barriers, develop back-up plans, and trouble-shoot.

It is not enough to “train and hope” for generalization. There is a need to build into the training program specific guidelines for generalization. For example, put the trainees in a “consultative role”, so they can describe, explain, demonstrate and teach such skills to others and offer self-generated reasons why engaging in such behaviors are necessary. Bolster self-efficacy. Engage the individual in self-attributional training, or ensuring that they “take credit” for any changes they initiate. Reinforce effort, not outcome. Use “How” and “What” questions to encourage them to describe the specific steps they took to achieve their goals. It is not enough to have individuals change, they need to alter the “story” of what such changes mean about them.

13. Help victims of human trafficking develop a coherent narrative and “restory/reauthor” their lives. Individuals who are engaged in human trafficking likely have had a long history of multiple and complex victimization experiences. The intervention steps include:
- a) Following the individual’s lead, and at his/her own pace, and with permission, obtain a victimization history and evidence of any formal or informal interventions. Explore what is the “lingering impact” of such victimization experiences? What conclusions does the individual draw about him/herself, other people and the future? What are the “stories” that he/she tells himself/herself and others, as a result of such victimization experiences?
 - b) Decide collaboratively with the individual on whether the intervention focus should be on present-day issues and/or relating, retelling and reliving (sharing) past trauma experiences.
 - c) Conduct prebriefing discussions about the trauma-exposure based intervention, namely the rationale, procedures of repeatedly describing his/her trauma story in order to develop a more coherent account.
 - d) Have the client engage in writing and journaling activities (Cognitive Processing Therapy procedures). Describe events in as much detail as tolerable, including thoughts and feelings experienced during and after victimization. Reread the account at home and then share it with the therapist.
 - e) Conduct cognitive restructuring in order to consider any faulty cognitions and attributions of self-blame, deservingness, and responsibility. Address emotional issues of guilt, shame, humiliation, anger, and the tendency to “internalize” the perpetrator’s comments. Provide an opportunity for exploration and guided reconsideration and reinterpretation. Use gentle open-ended questioning. Use specific cognitive-behavioral interventions tailored to each dominant affective state- - guilt ala Kubany; shame ala Smucker and Dancu; anger ala Novaco and Chemtob. As Briere and Lanktree observe:

“The process of remembering painful (but not overwhelming) events in the context of safety, positive relatedness, emotional expression, opportunities for introspection, and minimal avoidance can serve to break the connection between traumatic memories and associated negative emotional and cognitive responses.”

As a result of such repeated retelling, the individual’s narrative is likely to become more organized, chronologically structured and integrated and contextualized into a larger life story. Sharing one’s victimization account will highlight the likelihood of soliciting the “rest of the story” of what one did to survive and pull for signs of resilience. Keeping one’s victimization story a “secret” exacerbates distress and acts as a block to undertake behavior changes.

- f) Conduct titrated exposure in order to address avoidance behaviors that can exacerbate distress. See Briere and Lanktree on how to work in the client’s “therapeutic window”. Use

imagery-based and/or in vivo exposure activities. Ensure that the client is safe when undertaking such activities.

14. Focus interventions on identity issues in order to help develop a positive sense of oneself, a sense of self-efficacy, self-validating, self-worth and self-exploration. Involve significant others in this journey, as indicated. Help the client avoid re-victimization by learning how to determine, establish and maintain appropriate boundaries in relationships.
15. Conduct relapse prevention procedures in order to help the client handle possible lapses and avoid relapse, anticipate and plan for possible barriers and setbacks. View these as “learning opportunities”, instead of “catastrophizing” and relapsing. Discuss what is needed to avoid going back into the same life-style of prostitution and sex trafficking?
16. There is need to act as an advocate for the youth and refer them to shelters, and convey ways to access medical and legal services, where indicated. Also, provide life-skills, job training and help them access employment opportunities. Help them access services in the community who treat victims of human trafficking. Be proactive in conducting follow-up. Do not let the youth “fall through the cracks”. Continuity of interest and care are critical. Conduct active outreach interventions.
17. Help the helpers who have to deal with such challenging cases (*See www.melissainstitute.org*), *Author Index, Meichenbaum for a Handout on “Ways to Help the Helper”*).