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Treatment practices of childhood sexual abuse: A developmental psychopathology perspective

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ABSTRACT

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by

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M.S., Springfield College, 1998
B.S., Notre Dame College, 1994

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
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ABSTRACT

Childhood sexual abuse (CSA) occurs in up to 9.9 % of the general population. Clinical implications of CSA are lasting and warrant treatment utilizing suitable approaches. Although the developmental psychopathology model encourages clinicians to evaluate disorders in the context of risk/protective factors, cultural issues and development, there is a gap in current research regarding the utilization of developmental theory among clinicians working with this population. Therefore, the purpose of this study was to examine consistent patterns in treatment practices employed by therapists with CSA patients. The primary research question in this study was to determine how closely therapists' actual treatment practice with CSA females paralleled the developmental psychopathology model. The study utilized a grounded theory approach to generate a model of practice drawn from structured interviews with 20 therapists recruited through a snowballing sample. A sequence of open, axial and selective coding of these data revealed three themes including *empowerment, consistency* and *support*. Results indicate most participants were trained in developmental theory and, developed model based skills over time while intuitively utilizing this model and that progressing clients had therapists that utilized this model. Recommendations include required undergraduate training in this model. This information will contribute to the existing literature on developmental theory and, can enhance social change initiatives through increased reliance on therapist intuition which in turn can produce patient care more aligned with developmental needs. In addition this information can be used for the development of effective model based interventions and preventions so as to decrease CSA's harmful societal impact.

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DEDICATION

This study is dedicated to my deceased beloved grandmother, Stella Lauziere who taught me the value of hard work.

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INTRODUCTION TO THE STUDY

Brief Introduction to Model

French neurologist, Jean-Martin first discussed sexual abuse when he began to study the nature of hysteria during the later part of the 19th century (Alpert, Brown, & Courtois, 2000). Since that time, most studies examined the impact of sexual abuse with adults (Oaksford & Frude, 2003). Today more is known about the long-term and short-term effects of this type of trauma on children, adolescents and adults (Quas, Goodman & Jones, 2003). These effects include anxiety, depression, aggression, self-esteem, shame, dissociation, sexualized behavior, substance abuse, eating disorders, and borderline personality disorder (Beitchman, Zucker, Hood, DaCosta & Akman, 1991; Beitchman, Zucker, Hood, DaCosta, Akman & Cassavia, 1992; Briere, 1992; Deblinger, Steer & Lippman, 1999; Dubner & Motta, 1999; Finkelhor, 1990; Jacobson, 2001; Malchiodi, 1998; 1997; Saigh, 2002; Saywitz, Mannarino, Berliner, & Cohen, 2000).

To date, many studies have examined the effects of sexual abuse. Downs (1993) reported the long-term effects in children and adolescents can be more severe than the immediate and short-term effects. Researchers believe this negative effect is a function of an interruption in developmental processes as the child enters the later stages of development. During some stages of growth, developmental differences in childhood sexual abuse can be greater because of the disturbance in developmental tasks (Downs, 1993).

In comparison, other studies reported the various symptoms found in victims and survivors. Richter and Snider (1997) found adult survivors report problems of low self-esteem, anxiety, depression, stigmatization, and social isolation. Other victims engage in self-destructive behaviors, including substance abuse and suicide attempts; exhibit problems with interpersonal relationships; experience sexual dysfunctions; revictimization; physical symptoms; and other mental health problems such as post-traumatic stress disorder, personality disorders, and dissociative disorders. The sexual abuse survivor may also have repetitive, intrusive thoughts or memories of childhood sexual victimization, making it difficult to concentrate for extended periods (Beitchman et al., 1992). Researchers reported short-term and long-term effects for victims such as anxiety, depression, dissociation, abnormal sexual behavior, substance abuse, and eating disorders (Beitchman et al., 1991; Beitchman et al., 1992; Briere, 1992; Downs, 1993; Jacobson, 2001; Malchiodi, 1998; Richter & Snider, 1997; Saywitz et al., 2000).

Developmental theorists acknowledge that trauma affects normal development (Pynoos, Steinberg, & Piacentini, 1999). When an individual experiences trauma, the victim must process the event and develop an understanding of it before symptoms decrease and normal development resumes (Pynoos et al., 1999). Cole and Putnam (1992) reported that a stressful event such as incest can influence a victim's ability to manage stress and can delay developmental tasks. The authors indicated that professionals must have a better understanding of developmental trajectories associated with child sexual abuse in order to stimulate research on effective intervention techniques.

Problem Statement

Today, child sexual abuse is a widely researched problem. Father-daughter incest is more widespread than previously realized and its effects on the development of self are tremendous. There is an increase in today's society of this form of child abuse and the damage suffered by its victims (National Clearinghouse on Child Abuse and Neglect, NCCAN, 2002). Some researchers reported that it is crucial that effective treatment be identified (Nolan, Carr, Fitzpatrick, O'Flaherty, Keary, Turner, O'Shea, Smyth, & Tobin, 2002). While other researchers acknowledge the need for further research on prevention and intervention practices (Alpert & Paulson, 1990; Cole & Putnam, 1992; Hinson, Koverola, Morahan, & 2002; Merrill, Thomsen, Sinclair, Gold & Milner, 2001).

Many adolescent girls in the foster care system are victims of incest and the mental health professionals treating them need effective training. Researchers have discussed the developmental psychopathology model approximately for 20 years (van Eys & Dodge, 1999). This model appears very promising as it integrates knowledge from different disciplines such as embryology, genetics, developmental, clinical and experimental psychology (Cicchetti, 2006; Pearce & Pezzot-Pearce, 2001; van Eys & Dodge, 1999). The developmental psychopathology model examines normal and abnormal development across one's lifespan considering various factors such as risk and protective factors; resilience, developmental pathways prevention and intervention, attachment, social competence, self-processes, peer relationships, culture, social support and family processes (Cicchetti, 2006).

Given the nature of the foster care system, victims may receive treatment to address the trauma with various providers (Gries et. al, 2000). However, a search of the literature base did not reveal the treatment practices of therapists providing treatment to the sexually abused adolescent in foster care. The problem is that it is unknown how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and how they see themselves applying this model to treatment. This study examined the experiences and processes of treatment practices of therapists' focuses on the developmental approach to treatment. A good therapist will develop their skills over time. Therefore, the researcher sought to understand the phenomena of the usage and ways of application of developmental theory in working with this population. The researcher's goal was to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment and, their awareness of using this model.

Brief Introduction to Treatment

Various researchers have identified forms of treatment that have shown promise in alleviating symptoms. For example, according to Westbury and Tutty, (1999) group therapy is the most recommended treatment for adult survivors of childhood sexual abuse. While, Saywitz et al. (2000) identified cognitive behavioral therapy as an effective form of treatment for symptoms exhibited by adolescents. The authors further indicated that treatment providers will need to work together to evaluate various treatments for long-term effectiveness in treating sexually abused children and adolescents. In addition, Cohen, Mannarino, Berliner, and Deblinger, (2000) identified trauma-focused cognitive

behavioral therapy as an effective form of treatment for sexual abuse. However, researchers could not specify which components of this type of therapy is the most helpful in treating specific symptoms or specific populations of traumatized children and adolescents

Today most studies examined adult survivors to identify effective treatment for childhood sexual abuse. There appears to be limited knowledge as to what is the most widely used and effective form of treatment for children and adolescents. It is important to identify and provide effective treatment to these individuals so that they may obtain the skills needed in order to develop into well functioning adults. This study examined the lived experiences of therapists, processes of treatment practices, and their focuses on the developmental psychopathology model approach to treatment of adolescent female victims of childhood sexual abuse.

Chapter 1 includes a statement of the problem, which includes statistical information on the prevalence of childhood sexual abuse. Further sections discuss the purpose of the study, the theoretical framework for the study, research questions, and the definition of terms, the overall significance of the study and any study assumptions and limitations. A brief summary concludes this chapter.

Statement of the Problem

Statistics on Childhood Sexual Abuse

According to the National Clearinghouse on Child Abuse and Neglect 2002 reported an estimated 896,000 children to be victims of some form of child maltreatment. Of the children who were victims, 65.5 % of children were victims of physical abuse; 9.9

% were victims of sexual abuse; and 6.5% were victims of emotional or psychological maltreated. Large percentages (80%) of perpetrators were parents, seven percent fell in the category of other relative, and unmarried partners of parents accounted for three percent of perpetrators. Nearly 29% of all perpetrators of sexual abuse were considered other relatives (NCCAN, 2002).

The occurrence of childhood sexual abuse in today's society is quite high. In the United States, agencies receiving federal funds are required to submit data regarding maltreated children. Thirty-four states reported data in the year 2000, indicating that 879, 000 children and adolescents were believed to be victims of some type of abuse. According to the data, 10.1% of these victims were sexually abused which indicated a rise in incident rates from the previous year. Europe reported 10-20% of women and 3-10% of men reported they had been sexually abused as a child or adolescent (Johnson, 2004).

Further, severe cases of sexual abuse such as incest may result in the victim's removal from their homes and placement in foster care (Authier & Ruma, 1994). Lie and McMurtry (1991) found that 11.3% of sexually abused children and adolescents ages 12 through 17 were placed in foster care in order to prevent them from further abuse. These victims can be revictimized while in out-of-home placements (Hobbs, Hobbs & Wynne, 1999). Other researchers have examined the characteristics of children and adolescents admitted to a residential treatment center, and found 33% of adolescents experienced sexual abuse. Girls were sexually abused (64%) while boys were sexually abused (27%) (Connor, Doerfler, Toscano, Volungis & Steingard, 2004). In another study, researchers

found of 81 participants ages 11 to 18 years old sexual abuse disclosure by more than 20% with only one boy reporting this type abuse (Westenberg & Garnefski, 2003).

Purpose of the Study

The purpose of this qualitative methods study was to generate a theory through the exploration of the lived experiences of therapists working with adolescent females in the foster care system. The researcher sought to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment and, their awareness of applying this model in practice. This study focused on the treatment of female adolescents placed in foster care ages 13 through17 years of age. This study was limited to obtaining information only on treatment of females, as females are more frequently victims of sexual abuse (NCCANI, 2004). The researcher gathered information through face-to-face interviews and followed-up through phone or email contact to ensure the accuracy of transcripts.

A search of the literature revealed little information about the treatment practices of therapists providing therapeutic services to sexually abused adolescents in foster care. The information from this study will add to current knowledge of the developmental psychopathology model, clinical training, and treatment practices with this population. The developmental psychopathology model discusses symptoms, risk, and resiliency and the impact a traumatic event has on development (Cicchetti, 2006). A developmental approach considers the cognitive and emotional capabilities of individuals for coping with a traumatic event. This conceptualization is important to theory and research because of the focus on how children and adolescents process trauma and how the trauma

effects development and psychopathology. This information is valuable not only for sexually abused adolescents, but also for the therapists that provide treatment to this population. Information from this study can assist in the implementation of effective prevention and intervention techniques. Providing effective treatment to victims can decrease symptoms and increase positive outcomes in adulthood.

Conceptual Framework

The developmental psychopathology model was the foundation for this dissertation. This model explains clinical dysfunction over the course of one's development and considers many factors that contribute to psychopathology. Kazdin (1989) defined dysfunction as an impairment affecting daily functioning observed in abnormal behavior, maladjustment, and psychiatric disorders. The developmental psychopathology model recognizes the importance of prevention and intervention techniques in decreasing psychopathology. This model recognizes the importance of various factors that influence one's adjustment after a traumatic event. These factors include the environment, societal expectations, the victim's resilience and adjustment during development (Dwivedi, 2000; Wilcox, Richards, O'Keefe, 2004). Edmond, Auslander, Elze and Bowland, (2006) recognized important protective factors that enhance resiliency in an individual as education, future orientation, family support, peer influence, and religion.

The developmental psychopathology model is unlike other models, which are primarily for adult survivors of childhood sexual abuse. These models include the satir model, which focuses on the client's inner being in treatment and utilizes various

treatment techniques such as group and individual therapy. The client does not re-experience the trauma but heals their inner self so they can feel in control of their life (Morrison & Ferris, 2002). The atrium model addresses trauma and co-occurrence of substance abuse utilizing an integrated approach. This model consists of twelve individual or group sessions and includes the three stages of the trauma reenactment model, which addresses behaviors, cognitions, and relations (Miller, 2002). The self-trauma model integrates trauma theory, cognitive theory, behavioral theory and self-psychology. The treatment practice focus is on cognitive behavioral techniques while considering development and attachment aspects of an individual (Briere, 2002).

The developing adolescent experiences many changes through internal and external forces. The individual can be moody, engage in dangerous behaviors and, challenge parental authority. A developmental psychopathology model considers an adolescent's cognitive and emotional development in determining an individual's ability to cope with a traumatic event. Research on trauma indicates that repeated trauma of abuse can cause a change in an individual's thoughts and emotion, which will, produces serious disturbance and damage to the brain (Bremner et al. 2003; Calverley, Fischer, & Ayoub, 1994; Cole & Putnam, 1992). This model stresses the importance of decreasing psychopathology while enhancing developmental abilities and recognizes development across one's lifespan, life experience with family and society as contributing to both positive and negative adult outcomes (Pynoos et al., 1999). Developmental psychopathologists that work with adolescents examine the use of models of development, consistency in one's development, the link between normal and abnormal

functioning, an individual's interactions with their environment, risk and protective factors and, prevention and intervention practices (Cicchetti & Rogosch, 2002).

Mental health professionals that work with adolescents victims must understand the developmental capacities of these victims. Once a child enters adolescence, she begins to form an identity, which allows her to learn about the expectations and interactions in relationships. Disruption in development can result in among other things, self-destructive sexual behavior with health and emotional devastation (Cinq-Mars, Wright, Cyr & McDuff, 2003; Price, 2003). Effective treatment can lessen symptoms and increase self-esteem, which will increase positive outcomes for adolescents as they enter adulthood. A developmental framework can enhance prevention and intervention for those sexually abused adolescents that are at greater risk for developing psychopathology (Cicchetti & Rogosch, 2002).

Research Question

The purpose of this study was to generate theory how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment. Therefore, the research question answered by this study is:

1. What are therapists' experiences with training in the developmental psychopathology model and utilization of this model while treating CSA females?

This study utilized a qualitative research design to address this issue. The researcher utilized a grounded theory approach because this allows for ongoing data collection and analysis to examine this particular phenomenon (Bowen, 2006). The

researcher utilized a grounded theory approach to generate theory from the data grounded in the lived experiences of therapists. Through interviews of the participants, there was a constant collection and comparison of data until categories and patterns of similarities and differences began to develop (Charmaz, 2006). The four areas of qualitative questioning addressed were; (a) orientation, (b) assessment, (c) utilization of techniques and, (d) training. Chapter 3 provides a more detailed discussion of the qualitative questioning and data collection.

Significance of the Study

The significance of this study is that it can add to the literature on childhood sexual abuse. Researchers acknowledge the need to identify the most effective and widely used treatment for sexually abused children and adolescents (Green, 1993; Nolan et al., 2002; Saywitz et al., 2000). The majority of information known to researchers about treatment came from adult survivors of childhood sexual abuse (Alpert, Brown, & Courtois, 1998; Fontes, 1995). A search of the literature revealed little research about therapists using evidence-based treatment into their practice.

The implications for social change are significant. Sexual abuse of children and adolescents creates a lifetime of dysfunction and despair. Victims experience posttraumatic stress and a multitude of problems causing failure to function effectively as adults. Given the nature of this type of abuse, treatment providers need to utilize evidenced-based treatment techniques for this type of trauma. This research study sought to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment, and their awareness of using this

model in practice. Information from this study provides a body of reference for treatment strategies with this population, which can assist in alleviating symptoms, and the development of a healthy sense of self.

The ability to predict successful outcomes of various interventions, such as individual, family, and group therapy, can assist therapist in their intervention plan for adolescents experiencing elevated levels of symptomatology. The information obtained from this study can benefit the medical and psychological community in that a particular form of treatment may be a predictor of a successful intervention and, will provide treatment providers with a tool when working with child and adolescent victims of sexual abuse. Existing research has identified a need for the development of criteria by which the practitioner can determine the effectiveness of a particular intervention (Saywitz et al., 2000). The information gained from this study will increase our understanding of what, and how therapists are using the developmental psychopathology model in their practices.

Definitions of Terms

Adolescence: Is period of many changes which can be examined by a developmental psychopathology perspective in terms of biological, psychological and social systems also an extensive developmental phase where the individual is neither a child nor an adult (Cicchetti & Rogosch, 2002).

Anxiety: Refers to excessive fear or worry about potential harm, which can be overwhelming for those that experience it (Vance & Pumariega, 2001).

Developmental psychopathology model: Follows clinical dysfunction over the course of development in childhood and adolescence. The developmental psychopathology model recognizes the importance of prevention and intervention techniques in decreasing psychopathology. This model recognizes the importance of various factors that influence one's adjustment after a traumatic event (Kazdin, 1989).

Depression: Symptoms can include hopelessness, fatigue, concentration problems, loss of interests, sleep disturbance, changes in weight or feelings of being inadequate that can lead to withdrawal, suicide and self-destructiveness behaviors (Vance & Pumariega, 2001).

Incest: Incest is the sexual abuse of a child or adolescent by a family member. Family members can include stepparents and those adults that are relatives by marriage. Incest can interfere with the individual's sense of self and social development. This type of abuse increases the risk for severe psychopathology (Cole & Putnam, 1992; Morrow & Sorell, 1989).

"*Posttraumatic Stress Disorder (PTSD):* A serious psychological condition that occurs as a result of experiencing a traumatic event. The symptoms that characterize PTSD are reliving the traumatic event or frightening elements of it; avoidance of thoughts, memories, people, and places associated with the event; emotional numbing; and symptoms of elevated arousal" (Foa, Keane & Friedman, 2000, p.1).

"*Sexual Abuse:* An act occurring between people who are at different lifespan developmental stages which is for sexual gratification of the person at the more advanced developmental stage" (Faller, 1988, p.11-12) State laws have recognized sexual contact

between an adult and a child less than 18 years old as childhood sexual abuse (Green, 1993).

Assumptions and Limitations

The assumptions of this study were that therapists were able to provide necessary information. The 20 respondents of the study were from various employment locations, which included Miami, Plantation, Fort Myers, Ft. Lauderdale, and Coral Springs. The assumption was that this small sample was representative of all therapists that provide treatment to adolescents that have a history of childhood sexual abuse. Another assumption would be those therapists were aware of the developmental psychopathology model, and the importance of implementation of the model into treatment practices. However, this does not necessarily mean therapists would be aware of the model, or agree they were utilizing the model in practice.

Another limitation of this study was the researcher obtained information from treatment providers and not the adolescents. Adolescents may minimize their experience or have difficulty verbalizing symptoms **(**Adams-Tucker, 1984; Bonanno et.al, 2002). However, adolescents may have provided more information than therapists on what they believed was effective in their treatment. Further, this study was restricted to examining the lived experiences of participants in South Florida.

This study did not examine other factors that determine the severity of symptomatology such as length of abuse, type of abuse, relationship to the perpetrator and family support (Morrow & Sorrell, 1989). These factors may determine whether a

victim discloses the abuse, seeks treatment, influence approach and type of treatment, and finally, the length an adolescent receives treatment.

In summary, this chapter briefly outlined the need to identify effective treatments for adolescent females that have a history of childhood sexual abuse. Specifically, incest is widespread and this type of abuse effects development. As discussed in this chapter, most information gathered from studies has been from adults survivors. The purpose of this qualitative methods study was to discover how therapists learn, and incorporate developmental theory into practice.

The developmental psychopathology model recognizes the importance of prevention and intervention techniques. The interview questions solicited responses from participants in four areas of qualitative questioning. The information obtained in this study can add to existing research and assist in identifying treatments deemed effective by therapists. Chapter 2 discusses available literature on this type of abuse, foster care, and various treatment approaches. The chapter continues with a discussion of the method, developmental psychopathology model and information that will provide support for the need of this study. Chapter 3 discusses the methodology, sample, instrumentation, data collection and analysis.

Chapter 4 outlines the data collection process, the qualitative interview questions, a description of participants of the study and, analysis of qualitative and demographic data. The researcher identifies patterns and themes that emerged from the data and presents the findings. Deviant cases and evidence of quality will conclude the chapter.

Chapter 5 consists of summary and interpretation of findings and, implications for social change. A discussion follows with recommendations for action and further study. This chapter ends with a section on researcher bias and conclusion.

CHAPTER 2:

LITERATURE REVIEW

Introduction

Despite an extensive literature search of PsycInfo, PsycArticles, and SocIndex, the researcher found little information about the treatment practices of therapists who provide therapy those victims placed in foster care. Other researchers acknowledge the need to determine if therapist's treatment approaches are effective in alleviating symptoms (Horowitz, Putnam, Noll, & Trickett, 1997; King, Heyne, Tonge, Mullen, Myerson, Rollings, Ollendick, 2003; Ross & O'Carroll, 2004; Saywitz et al., 2000; Westbury & Tutty, 1999). A search of the literature base revealed limited information about victims placed in foster care and the treatment they receive (Edmund, Auslander, Elze, McMillen, & Thompson, 2002; Lie & McMurtry, 1991).

The developmental psychopathology model provides for a lifespan approach to psychological assessment and treatment (Davies & Cicchetti, 2004; Peterson & Tremblay, 1999; van Eys & Dodge, 1999). Researchers have acknowledged the need for examining maltreatment with regard to development timing when providing clinical training and treatment (Cicchetti, 2004; Zeman, Nangle, & Sims, 1999). The goal of assessment is to identify an individual's functioning within and across areas in development (Cicchetti, 2006). Discrepancies in reporting by victims can affect assessment, classification and treatment (De Los Reyes, & Kazdin, 2005). Therefore, it is also important to gather a multisource of data and to be sensitive of one's culture (Achenbach & Rescorla, 2006).

This model recognizes that family functioning directly impacts an adolescent's functioning. Family treatment would address communication styles, affective tone and expressiveness, warmth, cohesion, adaptability, parent-child interactions, parenting stress, marital discord, parent and child reporting of parenting styles and, overall family functioning (Achenbach & Rescorla, 2006).

The topics discussed in this chapter directly relate to the research question. Qualitative guiding interview questions sought to discover therapist's treatment practices of sexually abused female adolescents. Outlined in this chapter is a discussion of the method of this study, the developmental psychopathology model, which provides therapists with information on how trauma effects development and, a review of the symptoms of childhood sexual abuse, more specifically incest and current treatment practices to this population.

Surprisingly, some children and adolescents adjust better initially after a traumatic event while others experience severe emotional and psychological consequences for extended periods of time (Briere, 1992; Kessler & Bieschke, 1999; Marshall & Schell, 2002; Quas, Goodman & Jones, 2003). There is now an increased awareness and understanding of childhood sexual abuse by the public and the mental health field because adults, children and adolescents are talking about their abuse (Cosentino, Meyer-Bahlburg, Alpert, Weinberg & Gaines, 1995; Morgan & Cummings, 1999; Polusny & Follette, 1996; Schreiber & Lyddon, 1998).

The first section of this literature review discusses sexual abuse and the removal of the adolescent victim from homes and placement in foster care. A discussion of the

symptoms of sexually abused children and adolescents currently acknowledged by researchers is included. Secondly, the method and theoretical framework for this study, the developmental psychopathology model is discussed. The developmental psychopathology model discusses symptoms, risk, resiliency, and the impact a traumatic event has on development. A developmental approach considers the cognitive and emotional capabilities of individuals for coping with a traumatic event. This is important to theory and research because of the focus on how children and adolescents process trauma, how the trauma affects development and psychopathology. This model would assist therapists in identifying areas for treatment such as withdrawal, trust or symptoms such as depressed mood or anger.

Lastly, a brief discussion of studies about treatment received by adolescents and the developmental psychopathology model is included in this chapter. In addition, there is a discussion of the traumagenic dynamics, which identified four trauma causing factors, traumatic sexualization, betrayal, powerlessness, and stigmatization. Other areas to be discussed in this chapter are adult outcomes, child and adolescent symptoms, which include PTSD and, treatment approaches and summary.

Sexual Abuse

State laws have recognized sexual contact between an adult and a child less than 18 years old as childhood sexual abuse (Green, 1993). Further, a sexually abusive person is anyone who allows an individual to engage in sexual contact with a minor. While the definition varies, a sexually abusive act consists of genital and anal intercourse, oral genital contact, fondling of the genitalia, anus, or breasts (Kellogg, 2005, Valente, 2005).

In the 1970's, clinicians began to observe various signs and symptoms exhibited by children and adolescents who were sexually abused (Green, 1993). During this era, exploratory studies failed to engage control groups, limited standardized assessment instruments, and the failure to identify any psychological symptoms exhibited prior to the abuse (Briere, 1992). Researcher's knowledge about this type of abuse came from clinical studies completed during 1980 to 1990. During this time, many studies examined the prevalence of child sexual abuse, immediate and long-term symptoms, psychopathology of the sexually abused child, and the characteristics of the offenders. Further studies with adult incest survivors provided information about the short-term and long-term effects of childhood sexual abuse (Green, 1993; Ross & O'Carroll, 2004).

Despite current research on childhood sexual abuse, in a review of 100 articles, Green (1993) found that there are gaps in the knowledge base. At that time, the researcher recommended longitudinal follow-up studies and treatment outcomes be completed as did Briere (1992) who indicated most studies were correlational designs and retrospective reports of abuse.

Many sexually abused adolescents feel physically and emotionally powerless and may not report the abuse. This type of abuse of children and adolescents happens frequently and should not be underestimated. Sexual abuse is psychologically devastating and leaves victims with feelings of powerlessness, betrayal, stigmatization, and traumatic sexualization (Browne & Finkelhor, 1986; O'Connell, Leberg, & Donaldson, 1990).

Child sexual abuse by perpetrators often involves a lengthy grooming phase such as purchasing of gifts for the victim, which leads to inappropriate touching and secrets.

Once the perpetrator has groomed the victim, the individual does not trust her own judgments and feel she cannot say no to the abuser. A disruption in the individual's sexual development occurs causing the victim to confuse sex with love and caring (O'Connell et al., 1990).

To date, most studies have focused on symptoms experienced by adult victims of sexual abuse and treatment strategies used with this population (Briere & Elliott, 1993; Westbury & Tutty, 1999). Adolescent victims are more prone to engage in self-harm (Clery, 1998) and experience symptoms of depression, anger, anxiety, low self-esteem, eating disorders, posttraumatic stress symptoms, social isolation, revictimization, failing grades or dropping out of school (Briere, 1992; Carey, Kempton, & Gemmill, 1996; Cohen & Mannarino, 1998; Diehl & Prout, 2002; Grand & Alpert, 1993; Mennen & Meadow, 1995; Moyer, Dipietro, Berkowitz, & Stunkard, 1997). Further, Cohen, and Mannarino (1998) noted that these victims often present as anxious or hypervigilant and are unable to relax.

Most importantly, Diel and Prout (2002) found that sexually abused children have trouble in developing and maintaining a sense of self. Even more damaging, Grand and Alpert (1993) noted the victim will later in life become perpetrators of their own children. Further, Mennen and Meadow (1995), examined the relationship between abuse-specific variables and levels of symptoms in 134 sexually abused girls and found penile penetration to have the greatest impact on the severity of symptoms. Kogan (2005) examined the role child sexual abuse on adolescent survivor's symptomatology in 111

adolescents. The results indicated that those adolescents who disclosed their sexual abuse promptly might avoid more severe symptoms and less risk of revictimization.

There are hosts of studies that have examined symptoms in victims. In a review of empirical studies, Beitchman, Zucker, Hood, DaCosta, and Akman (1991) found adolescents to report sexual dissatisfaction, promiscuity, homosexuality, and revictimization. Further, the frequency, duration, penetration, force, and relationship to the perpetrator where indicative to harmful long-term effects. Johnson (2004) stated it is important for professionals to recognize both the psychological and physical signs of sexual abuse in children, adolescents, and adults. Victims perform poor in school, exhibit anxiety, behavioral problems, depression, dissociation, hopelessness, hostility, PTSD, sexualized behavior, substance abuse, suicide attempts and paranoid ideation.

Posttraumatic stress disorder (PTSD) describes enduring psychological symptoms that occur in reaction to a traumatic event (Briere & Runtz, 1993, Carr, 2004). The trauma symptoms can include hyperaousal, reexperiencing the event, and emotional numbing (Piers, 1998; Morrissette, 1999; Runyon, Faust, & Orvaschel, 2002). Davis and Siegel (2000) in the review of the literature acknowledge that research on PTSD in children and adolescents is in its infancy and exposure to traumatic events continues to grow. The effects of child sexual abuse can cause both immediate and long-term posttraumatic symptoms in some individuals (Briere, 2002; Briere & Runtz, 1993).

In another study, Dubner and Motta (1999) examined three groups of foster care children. The groups consisted of 50 sexually abused, 50 physically abused and 50

nonabused children. Researchers found the abuse groups had higher levels of PTSD symptoms.

In a study of 20 sexually abused girls ages 6 to 12, Cosentino et al. (1995) found that sexually abused girls experienced internalizing and externalizing behaviors. Participants for this study were receiving treatment from a teaching hospital and a community mental health center. Researchers found these girls exhibited sexual behavior problems such as masturbating openly and excessively, exposing their genitals, indiscriminately hugging and kissing strange adults and children, and attempting to insert objects into their genitals. There was an increase in sexualized behavior when the perpetrator was a father or stepfather and, the abuse occurred over a long period.

Finally, Bal, De Bourdeaudhuij, Crombez, and Van Oost (2005) examined trauma-specific symptoms in 65 adolescent girls ages 11 through 18 six months after disclosure. They found 45% of the adolescents continued to report significant trauma symptoms six months after disclosure. There were improvements in internalizing symptoms (i.e., anxiety, depression, dissociative complaints) and in negative self-evaluations. However, there was no change in externalizing symptoms (i.e., sexual problems, anger).

To summarize, sexual contact with an individual under the age 18 is child sexual abuse. Researchers reported child sexual abuse to be psychologically damaging with short and long-term effects for victims. As far back as the 1970's, clinicians observed various signs and symptoms of childhood sexual abuse which include but, are not limited to depression, anger, anxiety, low self-esteem, eating disorders, self-harm, PTSD, social

isolation, substance abuse, sexualized behavior, revictimization and failing or dropping out of school. Most research studies focused on symptoms experienced by adult victims of sexual abuse and treatment strategies used with this population (Briere & Elliott, 1993; Westbury & Tutty, 1999).

Incest in Adolescents

In 1955, Weinberg wrote to the first book outlining incest in the United States. He noted father-daughter incest as the most common form and occurs within the context of family dysfunction (Devlin, 2005). Incest is the sexual abuse of a child or adolescent by a family member. Family members can include stepparents and those adults that are relatives by marriage (Cole & Putnam, 1992).

Incest usually begins when the child reaches adolescence and will interfere with the victim's self and social development (Cole & Putnam, 1992). Incest victims may be more anxious or depressed in addition to disturbances in self and social functioning. The victim may cope through denial and dissociation, which increases the risk for severe psychopathology (Cole & Putnam, 1992; Putnam, 2006; Thomas, 2003).

One would expect teenage victims of incest to be more verbally capable in providing explicit details regarding their abuse. However, they will often prefer not to talk or provide minimal answers to such questions because they may feel ashamed or frightened and, her father may have threatened her (Adams-Tucker, 1984). Childhood sexual abuse contributes to negative emotions such as shame and anger (Negrao, Bonanno, Noll, Putnam, & Trickett, 2005). Researchers examined shame in sexual abuse victims for approximately ten years (Feiring & Taska, 2005). Shame is a painful feeling,

which contributes to a violation of one's sense of self and a fear of rejection by others (Wilson, Drozdek, & Turkovic, 2005).

Morrow and Sorell (1989) examined the association of seven variables with self-esteem, depression and negative behaviors of 101 female adolescent incest victims. Researchers discovered that the type of sexual act was a predictor of a high distress level, with sexual intercourse associated with lower self-esteem, higher levels of depression, and an increase number of antisocial and self-injurious behaviors than sexual contact.

Incest is the sexual abuse by a family member, which typically occurs when the child reaches adolescence. This is an extremely difficult time developmentally as the adolescent is experiencing many changes during this period. Incest can interfere with the individual's sense of self and social development. This type of abuse increases their risk for severe psychopathology. Researchers identified incest victims to have higher distress levels, antisocial behaviors, self-harm and personality disturbance (Morrow & Sorell, 1989).

Scott and Stone (1986) utilized the MMPI to measure psychological disturbance in both adolescent and adult victims of father-daughter incest. The two groups consisted of 27 adolescents ages 13 through 17 and 31 adult victims under the age of thirty. Researchers found both groups exhibited lower psychological adjustment, which is indicative of a personality disturbance.

Traumagenic Dynamics

Finkelhor and Browne (1985) have identified four psychological dynamics, which are the result of sexual trauma; they are traumatic sexualization, betrayal, powerlessness,

and stigmatization. These dynamics affect an individual's cognitive and emotional reaction to life experiences by shaping the individual's sense of self and coping abilities (Finkelhor, 1990; Finkelhor & Browne, 1985).

First, traumatic sexualization is when the victim's sexuality developments inappropriately due to the abuse. This occurs over time when the perpetrator rewards the victim after each episode of abuse. The victim learns to use sexual behavior to get his or her own needs met (Finkelhor & Browne, 1985).

Secondly, betrayal is the dynamic in which children come to realize that someone they trusted has lied and manipulated them (O'Connell et al., 1990). Victims can feel betrayed not only by the offender, but also by family who are unable or unwilling to protect or believe them when they disclose the abuse (Alpert, Brown, & Courtois, 1998; Finkelhor, 1990; Finkelhor & Browne, 1985; O'Connell et al., 1990).

Third in the dynamics is powerlessness, which makes the victim feel helpless and unable to exercise his or her own will and desires. This process deeply affects a child's sense of self. Powerlessness also occurs when the victim continually tries, unsuccessfully to stop the abuse and increases through feelings of fear and their inability to make others believe their disclosures (Finkelhor, 1990; Finkelhor & Browne, 1985).

Finally, stigmatization is the last of these dynamics and describes the victim's negative thoughts and feelings such as badness, shame, and guilt, which deeply affects the victim's self-image. The ongoing pressure from the perpetrator to keep their activities secret can enforce feelings of shame and guilt. Once the child and/or the

adolescent disclose the abuse, people may negatively react or blame the victim for the abuse (Finkelhor & Browne, 1985; O'Connell et al., 1990).

To summarize, this section has discussed the four psychological dynamics of sexual trauma. These include traumatic sexualization, betrayal, powerlessness, and stigmatization. Traumatic sexualization occurs when with rewards by the perpetrator, the individual's sexuality developments inappropriately. Betrayal is the dynamic in which children come to realize that someone they trusted has lied and manipulated them. The victim feels helpless and powerless and is unable to exercise his or her own will and desires. Stigmatization is the last of these dynamics and describes the victim's negative thoughts and feelings such as badness, shame, and guilt, which deeply affects their self-image. All of these factors play a role in the cognitive, emotional and interpersonal development of an individual.

Cognitive Development

Adolescence is period of many changes which can be examined by a developmental psychopathology perspective in terms of biological, psychological and social systems. Adolescence is an extensive developmental phase where the individual is neither a child nor an adult. It is a period where the onset of puberty and emerging sexuality occur (Cole & Putnam, 1992) and, the adolescent strives for independence from their parents. During this developmental period, an adolescent can exhibit mood disruptions, risk behaviors and conflict with their parents. It is also the period where the prefrontal cortex overproduces gray matter. This gray matter in the frontal lobes effects reasoning, impulse control, and planning (Cicchetti & Rogosch, 2002). When abuse

occurs children have the difficult task of processing the experience in order to make sense of it. In school, teachers report children that have been sexually abused exhibit low task orientation, school avoidance, and distractibility (Wenar & Kerig (2000).

As discussed in this section, adolescence is an extensive developmental phase where the individual is neither a child nor an adult. An adolescent experiences many changes during this period of their life and can exhibit mood disruptions, risk behaviors and conflict with their parents.

Emotional Development

Gil (1991) suggested that children are unable to understand or verbalize their abuse. Therefore, mental health professionals usually rely on the development of symptomatic behaviors to signal underlying emotional difficulties. Sexually abused children and adolescents may have internalizing problems such as fears, anxiety, low self-esteem, and excessive shyness. This increases the likelihood of depression in adolescents with approximately half-exhibiting suicidal ideation, suicide attempts and self-harming behaviors (Wenar & Kerig, 2000).

Adults who were sexually abused as children are likely to exhibit symptoms of depression, engage in self-destructive behavior, anxiety, isolation from others, and have low self-esteem, revictimization, and substance abuse (Browne & Finkelhor, 1986; Jumper, 1995; Price, Hilsenroth, Callahan, Petretic-Jackson, & Bonge, 2004). Browne and Finkelhor (1986) noted that in a review of empirical studies, the most destructive form of childhood sexual abuse to be those involving a father figure, genital contact or force. Incest is so destructive that Price et al. (2004) found in a sample of 33 women with

a history of childhood sexual abuse, most women were diagnosed with a mood disorder and 58% were classified as having a personality disorder.

This section identifies the emotional development of sexual abuse victims. Sexually abused children and adolescents may have internalizing problems such as fears, anxiety, low self-esteem, and excessive shyness. Adults will exhibit symptoms of depression, engage in self-destructive behavior, anxiety, isolation from others, and have low self-esteem, revictimization, and substance abuse, mood disorders and personality disorders.

Interpersonal Development

Researchers believe that childhood sexual abuse has an enormous effect on the development of self (Reyes, Kokotovic & Cosden, 1996). Childhood sexual abuse interrupts development at the age at which the abuse occurred (Ganje-Fling & McCarthy, 1996). This loss of sense of self because of childhood sexual abuse (Classen, Field, Atkinson & Spiegel, 1998; Cole & Putnam, 1992; Harter, 1999) may be a major factor for symptomatology (Boney-McCoy & Finkelhor, 1995; Saywitz et al., 2000).

In a study by Classen et al. (1998), researchers believed that a multiple representations perspective on the self is a framework that can increase ones' understanding of the impact of sexual trauma. Further, the study provides preliminary evidence that self-representations are necessary in determining the psychological outcome for women who have a history of childhood sexual abuse. The development of a healthy sense of self and interpersonal relationships is core to a well functioning adult. Self and social development is connected, and disruption in the development of self-

domain will affect the social domain (Cole & Putnam, 1992; Feiring, Rosenthal & Taska, 2000).

Developmental psychology provides information on self and social development as continuing throughout all developmental stages. Each stage of development consists of a shift in self-definition and integration, self-regulation of behavior and affect, and in one's social relationships. There is an impact on the stages when sexual abuse occurs, and an increase in pathology is seen (Boney-McCoy & Finkelhor, 1995; Cole & Putnam, 1992; Tong, Oates, & McDowell, 1987). In support of the importance of a healthy development of self, a study by Reyes, Kokotvic and Cosden (1996) found that children that felt better about themselves had lower levels of PTSD and higher levels of perceived support from others.

Inappropriate sexual behavior is another common sign of sexual abuse. Victims may masturbate excessively, engage in sexual play, seductive behavior towards adults, and victimize other children or engaged in promiscuity. These individuals will view others as untrustworthy and themselves as shameful and bad. These feelings and beliefs influence their self-esteem and their ability to develop satisfying relationships (Coulborn-Faller, 1988; Wenar & Kerig, 2000).

To summarize, childhood sexual abuse influences the developmental of a healthy sense of self and social development. A healthy sense of self relates to one's ability to form satisfying interpersonal relationships and may be a factor in symptomatology.

Foster Care

Foster children are at risk for developing physical and mental health problems and cognitive and developmental delays (Pearce & Pezzot-Pearce, 2001). It is common for victims of incest to be placed in foster care if the parents are unable to protect the adolescent from further harm (Lie & McMurtry, 1991, Thompson, Authier, & Ruma, 1994). However, this does not always protect them from future harm. Researchers reported children and adolescents revictimization while placed in foster care (Hobbs, Hobbs, & Wynne, 1999; Zuravin, Benedict & Somerfield, 1993). Previous research indicated the abuse and separation from families as a stressor that can disrupt normal development (Edmond, Auslander, Elez, & Bowland, 2006). The sexually abused adolescent in foster care is more likely to experience multiple placements due to their behaviors (Gries et. al, 2000). Foster parents can anticipate seductive and promiscuous behavior, physical aggression, school problems, alcohol and drug use, suicide threats and self-mutilation (Thompson et al., 1994).

Not all children placed in the foster care system function poorly. In a sample of 99 sexually abused adolescent girls Edmond et al. (2006) found that the majority of girls experienced forced sexual intercourse before the age of 10. Most girls experienced more than one form of maltreatment in addition to the sexual abuse and, had entered the foster care system by the age of 12. They had numerous placements in residences and school and were more likely to be living in a group home or residential placement instead of a foster home. Half of the sample was exhibiting significant symptoms of mental health and behavioral problems while the other half was functioning well.

In a study of the abuse of foster children while in protective custody, researchers found that sexually abused children had high rates of (62%) suffering from emotional and behavioral problems and 26% had a significant learning disability. Researchers further indicated that it is common for victims to transition to perpetrator as they age (Zuravin et al., 1999).

Researchers have recently examined the differences between sexually abused and non-sexually abused adolescent girls in foster care and found female victims were also emotionally and physically abused. These girls exhibited an increase in symptomatology in the area of mental health and behavioral problems. They tended to be withdrawn, experience somatic complaints, anxious, depressed, and social and attention problems, self-destructive behaviors, and externalize and internalize their distress (Edmund et al., 2002; Savell, 2005).

In a study of 22 agencies, which consisted of residential treatment centers or therapeutic foster care services, researchers examined the sexual abuse histories of adolescents. They found that of the over thirteen hundred adolescents in the sample, 399 were victims of sexual abuse. More than one perpetrator abused One-fourth of the victims. Most perpetrators were male however, one-fourth were sexually abused by a female or a combination of both male and female. A significant finding was that 70% of victims were sexually abused by a family member or by both family members and non-family members (Baker, Curtis, & Papa-Lentini, 2006).

As outlined in this section, victims are removed from their homes and placed in foster care to prevent further victimization. Foster parents can anticipate seductive and

promiscuous behavior, physical aggression, school problems, alcohol and drug use, suicide threats and self-mutilation. Researchers have found sexually abused adolescent girls in foster care to exhibit an increase in symptomatology in the area of mental health and behavioral problems (Pearce & Pezzot-Pearce, 2001).

Adult Outcomes

In a review of the literature, Beitchman, Zucker, Hood, DaCosta, Akman, and Cassavia (1992), found that adult survivors of childhood sexual abuse present with a host of symptoms. These symptoms can include low self-esteem, anxiety, stigmatization, and social isolation, self-destructive behaviors, including substance abuse and suicide attempts. Further, problems consist with interpersonal relationships (issues of trusting others and parenting skill); sexual dysfunctions; vulnerability to revictimization; physical symptoms (headaches, asthma, digestive and reproductive problems); and other mental health problems such as post-traumatic stress disorder, personality disorders, and dissociative disorders.

Researchers report ongoing sexual abuse is especially destructive psychologically (Briere & Runtz, 1993; Kessler & Bieschke, 1999) and, in adult victims, symptoms can range from a poor sense of self, negative feelings and thoughts about themselves and others, substance abuse, sexual dysfunction, personality disorders and difficulties in relationships (Goldston, Turnquist, & Knutson, 1989; Cole & Putnam, 1992; Green, 1993).

Further, incest during adolescence can affect parenting in adulthood. Researchers acknowledged that children of mothers that were victims of incest might be at risk for a

similar form of sexual abuse. Lev-Wiesel (2006) examined 24 mothers who were survivors of incest and identified four types of mothers. First, the unaware mother was the mother that did not know the abuse was occurring in her environment. Second, the unwitting accomplice in which the mother inadvertently allows the abuse to happen by ignoring obvious signs by the adolescent. The enabler is the mother that identifies with the abuser and encourages the rape of her daughter by her husband. The common fate mother feels she is just like her daughters and may be depressed or anxious (Lev-Wiesel, 2006).

Previous studies showed promising results with group therapy improving symptoms in adult survivors. In a study by Morgan and Cummings (1999), researchers examined change experienced by 40 women who were survivors of childhood sexual abuse during 20 weeks of group therapy. Researchers found that compared to the quasi-experimental control group, the adult survivors exhibited a decrease depression, social maladjustment, self-blame and posttraumatic stress.

In addition, Richter and Snider (1997), reported group work provides a safe environment for the survivor to connect with other victims. Researchers held 13 closed process groups with an average of four to ten members for 15 weeks and found group members to have improved affect and self-esteem. In another study, utilizing a quasi-experimental design, Westbury and Tutty (1999) found group treatment for sexual abuse with 32 adult survivors was more effective in treating depression and anxiety than individual therapy alone.

Other researchers studied the effectiveness of individual psychotherapy with adult survivors. In a pilot study, Price, Hilsenroth, Callahan, Petretic-Jackson, and Bonge (2004) examined the effectiveness of individual short-term psychodynamic psychotherapy with 33 adult survivors of childhood sexual abuse. The women in this study were not seeking treatment for their abuse but for other issues. Over the course of treatment, they found survivors symptoms, functioning and feelings about themselves improved. These researchers indicated the need to replicate this study with a larger sample.

This section discussed the symptoms of adult survivors of childhood sexual abuse. Adult survivors of childhood sexual abuse exhibit symptoms that include low self-esteem, anxiety, stigmatization, and social isolation, self-destructive behaviors, including substance abuse and suicide attempts; problems with interpersonal relationships; sexual dysfunctions; vulnerability to revictimization; physical symptoms; and other mental health problems such as post-traumatic stress disorder, personality disorders, and dissociative disorders. Further, incest during adolescence can influence parenting practices in adulthood.

Treatment Approaches of Child Sexual Abuse

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has been identified by the Kaufman Best Practices Project (2004) and The Child Physical and Sexual Abuse Guidelines for Treatment (2004), as an effective treatment for childhood sexual abuse. This treatment approach consists of various components such as gradual exposure techniques, cognitive reframing, stress management techniques, parental participation in

treatment, and parental instruction in child behavior strategies and family work to increase communication. Other researchers recognized TF-CBT as an effective treatment for PTSD symptoms in children and adolescents (Berliner, 2005; Cohen, 2003; Cohen, Deblinger, Mannarino, & Steer, 2004; Cohen, Mannarino, & Knudsen, 2005).

Researchers examined the efficacy of TF-CBT and child centered therapy with two hundred twenty nine 8 to 14 year-old children and their parents and, found that the group assigned to the TF-CBT had greater improvements in the area of PTSD, depression, and behavior. Further, parents in this group reported improvement in depression, abuse-related distress, parental support, and parenting practices (Cohen et al., 2004).

In addition, Cohen, Mannarino, & Knudson (2005) examined the effectiveness of TF-CBT and non-directive supportive therapy (NST) with eighty-two sexually abused children and adolescents ages 8 to 15 and their parents. Researchers reported that after a one-year follow-up, the TF-CBT group showed improvement in anxiety, depression, sexual problems, dissociation and, PTSD.

Secondly, group therapy is usually the choice of treatment for childhood sexual abuse (Atwood & Donheiser, 1997; NCCANI, 2004). Hiebert-Murphy, DeLuca, and Runtz (1992) completed a study with six girls ranging from ages seven through nine years old. The purpose of the study was to evaluate treatment outcomes with group therapy as the mode of treatment with parent-report and self-report measures. Researchers found a decrease in negative behavior as reported by parents but no changes in self-reported self-esteem. However, three of the girls showed increased self-esteem

while two showed a decrease in their self-esteem. Researchers acknowledge the need to consider results as preliminary, given the small sample size of the study.

Further, McGain and McKinzey (1995) found that group treatment with sexually abused girls was effective in decreasing anxiety and disruptive behavior. These researchers acknowledged that other treatment programs might produce similar results. Other researchers found adolescent girls to be initially unwilling to participate in group therapy while later reporting this treatment to be helpful (Nelson-Gardell, 2001).

In a more recent study, Tourigny, Hebert, Daigneault, and Simoneau (2005) utilizing a quasi-experimental design examined the effects of group therapy with adolescent girls. The experimental group consisted of 27 girls and the control group had 15 girls. After 20 weeks, the adolescent girls showed improvement in posttraumatic stress symptoms, attributions, coping strategies, internalizing and externalizing behavioral problems, and empowerment.

Courtois (1999) reported that upon stabilizing the adult victim, group therapy is helpful in addressing relational issues. With adolescents, group therapy can teach coping skills and address prevention measures, which in turn will reduce feelings of anxiety and depression (Follette, Ruzek, & Abueg, 1998). However, problems can arise if this form of treatment begins prior to the stabilization of the client (Courtois, 1999).

Lastly, individual psychotherapy is the treatment used most frequently with children and adolescents that experience a traumatic event. The individual therapist works one-on-one with the child providing a safe environment for the child to develop an understanding of the event and develop effective coping skills (King et al., 2003). There

are various approaches to this type of therapy, which includes supportive, psychodynamic, behavioral, and interpersonal (Vance & Pumariega, 2001). The therapist can also provide treatment to the non-offending parent to enhance parenting skills. Currently, there is a debate over what is the most effective treatment and there appears to be limited treatment outcomes in the area of childhood sexual abuse (Horowitz et al., 1997; Nurcombe, Wooding, Marrington, Bickman, & Roberts, 2000).

While most studies examined one treatment approach, Nolan et al. (2002) conducted a study to determine the effectiveness of individual therapy and a combination of individual and group therapy in 18 sexually abused females ages eight through 18 over a six-month period. Researchers found that both treatments were equally effective in alleviating symptoms. However, they acknowledge the need for further treatment outcome studies.

Dialectical Behavior Therapy

Researchers have identified Cognitive Behavioral Therapy (CBT) as an effective form of treatment for symptoms exhibited by these children but caution that clinicians (Cohen et al., 2000; Saywitz et al., 2000) should follow the long-term effectiveness of all treatments. Dialectical behavioral therapy (DBT) is a cognitive-behavioral therapy that utilizes dialectics. This means that there is a balance between acceptance and change. The therapist accepts that the patient is doing the best that she can, while pushing for change (Linehan, 1993). DBT originally developed for suicidal adults with borderline personality disorder and later modified for adolescents (Miller, Glinski, Woodberry, Mitchell, & Indik, 2002).

In the initial phase of DBT, the client begins individual therapy, there is a development of a therapeutic relationship and, the client will work on commitment to therapy. Part of the commitment process requires the client to identify particular behaviors to work on in therapy. Clients track their behaviors daily on a diary card, and, review it within each individual therapy session (Linehan, 1993).

During the next phase, once the therapist feels the client has demonstrated commitment, the therapist will discuss with the DBT consult team the recommendation for the DBT skills group. There are various stages to this therapy. Initially, life-threatening behaviors are the focus of treatment such as suicidal behaviors followed by therapy interfering behaviors and quality of life issues (Follette et al., 1998).

In the adolescent DBT skills group, facilitators teach various skills such as interpersonal effectiveness, emotion regulation, distress tolerance, mindfulness and middle path. The adolescent will bring a support person(s), which usually includes one or both parents. Parents learn the same skills and, are encouraged to coach the adolescent in the use of these skills within the home environment and community. Ongoing individual therapy with a DBT clinician is a requirement for participation in skills group (Miller et al., 2002).

Recently, DBT included family therapy as part of the model. Family therapy can help to enhance family interactions and coping skills. Most emotionally vulnerable adolescents can act out negatively, which can increase conflict within the family. The family therapist can guide the family in understanding current issues and improve family relationships (Woodberry, Miller, Glinski, Indik, & Mitchell, 2002).

DBT reportedly decreases the number of hospitalizations for suicidal adolescents. Using a quasi-experimental design, Rathus and Miller (2002) conducted a study with a group of 111 suicidal adolescents with borderline personality features. Twenty-nine adolescents received DBT, while the remaining 82 received supportive-psychodynamic individual and family therapy. Researchers found that even though the DBT group had higher pre-treatment symptomatology, they had fewer hospitalizations and a higher treatment completion than the other group. The DBT group showed a reduced number of psychiatric symptoms, decreased suicidal ideation and a decrease in symptoms of borderline personality. However, there were no differences between the two groups in the number of suicide attempts.

Lastly, Rakfeldt (2005) explored the use of DBT with a group of 15 young people in a residential facility that was aging out of the Department of Children and Families and noted the group as having severe emotional disturbance and an emerging mental illness. Researchers found that the DBT group improved from pretest to posttest and recognized DBT as a promising treatment.

As outlined in this section, symptoms that sexually abused adolescents frequently exhibit are depression, anger, anxiety, low self-esteem, eating disorders, PTSD, social isolation, revictimization, dissociation, poor in school and dropping out. Through this literature review, identified treatments are individual psychotherapy, trauma-focused cognitive behavioral therapy, group therapy, family therapy and dialectical behavior therapy.

Grounded Theory

The researcher sought to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment and, their awareness of using this model in practice. The researcher originally considered using a single case study research design for this study. However, a grounded theory approach was a more appropriate choice. The goal of this qualitative study was to solicit narrative responses from participants on their treatment practices. This approach has specific guidelines to follow to ensure creditability of the research (Corbin & Strauss, 1990). Grounded theory attempts to generate a theory of a process, action, or interaction grounded in the experience of the participants in a particular study (Creswell, 2003). There is a constant collection and comparison of data until categories and patterns develop (Charmaz, 2006). The theory emerged in the data collected through the narrative responses of participants lived experiences.

This is not the first study to examine therapist's treatment practices with this approach. Williams and Levitt (2007) sought to discover values of therapist in therapy by utilizing a grounded theory approach. Participants consisted of 14 experts in the field of psychotherapy who responded to open-ended and nondirectional questions regarding their beliefs about values and change in therapy. Researchers were able to generate four transtheoretical principles for training and practice purposes. Further, researchers indicated this study helped them to have a better understanding of the counseling process.

Furthermore, Bostik and Everall (2007) used this approach to examine the perceptions of suicidal adolescent perceptions of attachment relationships. Researchers

used this approach due to the lack of research on how adolescents overcome suicidal ideation. Participants were able to discuss their relationships with a person that helped them to overcome suicidal thoughts and feelings. Researchers were able to identify important implications for therapeutic practice (Bostik & Everall, 2007).

Finally, Hasson-Ohayon, Roe, and Kravetz (2006) sought to develop a qualitative interview to assess process and outcomes of interventions with persons with severe mental illness. Themes that emerge through the participants responses lead to the development of the Narrative Evaluation of Intervention Interview (NEII). This approach has been used by others to examine the views of mental health users (Connor & Wilson, 2006); women's perceptions of being abused in health care (Swahnberg, Thapar-Bjorkert, & Bertero, 2007), and to identify the experience of families who participate in service expeditions (Palmer, Freeman & Zabriskie, 2007).

Developmental Psychopathology Model as Theoretical Framework for Study

An understanding of the psychological and physical development throughout the life span is critical for the creation and implementation of effective intervention services (Dishion, & Patterson, 1999) Theory and research on the basic developmental processes or those processes occurring throughout the lifespan can enhance prevention and intervention strategies. The Developmental Psychopathology model has been developing for approximately 20 years and has its roots in developmental psychology, psychiatry, and clinical psychology (van Eys & Dodge, 1999). This framework evaluates disorders in the context of risk and protective factors, cultural issues, and the role of the system variables on development (Cicchetti, 2006; van Eys & Dodge, 1999).

Developmental psychopathology increases our understanding of maladaptive functioning across one's lifespan. This model considers risk and protective factors, cultural issues, system variables and prevention (van Eys & Dodge, 1999). Today researchers recognize the need to understand behavioral and emotional problems in children and adolescents within developmental sequences, norms, and processes (Cicchetti & Rogosch, 2002). While this approach may help in shaping clinical training and practice, work needs to integrate study, prevention, and treatment of psychopathology and the study of development across one's lifespan (Achenbach & Rescorla, 2006).

Based on this model, one area to examine in treatment is family functioning. Davies, Cummings, and Winter (2004) examined family functioning, children's emotional insecurity and their psychological adjustment in 221 children and their parents. Researchers found that children in enmeshed and disengaged families were more insecure in the interparental relationship and exhibited both internalizing and externalizing symptoms. Further, when there is a severe maladaptive parent-child interaction then child antisocial behavior is likely to develop (Dishion & Patterson, 2006; Dishion, Patterson, Stoolmiller, & Skinner, 1991; Moffitt, 2005). Other researchers examined structured interactions of 42 maltreating families and found that families with histories of sexual abuse had more angry feelings, were more chaotic and less organized in their family roles, and were less adaptive and flexible in their relationships with one another (Howes, Cicchetti, Toth, & Rogosch, 2000).

The developmental psychopathology model provides researchers with a tool to examine the emergence of psychopathology within various developmental stages. It focuses on connections between normal developmental patterns and individual differences in a developmental period (Ollendick & Vasey, 1999). The area in which personal changes are rapid and marked is during infancy through puberty (Peterson & Tremblay, 1999). According to this model, age, development, and circumstances are critical antecedents relative to prognosis and treatment. This model identifies the effects a trauma would have on development along with the changes that would occur in an adolescent. This researcher believes this model can assist therapists on important areas for therapy such as withdrawal, trust or symptoms such as depressed mood or anger.

Research on children and adolescents have provided for a developmental perspective, which includes the first longitudinal studies of sexual abuse victims. A developmental approach considers the cognitive and emotional capabilities of individuals for coping with a traumatic event (DeBellis, 2001). This information will assist clinicians in understanding where an adolescent is developmentally and enable clinicians to provide effective treatment to alleviate symptoms such as anxiety, depression, anger, low self-esteem, suicidal ideation and eating disorders at the developmentally appropriate time (Peterson & Tremblay, 1999, Saywitz et al., 2000).

To summarize, the developmental psychopathology model is relevant to theory and research because of the focus on how children and adolescents process trauma, and how the trauma effects development and psychopathology. Theory and research on the basic developmental processes occurring throughout the lifespan can enhance prevention

and intervention strategies. This model recognizes that family functioning directly impacts an adolescent's functioning. This model considers age, development, and circumstances are critical antecedents to prognosis and treatment.

Resiliency and Risk Factors

According to this model, resiliency in children can result in a successful adjustment and recovery from a traumatic event. Resiliency is the ability to adapt successfully despite experiencing trauma or adverse circumstances (Luthar, 2006). This model also examines other factors such as family and community support (Cicchetti & Valentino, 2006; Kendall, 2000; Kendall-Tackett, Williams & Finkelhor, 1993; Spaccarelli, & Kim, 1995). The manner a child or adolescent handles life challenges within the family, community and society is determined in one's own development (Luthar, 2006). An increase in risk factors can cause a disruption in normal development. A developmental approach can explain resilient outcomes in children and adolescents. For example, protective factors can explain why some individuals display successful outcomes even in situations where there are increased risk factors such as poverty, parental psychopathology, violence or maltreatment (Cicchetti, 2004; Flores, Cicchetti, & Rogosch, 2005). Other factors that put victims at an increased risk for psychopathology include duration and severity of abuse, use of force, age of onset, and the closeness of the victim's relationship with her abuser (Spaccarelli & Kim, 1995; Wilcox, Richards, & O'Keeffe, 2004).

For example, in review of current literature, Wilcox et al. (2004) found that unresolved trauma is indicative of disturbing symptoms such as outlined in the

traumagenic model. Without treatment and support, it is common for the victim to relive the trauma or to victimize others. Spaccarelli and Kim (1995) examined resilience in a sample of 43 sexually abused girls ages 10 through 17 utilizing a self-administered interview at the time of intake for psychotherapy. Researchers found that most girls maintained age appropriate levels of social competence while presenting with significant levels of symptoms. Further, a warm and supportive relationship with a nonoffending parent appeared to promote resiliency. Other researchers have noted that for incest victims a supportive relationship can foster resilience and effective coping strategies. Teenage incest victims are challenging to treat for therapists due to their difficulty trusting (Saewyc, Magee, & Pettingell, 2004).

Further, researchers acknowledge the need for developmental approaches to intervention and prevention techniques. Downs (1993) recommended the need for more research that examines the effects of childhood sexual abuse within a developmental framework. Studies suggested that the impact of sexual abuse varies from victim to victim depending on their developmental stage. Peterson and Tremblay (1999) reported that developmental findings are important when implementing assessment, intervention, and prevention practices.

Resiliency in children can result in a successful adjustment and recovery from a traumatic event. Risk and protective factors contribute to an individual's ability to adapt after a traumatic event. For example, incest victims with a supportive relationship can foster resilience and effective coping strategies.

Integrated Service Delivery/Ecological Approaches

An important piece of the developmental psychopathology model is an ecological approach, which examines risks for family violence in four areas; individual characteristics, immediate social context, ecological context and societal and cultural context (Emery & Laumann-Billings, 1998).

The ecological-transactional model of child maltreatment explains how processes at each level ecology macrosystem (culture), exosystem (community), microsystem (family), ontogenic development (individual) impacts child development (Kohrt, Kohrt, Waldman, Saltzman, & Carrion, 2004). Risk factors of maltreatment are present at each level and can directly influence processes within the environment and, will determine the level of risk for maltreatment (Cicchetti & Valentino, 2006). Risk factors typically will outweigh protective factors, which will provide for many pathways to increase the probability of maltreatment to occur (Cicchetti & Valentino, 2006). Researchers acknowledged the need to treat the family intensely and effectively or remove the victim from the environment (Cicchetti & Valentino, 2006).

Training for use of this Model

For therapists to effectively utilize this model in practice, the professional should be trained to think developmentally, ecologically, and multivariately. Professionals should also connect research, intervention, prevention and policy. Intervention efforts should consists of treatments that take into account the whole person such as cognition, language, emotion, and biology (van Eys & Dodge, 1999). Based on this model, cultural issues are important and students would train in a variety of settings and with various

populations (Roberts & Sobel, 1999). Appropriate coursework would be in the area of developmental psychopathology, child psychopathology, child treatment, and clinical adolescent psychology (Holmbeck & Kendall, 2002). However, there is some debate about individuals developing expertise in a particular mental problem, as this may be restrictive (Forehand, 1999, Roberts & Sobel, 1999).

Summary

To summarize, researchers acknowledge the need for developmental approaches to intervention and prevention techniques. Cicchetti and Valentino (2006) reported that interventions could help victims of child maltreatment recover from their histories. In its most chronic form of maltreatment, the family must receive intensive treatment or place the victim in a safe environment. Research shows that sexual abuse victims suffer long-term aftereffects including PTSD, depression, behavioral problems and anxiety to name a few (Spaccarelli & Fuchs, 1997). The current literature base provides researchers with extensive knowledge about symptoms and treatment for adult survivors of childhood sexual abuse. There is a gap in the knowledge base regarding most widely used and effective treatment for children and adolescents. While group therapy has shown promise with survivors, the samples for these studies have been small (Hiebert-Murphy, DeLuca, & Runtz, 1992; Westbury & Tutty, 1999).

According to Saywitz et al. (2000), there are obstacles to evaluating if treatment is effective. First, it is difficult to assess which symptoms to address and monitor because children are unreliable reporters and using parent and teacher reports can provide a conflicting picture. The developmental psychopathology model examines underlying

factors such as family and community support and its role in the short and long-term effects of this type of abuse. This model is the foundation of this study as it provides a framework for understanding trauma symptoms, risk and resiliency factors, and traumatic impacts (Pynoos et al., 1999). As outlined in this chapter, research supports the need to examine most widely used and effective treatment for children and adolescents who are victims of sexual abuse (Briere, 1996; Saywitz et al., 2000). Effective treatment can lessen symptoms and increase self-esteem, which will increase positive outcomes for victims as they enter adulthood.

While the developmental psychopathology model considers all aspects of an individual when providing treatment, a search of the literature revealed limited information about treatment of adolescents in foster care who have sexual abuse histories. The purpose of this study was to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment and, their awareness of using the model in practice.

The researcher did not obtain the data directly from individuals with a history of childhood sexual abuse. Answering questions about the abuse could trigger unpleasant memories and increase symptoms. Therefore, the researcher obtained data from participants through face-to-face interviews. Treatment providers discussed a case of a female client in foster care at the time of treatment that was between the ages of 13-17 years old. This study was limited to obtaining information only on treatment of females, as females are more frequently victims of sexual abuse (NCCANI, 2004). The information obtained from this study can add to the literature and help to identify

effective treatment practices for this population. This chapter discussed the developmental psychopathology model, childhood sexual abuse, incest, various forms of treatment and symptomatology.

Chapter 3 discusses the methodology, sample, instrumentation, data collection and analysis. Chapter 4 outlines the data collection process, the qualitative interview questions, a description of participants of the study and, analysis of qualitative and demographic data. The researcher identifies patterns and themes that emerged from the data and presents the findings. Deviant cases and evidence of quality will conclude the chapter. Chapter 5 consists of summary and interpretation of findings and, implications for social change. A discussion follows with recommendations for action and further study. This chapter ends with a section on researcher bias and conclusion.

CHAPTER 3:

RESEARCH METHOD

Many adolescent girls in the foster care system are victims of incest and the mental health professionals treating them need effective training. The developmental psychopathology model examines normal and abnormal development across one's lifespan (Cicchetti, 2006). Developmental researchers have reported that interventions could help victims of child maltreatment recover from their histories (Cicchetti & Valentino 2006). Given the nature of the foster care system, victims may receive treatment to address the trauma with various providers (Gries et. al, 2000). Current research supports the need to examine most widely used and effective treatment for children and adolescents who are victims of sexual abuse (Briere, 1996; Saywitz et al., 2000). However, a search of the literature base did not reveal the treatment practices of therapists providing treatment to the sexually abused adolescents in foster care.

There is a gap in current research as to understanding the phenomena of lived experiences of therapists, how they learn, and apply developmental theory in their practices with sexually abused female adolescents. This study sought to discover how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and their awareness of using this approach in treatment. Allowing therapists to discuss their experiences, generates an understanding of how they learn, think developmentally, and their perceptions of effective treatment practices. Therefore, the research design appropriate for this study was a qualitative design utilizing a grounded theory approach.

Qualitative Method

This study sought to discover treatment practices of therapists who provide therapeutic services to sexually abused female adolescents placed in foster care in order to determine how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and their awareness of using this approach in treatment. A therapist who would utilize this model would recognize the importance of prevention and intervention techniques and, factors that influence one's adjustment after a traumatic event such as; the environment, societal expectations and, the victim's resilience (Cicchetti, 2006).

Therefore, a grounded theory approach was appropriate for this study as the researcher sought to generate theory from the data to develop an understanding of the phenomena of treatment practices of therapists. Grounded theory attempts to generate a theory of a process, action, or interaction, grounded in the experience of the participants in a particular study (Creswell, 2003). Grounded theory allowed the researcher to examine data in a different way, direct, manage, and streamline data collection to develop an analysis of the data (Charmaz, 2006).

Grounded theory developed in 1967 by sociologists Glaser and Strauss. Since that time, it has become a popular research method with many scholars in various fields such as anthropology, sociology and healthcare to name a few (Bowen, 2006). Grounded theory is the constant collection and analysis of data, which identifies and explains social processes (Bowen, 2006). In grounded theory, there is a constant collection and comparison of data from narrative responses until categories and patterns develop.

In addition, Corbin & Strauss, (1990), define this theory as, “The procedures of grounded theory are designed to develop a well integrated set of concepts that provide a thorough theoretical explanation of social phenomena under study” (p. 5) This method would allow the researcher to learn about participants treatment practices from the very beginning and, challenge any notions held about professionals in the field.

According to Creswell (2003), in qualitative research the researcher is the primary instrument in the collection of data. The data consists of an individual’s perceptions or experiences with data collected in the participant’s natural setting. Data in a qualitative study is descriptive with the focus on both process and outcome. Through the constant collection of information obtained from participant narrative and the on-going analysis of that data, a theory will emerge to explain a process or outcome (Gibson, Gregory, & Robinson, 2005).

The researcher collected data during the interview process through narrative responses of participants, observations, and written material, and examined qualitative data from the beginning to the very end through qualitative coding and, sorted data with the use of coding. The coding of data enabled the researcher to make comparisons with other data (Charmaz, 2006).

With snowballing sampling (Feldheim, 1998), the researcher was able to access a small, but very experienced therapist pool within the south Florida area. The snowball design assisted in the location of qualified participants through referrals of professionals within the mental health field (Feldheim, 1998).

Role of the Researcher

The researcher was the primary instrument in examining the treatment received by female adolescents placed in foster care ages 13 through 17 years old that had been victims of childhood sexual abuse. Because qualified participants in south Florida were difficult to identify, the researcher identified potential participants by initially contacting colleagues at her agency. With the snowball method, colleagues of the researcher referred her to other potential participants within the community. Upon initial contact, and again at the time of the interview, the researcher explained the study in detail to participants. This allowed the researcher to ensure participants fit the criteria for the study.

The researcher attempted to secure 25 qualified therapists prior to beginning face-to-face interviews. Of the 25 participants, 20 participants would be the primary sample and the remaining five participants would be alternates for this study should any participant not complete their interview. The researcher provided participants with informed consent, demographic data sheet, and a list of research questions prior to their interview. The therapists were from various locations in south Florida. The researcher received academic training in qualitative research, and is a child and adolescent therapist with seven years experience in treating these clients and was qualified to collect this data.

Research Question

Qualitative guided interview questions solicited responses from participants about their treatment practices of adolescent female victims of childhood sexual abuse. Therefore, the research question answered by this study is:

1. What are therapists' experiences with training in the developmental psychopathology model and utilization of this model while treating CSA females?

The researcher guided participants to discuss their treatment practices to gain information in four areas. The four areas of qualitative questioning addressed were; (a) orientation, (b) assessment, (c) utilization of techniques, and (d) training.

Orientation

1. Discuss a case in which you feel the client made significant progress in treatment.

2. Tell me about your therapeutic approach that defined your intervention technique with this client?

3. Why do you think you were consistent or inconsistent with your application of this approach?

Assessment of client

1. Describe symptoms and issues that were addressed in treatment.

2. Discuss cultural issues in your assessment of this client.

3. Discuss if you consider risk and protective factors with this client.

Utilization of Techniques

1. Tell me about the intervention & prevention techniques you utilized with this client.

2. Discuss if your work on this case included interactions with outside agencies.

3. What form of treatment do you feel was effective?

4. How do you know it was effective?

Training

1. Talk about the training you have had that made you pay attention to developmental needs.

2. Discuss your understanding of these approaches.

The researcher provided participants with interview questions in either person or email. Yin (2003) identifies interviews as important source of information. Questions consist of open- ended questions so that the researcher may obtain the facts and opinions of participants in more detail. The researcher taped interviews and immediately transcribed them upon completion of the interview with follow-up contacts via email or phone to review previous responses for accuracy.

Selection of Participants

For the purpose of this study, the researcher selected therapists from South Florida. The researcher identified potential participants by initially contacting colleagues at her agency. With the snowballing method, colleagues referred the researcher to other potential participants within the community. Each participant referred the researcher to another potential participant. The participants interviewed were experienced in providing therapeutic services to adolescents placed in the foster care system ages 13 through 17 years old who had been victims of childhood sexual abuse. The therapists had a master's degree and a minimum of two years experience in providing treatment to this population. Initially, the researcher attempted to identify 25 qualified therapists within south Florida. Of the 25 participants, 20 participants would be the primary sample. The remaining five

participants would have been alternates for this study should anyone decide to terminate their interview. Those participants that completed the interview received $25.00 for their participation.

Obtaining Consent

Upon approval of the Institutional Review Board of Walden University to conduct the study with 20 participants, the researcher contacted potential participants. Initially, the researcher contacted participants by phone or email and asked to participate in this study. Participation was voluntary and participants were able to withdraw from the study at any time without penalty. Participants completed consent forms at the time of the interview acknowledging participation in interviews. The researcher stored all consent forms and tape recordings in a locked file to be stored for at least five years but no more than seven years.

Instrumentation

Participants received a copy of questions either in person or through email. The researcher conducted follow-up contact by either phone or email to ensure the accuracy of transcripts. The researcher interviewed each participant individually in order to elicit detailed information about their treatment practice of victims. During the interview, participants discussed their most frequent treatment such as individual, group or family therapy and symptoms targeted. Participants discussed their treatment practices through narrative discussions, which enabled the researcher to analyze and develop a theory on how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and how they see themselves applying this

model to treatment. Upon completion of each interview, the researcher transcribed each interview.

Data Collection

The researcher developed the qualitative guiding questions after a review of the literature regarding current treatment practices, and the developmental psychopathology model, and consultation with researchers experienced in qualitative methods. At the time of the interview, the researcher repeated the criteria for inclusion to participate in the study. In addition, of the 20 participants, only one reported having some knowledge of the developmental psychopathology model.

Participants interviewed were required to be experienced in providing therapeutic services to adolescents placed in the foster care system ages 13 through 17 years old who had been victims of childhood sexual abuse. The participants had a master's degree and a minimum of two years experience in providing treatment to this population. The researcher instructed participants to discuss one case of a female adolescent with a history of sexual abuse who was in foster care at the time of treatment. Participants completed demographic data forms at the time of the interview.

The researcher audiotaped interviews, which an independent contractor transcribed upon completion of one or two interviews. The researcher collected data through open-ended in-depth interviews of 20 participants lasting approximately 20 minutes. The researcher reached saturation by the sixteenth interview. In grounded theory, saturation occurs when data no longer reveals new information pertaining to the researcher's categories (Charmaz, 2006).

Questions were open-ended in order for participants to discuss in detail their treatment practices. Follow-up contact by the researcher with participants ensured the accuracy of transcription, answer any questions and, to check for accuracy of themes identified. As part of the hermeneutical process, once transcription of the interview was completed, the researcher began to work with the data and analyze for categories and trends. The researcher did not obtain data from clinical records.

The researcher made notes in a journal of observations, emerging themes, and patterns throughout the interview process. These notes increased the researcher's awareness of her personal bias but also highlighted additional questions to ask in future interviews of participants to confirm the findings. The researcher stored in a locked cabinet all information gathered from participants, which will be stored for a period of not more than seven years.

Data Analysis

According to Creswell (2003) the basic steps to data analysis consists of first, organizing and preparing the data to analyze. Secondly, review the data to decipher its possible meaning, implement a coding process to assist in the organization of the data, and, use the coding process to gain a description of categories, patterns or themes. Lastly, present findings in a qualitative narrative, and interpret the data. An important component of this study was to obtain in-depth responses from participants. The researcher obtained data from participants of their treatment practices using a narrative approach. Participants responded to the interview questions, and then encouraged to expand on their initial responses with additional open-ended questions.

Upon completion of the initial interviews and follow-up contact, the researcher provided an in-depth description of the participants followed by analysis of the data for themes in identifying the treatment adolescents are receiving. Presented in narrative form, charts, and tables is the findings for each research question. The researcher identified themes, patterns, and interpreted the data. The researchers' work experience and training assisted in the interpretation of the data in order to answer the research questions. This information will add to the research base of the treatment of victims and assist therapists in their treatment practices. The next chapter will discuss the procedure, themes, patterns and findings.

Validity

In order to insure internal validity, the researcher utilized member checking to determine the accuracy of the data. Member checking is allowing participants the opportunity to elaborate on previous responses (Creswell, 2003). A small sample of seasoned therapists that were representatives of the whole provided the validity for this study.

Protection of Subjects

There was no foreseeable risk to participants of this study. Participants could question their treatment practices and loose confidence in their ability to provide effective treatment. If this should happen, the researcher would have offered resources for training to the participants. The researcher collected data directly from therapists and not the adolescent receiving treatment. Data collected was about the treatment received by these victims. At no time was identifying data of the adolescents collected. Therapists'

participation was voluntary and they were able to withdraw from this study at any time. To protect the participant's identity the researcher assigned an alias and, written research material and tapes placed in a locked file for a minimum of five years not to exceed seven years. The benefit in participating in this study was to help add important information to the literature and increase awareness of effective treatment of childhood sexual abuse.

Summary

This chapter described the use of grounded theory. This study sought to discover treatment practices of therapists who provided therapeutic services to sexually abused female adolescents placed in foster care in order to determine how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and their awareness of using this approach in treatment. The researcher developed questions for this study after a review of the literature regarding current treatment practices, and the developmental psychopathology model. To ensure participants met the criteria to participate in this study, upon initial contact, and again at the time of the interview, the researcher explained the study in detail to participants. The researcher provided participants with informed consent, demographic data sheet, and a list of interview questions prior to their interview. Participants discussed their treatment practices through narrative discussions, and upon completion, the researcher transcribed each interview. The researcher identified themes, patterns, and interpreted the data and, utilized member checking to determine the accuracy of the data.

As previously discussed, chapter 4 outlines the data collection process, qualitative interview questions, description of participants of the study and, analysis of qualitative

and demographic data. The researcher identifies patterns and themes that emerged from the data and presents the findings. Deviant cases and evidence of quality will conclude the chapter. Chapter 5 consists of summary and interpretation of findings and, implications for social change. A discussion follows with recommendations for action and further study. This chapter ends with a section on researcher bias and conclusion.

CHAPTER 4:

RESULTS

The developmental psychopathology model is an approach that considers all aspects of an individual when providing treatment (Davies & Cicchetti, 2004). There is a gap in current research as to understanding the phenomena of lived experiences of therapists' treatment practices of sexually abused female adolescents. The purpose of this study was to examine the treatment practices of therapists who provide therapeutic services to sexually abused female adolescents placed in foster care in order to determine how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach and their awareness of using this approach in treatment. Chapter 4 discusses data collection, handling of data, interview questions, demographic information, and the process in which participants' identities were protected, data analysis, themes, findings, deviant cases, evidence of quality, researcher bias and summary. Chapter 5 will provide a more in-depth discussion of the results.

Data Collection

The researcher collected data for this study from November 2007 through April 2008. Due to the researcher's limited knowledge of therapists outside of her immediate agency, qualified participants in south Florida were difficult to identify. The researcher through the utilization of the snowball method (Fieldheim, 1998) located potential participants. The snowball method consisted of the researcher contacting colleagues at her agency and requesting names of other therapists in the community. Originally, an additional five participants were sought to serve as alternatives should any participant

decide not to complete their interview. However, the researcher was unable to secure additional participants, and saturation was reached by the sixteenth interview.

The processes started with the initial contact of potential participants by phone and email and asking for their participation in this study. All participants received a copy of interview questions prior to their interview. Thirteen participants received their interview questions by email and seven received questions in person. The researcher advised participants that interviews could take place at their homes, office or any other location of their choosing. The researcher audiotaped face-to-face interviews and, an independent contractor transcribed each interview.

Handling of Data

The independent contractor requested to receive the interviews by email. Therefore, the researcher utilized a digital voice recorder and a standard cassette tape recorder. The researcher emailed the recording to the transcriptionist and, immediately destroyed the data on the voice recorder. The tape from the tape recorder and the verbatim transcripts was stored in a locked cabinet.

Demographic Data Collection

Participants completed an informed consent (Appendix A) and demographic data sheet (Appendix B) prior to each interview. Participants choose an alias to protect their identity. Upon completion of informed consent and demographic forms, the researcher marked the back of each document with the participant's alias and placed both documents in a binder and transported back to the researcher's home and placed in a locked cabinet.

Qualitative Interview Questions

The research questions obtained information in four specific areas. The four areas of qualitative questioning addressed were: (a) orientation, (b) assessment, (c) utilization of techniques, and (d) training.

Orientation

1. Discuss a case in which you feel the client made significant progress in treatment.
2. Tell me about your therapeutic approach that defined your intervention technique with this client?
3. Why do you think you were consistent or inconsistent with your application of this approach?

Assessment of Client

1. Describe symptoms and issues that were addressed in treatment.
2. Discuss cultural issues in your assessment of this client.
3. Discuss if you consider risk and protective factors with this client.

Utilization of Techniques

1. Tell me about the intervention & prevention techniques you utilized with this client.
2. Discuss if your work on this case included interactions with outside agencies.
3. What form of treatment do you feel was effective?
4. How do you know it was effective?

Training

1. Talk about the training you have had that made you pay attention to developmental needs.

2. Discuss your understanding of these approaches.

Participants

Twenty therapists from south Florida participated in this study. The participants interviewed were experienced in providing therapeutic services to abused adolescents placed in the foster care system. Participants provided treatment to females ages 13 through 17 years old who had been victims of childhood sexual abuse. These adolescents were in out of home placements at the time of their treatment. Participants were required to have at least a master's degree and a minimum of two years experience in providing treatment to this population.

Qualitative Data Analysis

Grounded theory was the approach utilized for this study and is recognized as the constant collection and analysis of data, which identifies and explains social processes (Bowen, 2006). Through this hermeneutical collection of information gathered from participant narrative and the on-going analysis of that data, a theory emerged to explain a process or outcome (Gibson, Gregory, & Robinson, 2005). The researcher examined emerging theory, light of the developmental psychopathology model.

The transcriptionist emailed verbatim transcripts to the researcher. The researcher listened to the audio tapes while reviewing the transcripts for accuracy. The process of member checking to determine the accuracy of the data obtained internal validity.

Member checking is allowing participants the opportunity to elaborate on their previous responses (Creswell, 2003). The researcher emailed the transcript to participants for their review. Eighteen of the twenty participants responded to the researcher. Two participants did not respond to repeated emails and phone calls and, thus the researcher was not able to confirm correct transcription.

The researcher would highlight words and phrases with the highlight function in Microsoft Office 2007 once participants confirmed the accuracy of the transcript. Words and phrases coded signified the meaning of each phrase. The coded phrases were extracted from the highlighted transcript and the researcher read each phrase to decipher the meaning and coded each one. The researcher identified 192 coded words and phrases, which were transferred to index cards. Coded words and phrases with similar meanings were placed in the same category. For example, the categories “empowerment” and “allowing control” have the similar meaning therefore; they were placed in the same category. Once all codes were reviewed and placed in categories of similar meanings, 23 categories were identified. The researcher made note of emerging patterns and themes and questions to ask future participants further supporting the hermeneutical approach of grounded theory.

Demographic Data Analysis

Participants consisted of one male and nineteen females. One participant was an unlicensed psychologist and, eight were licensed mental health counselors. The remainder of participants received their master’s in psychology, social work, counseling or education. There was no distinction in the treatment practices of the male participant,

psychologist and, other participants. Six participants had two to four years experience, three participants had four to six years experience, and six participants had six to ten years experience while the remaining five participants had 10 years or more. See Table 1 below.

Table 1

Summary of Demographic Data on Participants

Demographic Factor	n		Demographic Factor	n
Gender			Type of Setting Employed	
Female	19		Foster care	8
Male	1		Group home	2
			Mental Health Center	5
Education			Hospital	2
Masters	19		Treatment Centers	2
Doctorate	1		Other	1
Licensure			# of SA Clients Treated	
Yes	8		1- 10	8
No	12		11- 20	4
			21- 30	1
Theoretical Approach			31- 40	2
			51 +	5
Behavioral	1			
Play Therapy	1		Specialized Training in SA	
CBT	6		Yes	14
Eclectic	9		No	6
Other	3	15		
Years in Practice				
2 – 3	6	60		
4 – 6	4	20		
7 – 10	5	25		
10 +	5	25		

Note. Number of participants = 20

Themes Identified

Throughout the collection and analysis of the qualitative data, the researcher made note of emerging patterns and themes. The three major themes were empowerment, consistency and support.

Theme One: Empowerment

The first theme the researcher identified in the interviews of 20 therapists was *empowerment*. Empowerment consists of enhancing skill use while increasing one's self-esteem and is an essential component to the therapeutic process to increase positive outcomes (Tizon, 2001; Washington & Moxley, 2003). Outlines in Figure 1 are the groups of codes that fell within the empowerment theme followed by portions of actual interviews reflecting the theme. Many of the therapists discussed empowering their clients by enhancing their skills and self-esteem and often encouraging them to participate in peer activities.

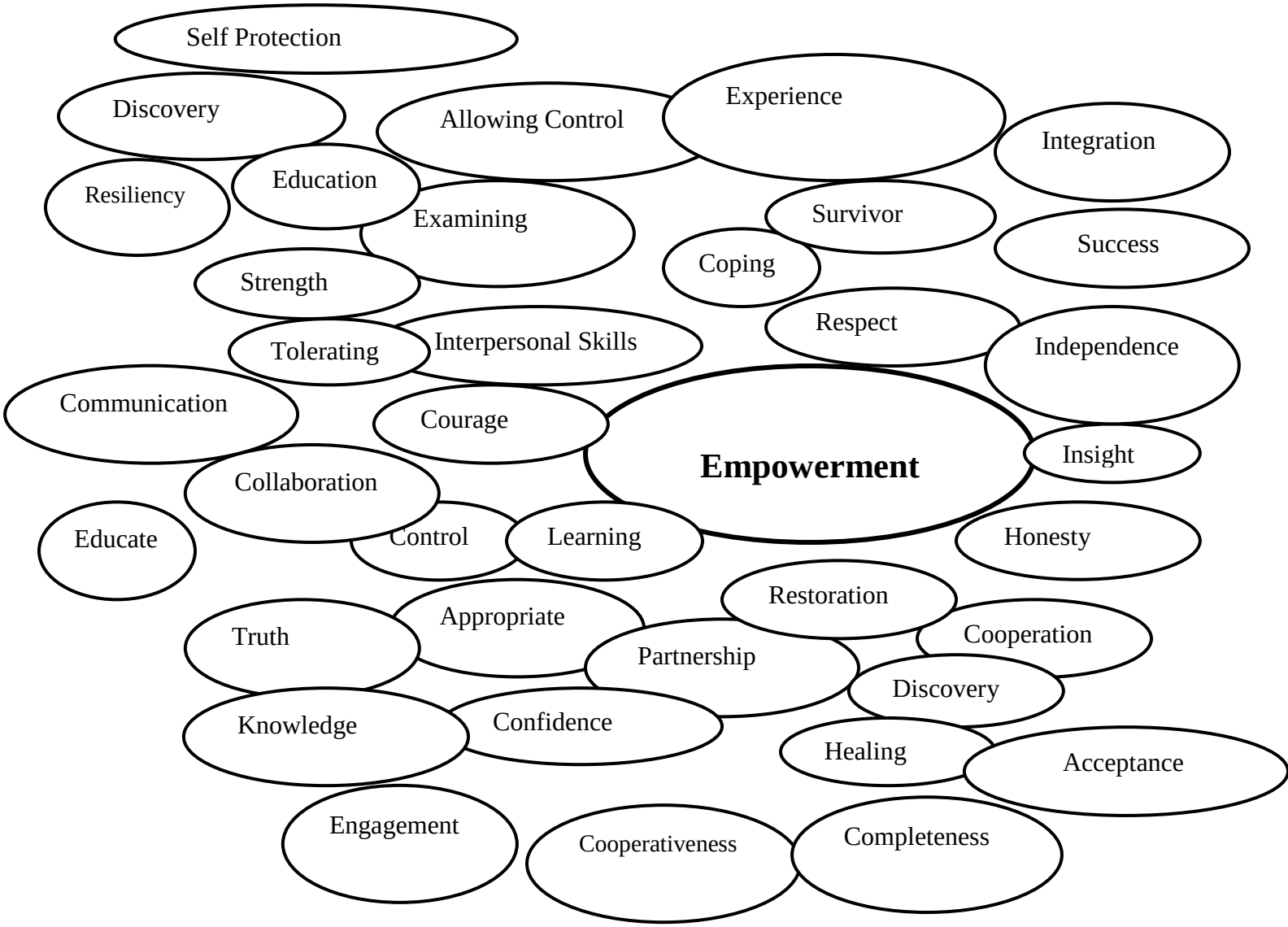

Figure 1.

Note. Empowerment diagram of the categories and patterns that emerged from the data.

Karen had a client who initially came in for behavioral problems. During treatment, she discovered her client had been sexually abused by her uncle. Utilizing play therapy and empowering her, she was able to open up and she verbalized about her abuser and was able to stop blaming herself for the abuse.

Karen #2

> During therapy we use to do play therapy and during therapy she was able to play out the sexual encounter. And so when we played with the dolls she was able to put the dolls on top of each other to demonstrate the sexual act and that's how she became very aggressive, one doll beating up the other. So I let her play that out for awhile and kind of discuss what's going on who's doing what to whom.

Christine's client was a 15-year-old girl who had been sexually abused by her father and because of the abuse, contracted gonorrhea in the eyes. The client was withdrawn, would isolate herself from others, poor hygiene and experienced flashbacks and bedwetting. Christine empowered her with a body image drawing she describes. Christine reported that years later she ran into this client while shopping. She stated she did not recognize the client but, the client remembered her. The client thanked Christine for her help and indicated she had a job and an apartment of her own.

Christine #11

> At one point in time, we did a body drawing, a body image drawing, where I had her lay on the floor and she did that and then she had actually drawn in several parts of her body a picture of, this body drawing, of the abuser and so what we did was we cut…we cut out where the abuser was. I had her cut them, the spot, but what it did was it left blank spots in the paper. So, what …and she noticed it. So, what we did then was we got new paper and we put new paper into the spots and that was a big step for her that was a big healing process. In release, you know, getting rid of those old pieces, she was able to talk about some of the things she did and I was able to get out some of her feelings toward this person. And then, by putting the new pieces in, we were able to say now what do you want with your life, you know, where are you gonna go with your life? So, she was able to change some of her thinking about her own life.

Nina's client was a 13-year-old African American girl who was sexually abused by her father over a period of three years. The client was in foster care when she was 9 years old due to her mother's incarceration. A year later, her father appeared and she was placed with him at which time the abuse began. Nina's client had very low self-esteem and by empowering her, she was able to advocate for what she needed and reconnect with her mother.

Nina #18

> A lot of things happened in regards to being a voice for her in…in reference to ChildNet. …organize things with ChildNet to help them understand where she was coming from. So a lot of things that I did was empowering her to know that she had a voice, that she has a right and so she …through treatment, she decided to write a letter to the judge in regards to the importance of her having some kind of verbal or, you know, verbal or communication with her mother which the judge basically really listened to her and …and allowed her to have phone conferences with her mother which was a…a blessing for her. You could, saw the change in her demeanor, personality, and her self-esteem immediately the fact that she has some kind of connection with her mother.

Theme Two: Consistency

The second theme that emerged from the data was *consistency*. Many participants described being consistent in either there approach or in keeping regularly scheduled appointments with their clients as an indicator for progress. One therapist believed that the consistency of the approach made a bigger difference than in the consistency of the ongoing therapist.

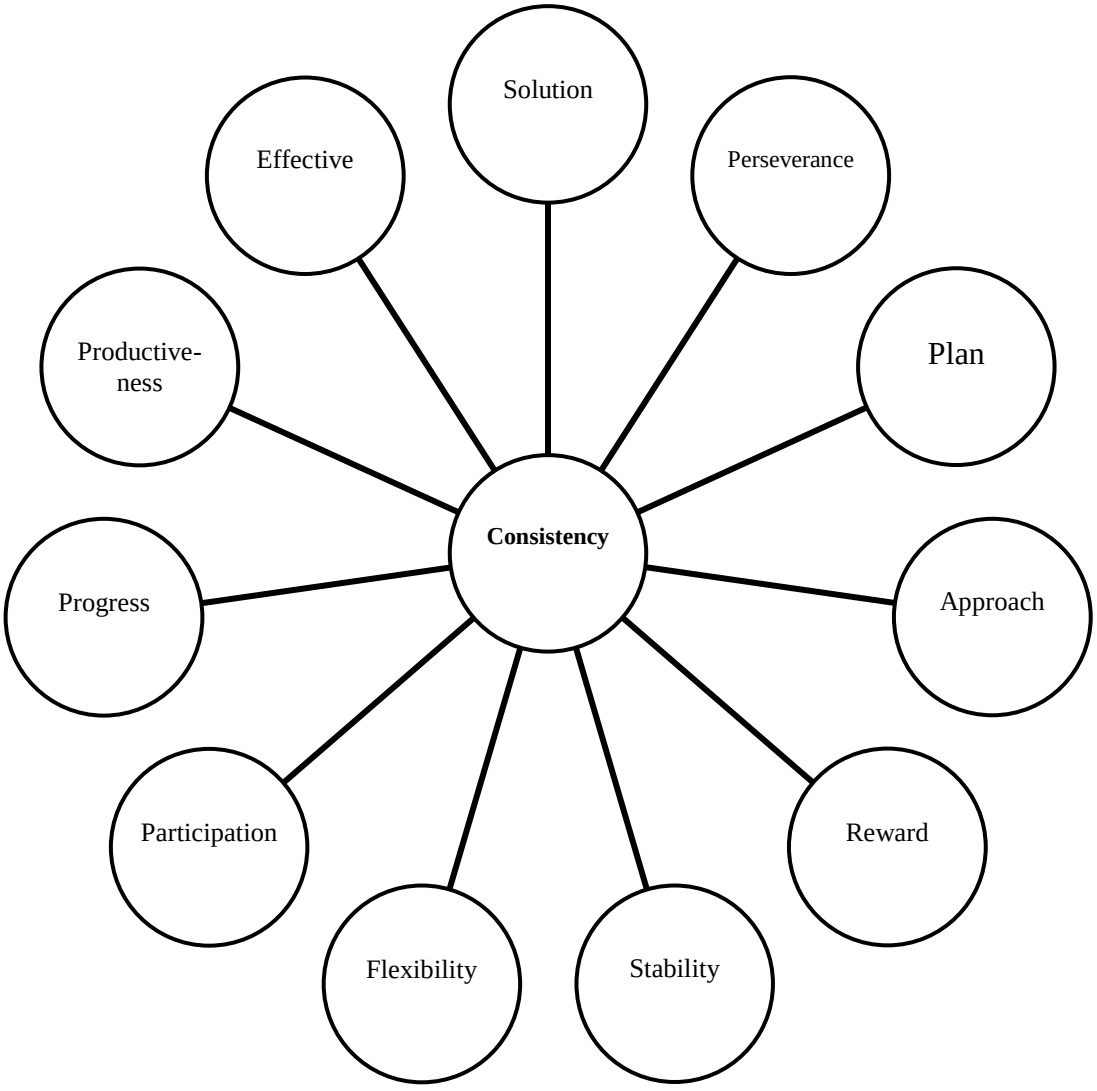

Figure 2.

Note. Consistency diagram of the categories and patterns that emerged from the data.

Sally reported her client experienced sexual abuse by her biological father and abandonment by her mother. According to Sally, the court had terminated parental rights. The client had multiple foster care placements prior to entering Sally's program. The client did not experience consistency either in placements or in the adults in her life.

Sally #1

> I think the fact that I was consistent is what worked with her. …like approach aside, …one of…actually one of the things 'cause we had brought her to a therapist to do a psychosexual evaluation…and this was also…this was a still at the point when she didn't really want to engage in therapy. She was not really wanting to get in therapy and she told the evaluator who told me afterwards that …you know, no matter what I do to her, she keeps showing up at the house. So, the fact that I continued to show up was…I was the one probably adult in her life to this point that was not giving up on her and not leaving.

Debbie was required to provide 2 ½ hours of services each week to her client either through individual or milieu therapy. Due to the consistency in treatment, the client was engaged in the process and made significant progress.

Debbie #4

> I mean I just think that I was there all the time and mostly consistent. She was eager to come to therapy. I think that was a big part of it. She enjoyed having time alone and away from the other kids in the house. …….And, I was always consistent, I barely cancelled or rescheduled so she, she liked that.

Sabrina's client experienced sexual abuse at the age of two or three by her father. The abuse was so severe she had to have surgery to reconstruct her genitals. Sabrina reported that the consistency in her treatment approach helped her client move forward in her recovery.

Sabrina # 5

> .. but the consistency was the constant …you know, cognitive behavioral …explaining her the process, educating her, …being very honest and direct with

> her. She did not want me to sugarcoat anything or keep things from her. So, she just wanted it black and white, the real deal, you know … And I think that approach worked really well with her.

Jennifer's client was a 15-year-old female who was sexually abused by her mother's paramour. Jennifer felt the consistency of the approach helped the client more so than the consistency in the therapist.

Jennifer #12

> I don't know if it would separate her from anybody else. In fact, that's how I look at it. I think with anybody, you need to be consistent as far as meeting with the person. Otherwise, you're never going to establish that trust and connection. you're really there to help them and you're not just kinda coming and going. I think they learn to feel comfortable with you and open up. I don't know that made a difference um…just because she was abused. …. I don't know if it was because …it was a different level that she felt I was harmless or whatever, but, you know, I…I would…I would think that consistency (unintelligible) a bigger difference. I would think my approach had a bigger difference with her.

Nina describes consistency with every aspects of the client's life ranging from the same treatment provider to the same appointment time each week.

Nina #18

> Oh, I definitely find that to be true. One thing about therapy, the only way therapy really works is if it's consistent. And that…so usually when I start seeing a client when I do an assessment with the parents and background history, that's one thing if a parent cannot commit to bringing that child every week um…or whoever is involved like if, for instance, if ChildNet is doing transportation, um…transporting kids, I make sure that…that there is consistency with their transporter here. So like every day if the child is supposed to have an appointment here at four o'clock, that every day at 3:30 she doesn't see a stranger come pick her up because, at that point in time, it just kinda, you know, makes her feel like okay well what's going on. So I make sure that consistency is from the transportation and its scheduling of appointments so I can make sure she understands that every Wednesday at three o'clock, she has appointment with, you know, Mrs….. And this is what…she…this is her safe haven and this is something that's going to be consistent and stable. Probably the only thing that's stabilized, you know, it gives her stability in her life. So that's definitely true.

Theme Three: Support

The third and final theme that emerged from the data was *support*. Support is an important factor in the determination of a victim's ability to cope with the abuse (Spaccarelli & Kim, 1995; Wilcox, Richard & O'Keefe, 2004). The developmental psychopathology model recognizes the support of others as a protective factor and in the development of resiliency (Luthar 2006). Participants in this study discuss support. The words listed in Figure 3 reflect support.

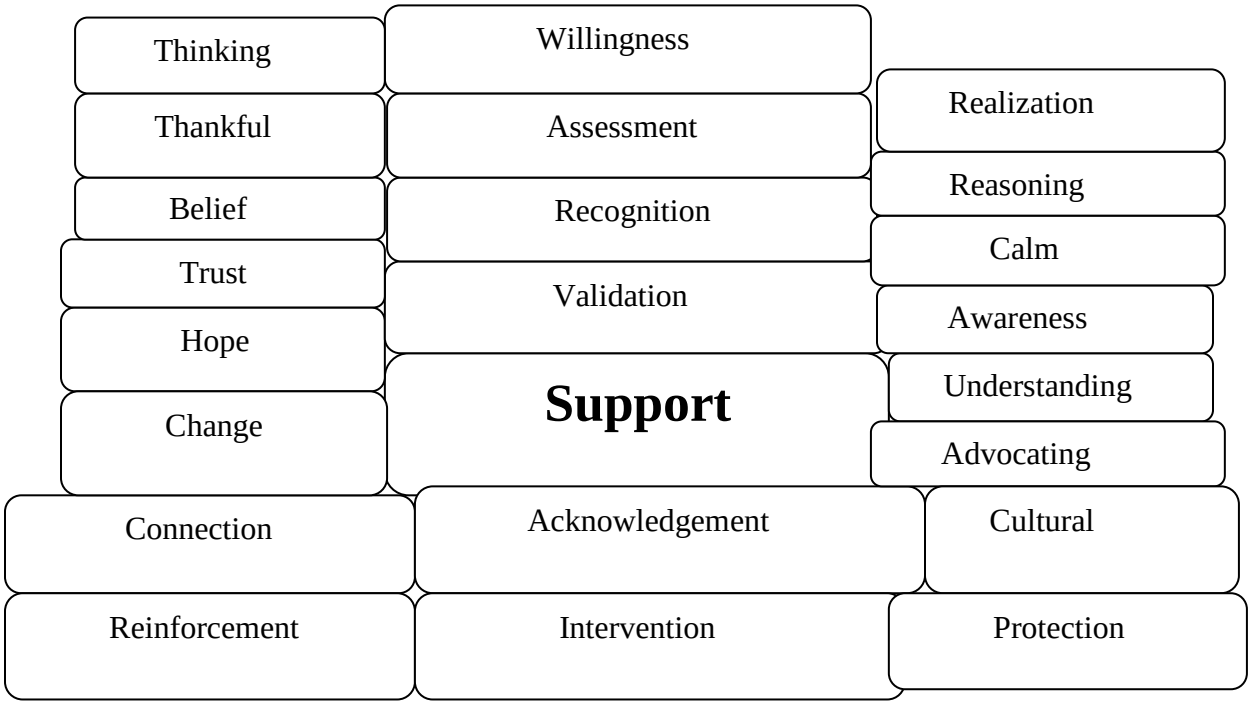

Figure 3.

Note. Support diagram of the categories and patterns that emerged from the data.

Emily's client was a 17-year-old girl that was residing in a group home during the time of treatment. This client originally entered foster care at the age of nine and, in October of 2006 in this group home. The client was receiving individual therapy and group therapy from another therapist. According to Emily, the client did not begin to make progress until May of the following year. Emily contributed this to her ability to provide ongoing support to this client during individual sessions and milieu contact.

> *Emily #9*
>
> I think based on her background she didn't have a trusting relationship with any family member. She had felt abandoned and neglected (unintelligible) no matter what trouble she had gotten into I was a permanent fixture for her and being in the group home setting, I am here everyday so even if she is running away there's a moment when she's here, we're having an interaction so its not just the individual therapy that we're having interactions its when I pass her in the hall things like that. So I definitely think being the fixed fixture for her and being able to provide support outside the office is the turn around for her and made her willing to participate (unintelligible) given the opportunity so I don't know how it would have worked out if we didn't have that chance to interact outside of the office cuz she wasn't willing to do therapy initially.

Charlie identified the support of a foster parent as an indicator for progress in treatment. Her client did not receive support from family members after the abuse.

> *Charlie # 7*
>
> Yes the foster parents were very, very involved. And she would encourage her to talk about uh…'cause it was a foster mother who was a single…single parent foster family. And she would uh…definitely encourage her to talk about the situation, I'm sure. Listen to her …situations and whatnot so…yeah she was very…very good.

Dee discusses the ongoing love and support of a parent as an important protective factor.

Dee #13

> So that is very important, that nurturing and that loving care that you can give a child from the child and know that you are there and you are the mom. That makes a big difference in society.

Hannah reported that providing support and working together with the foster parents and the client increased the client's ability to trust.

Hannah #16

> So I think it was real joint with the foster parents being number one. I think the foster parents and the therapist being there for her was…was the real, real thing that gave her the self-esteem and the trust to be open and….

Elizabeth indicated that family support played an important factor in her client's progress in treatment.

Elizabeth # 19

> …a positive cultural issue was that they were a united family within siblings so they stuck together. They're very supportive.

Findings

This qualitative study examined the current treatment practices of therapists that provided therapeutic services to sexually abused female adolescents placed in foster care. A grounded theory approach was necessary to generate a theory for comparison to the developmental psychopathology model from the data regarding the treatment practices of therapists (Creswell (2003). The researcher developed the guiding interview questions after a review of the literature about current treatment practices and the developmental psychopathology model and, consultation with researchers experienced in qualitative methods. The researcher identified three themes that emerged from the data. The

research questions that were relative to the codes, categories and themes were those that required participants to discuss intervention technique, consistency with approach and, risk and protective factors. Portions of participant's interviews demonstrate the themes that emerged from the data.

Deviant Cases

The researcher asked participants to discuss if their work on a client's case included interactions with outside agencies. Two participants (# 11 & 15) indicated they did not interact with outside agencies.

Evidence of Quality

Demographic Data

Participants completed a demographic data sheet prior to their interview. These sheets are the only documents that list the participants' identity, participant number and their alias. Throughout the process, the researcher was mindful of obtaining data, accuracy of reporting and the ongoing protection of participant information.

Qualitative Data

The researcher conducted audiotaped face-to-face interviews of 20 participants and collected data through open-ended in-depth interviews in order for therapists to discuss in detail their treatment practices. An independent contractor transcribed the audio tapes verbatim. The researcher maintained a journal to track thoughts and feelings throughout each step of the process. Participants responded to the interview questions and then encouraged to expand on their initial responses through additional open-ended questions. The researcher listened to the audio tapes while reviewing the transcripts for

accuracy and obtained internal validity by contacting participants for confirmation of the accuracy of the data. Verbatim transcripts are included in Appendix C for review. Patterns and themes began to emerge from the data by the sixth interview. The researcher discussed these patterns and themes in later interviews. Participants confirmed these themes as a valid part of their work experience.

Summary

As previously reported, an understanding of the psychological and physical development throughout the life span is critical for the creation and implementation of effective intervention services (Dishion, & Patterson, 1999). The developmental psychopathologists who work with adolescents examine the use of models of development, consistency in one's development, the link between normal and abnormal functioning, an individual's interactions with their environment, risk and protective factors and, prevention and intervention practices (Cicchetti & Rogosch, 2002).

Twenty therapists from South Florida participated in this study and discussed their treatment practices of one client who made significant progress in treatment. The 20 respondents of the study were from various locations within south Florida that provided therapeutic services to children and adolescents placed in foster care. The location of practice included Miami, Plantation, Fort Myers, Ft. Lauderdale, and Coral Springs. Employment settings of participants included hospital, group home, mental health center, sexual assault center and, foster care agencies. Prior to the interview, participants completed informed consent and, a demographic sheet. At the time of the interview, the researcher repeated the criteria for inclusion to participate in the study. Participants

consisted of one male and nineteen females. Of the twenty participants, one was an unlicensed psychologist, eight held licensure at the master's level, and eleven were unlicensed master's level therapists.

The three themes that emerged through the data and discussed in this chapter were *empowerment*, *consistency* and *support.* Chapter 4 discussed the data collection, analysis, management, results and researcher bias. Chapter 5 will discuss the results, conclusions and recommendations.

CHAPTER 5:

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Overview of the Study

Incest means the sexual abuse of a child or adolescent by a family member. The victim may cope through denial and dissociation, thus increasing the risk for severe psychopathology (Cole & Putnam, 1992; Putnam, 2006; Thomas, 2003; Trickett & Putnam, 1998). The developmental psychopathology model follows clinical dysfunction over the course of development and recognizes the importance of various factors that influence an individual's adjustment after a traumatic event such as; risk and protective factors, resilience, developmental pathways prevention and intervention, attachment, social competence, self-processes, peer relationships, culture, social support and family processes (Cicchetti, 2006). Current research had not determined if therapists were utilizing evidence-based theory in their practice with sexually abuse adolescents in foster care. The developmental psychopathology model was the foundation for this study because it follows clinical dysfunction over the course of development.

Therefore, the purpose of this study was to examine the treatment practices of therapists that provided therapeutic services to sexually abused female adolescents placed in foster care in order to discover how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and their awareness of using this approach in treatment. The qualitative guiding interview questions gained

information in four areas of treatment practices with adolescent female victims of childhood sexual abuse. The interview questions are as follows:

Orientation

1. Discuss a case in which you feel the client made significant progress in treatment.

2. Tell me about your therapeutic approach that defined your intervention technique with this client?

3. Why do you think you were consistent or inconsistent with your application of this approach?

Assessment of client

1. Describe symptoms and issues that were addressed in treatment.

2. Discuss cultural issues in your assessment of this client.

3. Discuss if you consider risk and protective factors with this client.

Utilization of Techniques

1. Tell me about the intervention & prevention techniques you utilized with this client.

2. Discuss if your work on this case included interactions with outside agencies.

3. What form of treatment do you feel was effective?

4. How do you know it was effective?

Training

1. Talk about the training you have had that made you pay attention to developmental needs.

2. Discuss your understanding of these approaches.

This study utilized a qualitative research design to examine this issue. A grounded theory approach allows for ongoing data collection and analysis to examine a particular phenomenon (Bowen, 2006). The researcher made note of emerging patterns and themes. The three major themes that emerged from the data were *empowerment*, *consistency* and *support*.

Summary of Findings

The researcher identified three themes *empowerment*, *consistency,* and *support*, which emerged from the data. The interview questions that were relative to the themes were those that required participants to discuss intervention technique, consistency with approach and, risk and protective factors.

Interpretation of Findings

Empowerment

As previously mentioned in chapter 4, researchers have acknowledged empowerment as a predictor of successful treatment outcomes (Noll, Trickett, & Putnam, 2005; Tizon, 2001; Tourigny, Hebert, Daigneault & Simoneau, 2005). Researchers are now recognizing the importance of empowering their clients during treatment. Walton (2005) has developed a model for empowering clients by incorporating forgiveness into therapy. Johnson (2003) acknowledged the importance of focusing on adolescent female's strengths and empowerment in therapy to increase coping skills. Lee and Gaucher (2000) evaluated an empowerment-based group therapy program designed for dually diagnosed adolescents. In this program, clients attended group therapy twice

weekly. Researchers noted an increase in social skills as measured by self and parental report. In a study by Johnson and Zlotnik (2006), eighteen battered women who researchers treated with a new treatment, Helping Women Overcome PTSD with Empowerment (HOPE) to alleviate PTSD symptoms. Clients were offered individual sessions twice a week while they were placed in a shelter. Researchers found a decrease in PTSD symptoms and an increase in the client's ability to seek services in the community.

Empowerment was the first theme identified and discussed by participants as an important factor to progress in treatment. Some therapists reported the use empowerment as part of their treatment practices as indicated by Emily below.

Emily #9

> And so I got her involved in several activities that teenage kids do that she wasn't exposed to. And that's a big thing that I do for my clients it's about being a kid and they haven't had that opportunity because of the background that they've come from. And that's something that I feel in addition to the therapy the intervention prevention of just getting involved in daily activities that kids are not in foster care are able to do. Such as going to art classes, dance classes, working on skills that they have that they normally wouldn't be able to do, utilize. So I think that's an important step in finding out what they're interests are what they're strengths are and helping them develop those.

Consistency

The second theme the researcher identified was consistency. The researcher completed a search of the literature base but was unable to locate any previous studies that examined consistency in treatment. Participants discussed consistency in either their approach or in their contact with their clients as an indicator for progress. However, the consistency of a support person or placement has been identified as a protective factor

which promotes resiliency in foster children (Banyard, Williams, Siegel, & West, (2002; Simel, 2007; Edmond, Auslander, Elze, & Bowland, 2006). Those children with a history of ineffective parenting and multiple foster care placements, continued to experience behavioral problems in their foster care and adoptive placements (Simmel, 2007).

> *Hannah #16*
>
> Well, with this approach, you know, I think I was as…as consistent as I could be because I was not digging for something. So this is real…was easy for me and I'm not trained in sexual abuse. So it…it's…it's peaked my interest to learn more.
>
> *Laura #20*
>
> That is so true. It is the relationship more than anything. And with this particular client, we had her in our Sarasota program for a year and then she went to residential treatment…for about six months and then she came back and went in the same foster home. And I made sure that I…I was her therapist…again…to have the same…to the consistency. So she had the consistency of the foster home and…and therapist to come back to.

Support

The final theme that emerging from the data was *support* which previously reported by researchers as an important factor to a victim's ability to cope with the abuse (Spaccarelli & Kim, 1995; Wilcox, Richard & O'Keefe, 2004). Additionally, the developmental psychopathology model has identified support as a protective factor in the development of resiliency (Luthar 2006). Others identify support within the therapeutic relationship as a necessary component in psychotherapy (Berlincioni & Barbieri, 2004). Client engagement has been shown to improve in a supportive therapeutic relationship which increases positive treatment outcomes (Karver, Shirk, Handelsman, Fields, Crisp, Gudmundsen, McMakin, 2008; McIntosh, Jordan, Luty, Carter, McKenzie, Bulik, Joyce,

2006). In chapter 4, the researcher provided portions of participants Emily, Charlie, Dee, Hannah and Elizabeth's interviews to indentify this theme. However, other participants discussed not only support but also the consistency of that support as an important factor for progress in treatment.

Christina #17

> I think the fact that I was allowed to stay with her for so long and that she's been in the same home that we started with, I think has made a huge difference because I think she's used to people just abandoning her left and right…So I think you had the same guardian ad litem so she's had all that. I don't think she was used to having people around consistently like that…Yeah. Because she…believe me, she shoved as hard as she could to push us away. She really, really tried very hard and a lot of times we had to remind her that we were all still here. And that was difficult for her to accept. She could not…I…I think she couldn't understand why we were still here.

Christine #11

> And the grandmother…her grandmother was astounding because, I mean, she has it like 14-15 year-old wetting the bed and she wasn't shaming her. She understood. You know, she followed my leads, everything I told her to do she did what, you know, she needed to do. Whereas, a lot of people would have lost patience by then or, you know…blamed the child or…I mean there was a point, you know, where this child went and took the parakeet uh…the bird cage and killed this bird and then stuck it under the mattress and hid it from the grandmother. Of course, she found it later one day when she was making the bed. Not even, you know…And she didn't lose it. So, I would say if anybody was there for her, it was her grandmother. So, if you want to say does consistency help, I can't say it was me. I'd have to say it was this girl's grandmother.

The purpose of this study was to examine the treatment practices of therapists who provided therapeutic services to sexually abused female adolescents placed in foster care in order to determine how therapists gain skills in acquired practice, how they become competent in the developmental psychopathology approach, and their awareness of using this approach in treatment. This model follows clinical dysfunction over the

course of development and recognizes the importance of various factors such as culture and risk and protective factors that influence an individual's adjustment after a traumatic event. Researchers to increase resiliency in adolescence (Trickett, Kurtz, & Pizzigati, 2004) have noted addressing risk and protective factors in treatment. Further, intervention efforts should consists of treatments that take into account the whole person such as cognition, language, emotion, and biology (van Eys & Dodge, 1999).

Based on the interview questions, participants discussed cultural issues, development, prevention and intervention practices, symptoms addressed and collaborative interactions with outside agencies. Twenty therapists participated in this study and discussed their treatment practices with one client who had made significant progress in treatment. Through the interview process, all participants discussed the utilization of aspects of the developmental psychopathology model in their treatment practices although only one of the participants reported having any knowledge of the model. Of the twenty participants, only two reported they did not interact with outside agencies.

The researcher identified three themes *empowerment, consistency,* and *support* within the data. Chapter 2 had discussed various treatment approaches identified in the literature as effective for this population. However, these themes suggest that *empowerment, consistency,* and *support* may be of more importance than a specific approach to treatment. The therapist's attention to these themes; ensuring an individual is able to connect with internal assets resulting in a sense of empowerment; is able to enjoy

consistency in life domains; and is able to experience consistent support, may actually contribute to successful outcomes in therapy, more than a specific modality of treatment.

Grounded Theory Developed from this Research

The researcher sought to discover how therapists learn, utilize, and become competent in the use of the developmental psychopathology approach to treatment and, their awareness of using this model in practice. The goal of this qualitative study was to solicit narrative responses from participants on their treatment practices. Therefore, a grounded theory approach was the appropriate method for this study. Grounded theory attempts to generate a theory of a process, action, or interaction grounded in the experience of the participants in a particular study (Creswell, 2003).

The research question answered by this study is:

1. What are therapists' experiences with training in the developmental psychopathology model and utilization of this model while treating CSA females?

Only one participant (#7) of this study acknowledged some knowledge of the developmental psychopathology model. However, participants reported receiving training in development during their graduate studies or within their agencies. Based on their training, participants were aware of the importance of considering the client's developmental stage in their approach to treatment. Theoretically speaking, the participants were intuitively using developmental theory in practice. Intuition in the therapeutic process has been recognized researchers as an important component in

treatment practices in which therapists use more over time (Benford, 1996, Bohart, 1999, Brescia, 2004).

In one study, Benford (1996) examined the role of intuition in psychotherapy with eight therapists utilizing a grounded theory approach. The researcher reported that intuition in therapy increased one's awareness of alternatives, analytical skills and, knowledge of interventions. Therefore, intuition was considered a developmental phenomenon which, increases one's awareness and develops over time. Applying previous knowledge in current situations can assist a therapist in becoming more creative in therapy (Bohart, 1999). When a therapist is intuitive, the knowledge gained is useful in the therapeutic process, determines intervention techniques, directs treatment, increases knowledge and self-awareness and, is essential to the process and outcome (Brescia, 2004).

Discussed throughout the interviews were cultural issues, development, prevention and intervention practices, symptoms addressed and collaborative interactions with outside agencies. Only two participants (# 11 & 15) indicated they did not interact with outside agencies. Given the nature of the foster care system, participants had the opportunity to work with many clients, and various professionals. In doing so, participants were increasing their awareness, developing their skills and, treating the individual as a whole intuitively utilizing the model in practice. Only one participant (#7) of this study had some knowledge of the developmental psychopathology model. She was surprised to learn she was using the model in her treatment practices but, did acknowledge the importance of considering a client's development in determining

treatment approach. The results of this study suggest that education in developmental theory and this model is essential for positive treatment outcomes. Therapists who receive this training and develop skills over time will intuitively apply this model in their treatment practices. As therapists increase their awareness and skill usage of this model, *empowerment*, *consistency* and *support* will be intuitively applied in the therapeutic process.

Implications for Social Change

The National Clearinghouse on Child Abuse and Neglect 2002 reported that an estimated 896,000 children are victims of some form of child maltreatment. Further, 9.9 % of children were victims of sexual abuse. The majority of information known to researchers regarding treatment of childhood sexual abuse comes from studies of adult survivors (Alpert, Brown & Courtois, 1998; Fontes, 1995). The results of this study can add to the literature and assist intervention and prevention plans for adolescents. This information will add to therapy practices an understanding of effective treatment practices and, increase awareness of the developmental psychopathology model.

Further research needs to examine adolescents who have experienced sexual abuse but are reporting successes in academic performance, satisfying social adjustment and stable placements. The factors, which help in achieving these external measures of functionality, need to be determined and incorporated into therapeutic approaches. New treatment approaches, which engender these common factors, would be beneficial. More reliable and consistent information is needed for clinicians treating sexually abused children, adolescents, and their families.

Existing research has identified a need for the development of criteria by which the practitioner can determine the effectiveness of a particular intervention (Saywitz et al., 2000). Other researchers have identified the need for a developmental framework in the implementation of treatment practices to begin in childhood and continue through adulthood (Trickett, Kurtz & Noll, 2005).

Recommendations for Action

The results of this study are important for providers and educational programs and could be disseminated through a mass mailing. Participants in this study all reported receiving courses in life span development while enrolled in their graduate programs. It is strongly recommended that training in this model be required and begin in undergraduate programs. For those professionals already working in the field, continuing education workshops should be provided. Clinical supervision and peer support should also be utilized more frequently, during which the therapist can review cases that appear stalled. Funding sources recognize the importance of supervision. One utilization manager in a recent communication regarding her interviews of providers reported:

> ….clinicians were often reticent to open their practices and therapy implementation procedures to others, out of an apparent fear they will be perceived as inadequate or incompetent. This is especially true for clinicians working with high risk recipients, which is when clinical support is most needed. Therapy supervision when it occurs…. doesn't always instruct or teach the therapist about new or different therapy practices when clinical impasses are reached. I know you would agree that no therapist knows or sees everything and peer support or clinical supervision, should be a supportive

and enlightening experience but I'm not thinking that's the rule. Many therapists develop negative transference with clients who are resistant or unsuccessful in therapy, blaming the client for the impasse or failure and not really understanding that they could be missing an open window for change, if they could just find a way to reach the client during the failing period (M.K. Brothers, personal communication, July 17, 2008).

Agencies that provide therapist's with a supportive environment that encourages ongoing supervision can anticipate positive outcomes in therapy. The therapist will look for guidance without concerns on how it reflects on their abilities, and would be more open to different treatment practices that may benefit the client. Treatment providers need to encourage supervision and the implementation of the developmental psychopathology model in treatment practices. As evidenced by this study, only then will providers consider all aspects of an individual, which will lead to the consistency, support and empowerment needed for positive treatment outcomes.

Recommendations for Further Study

This study consisted of twenty participants not previously trained in the developmental psychopathology model. Based on the small sample size and the lack of participant training in the model, further study is needed. This study could be replicated and should be longitudinal and consist of a larger sample of therapists who have received training in this model.

This study focused on adolescent females in foster care. Future studies should include females and male victims. Studies should consist of victims that remain with their biological families and compared to foster children. Foster children are more likely to

have several professionals involved in their cases that would interact to ensure implementation of services. However, they are less likely to have *consistency* in placement and *support* as those victims that remain within the family unit. Research on child sexual abuse and the long-term effects on development are in its infancy and there is still much to learn from future studies (Trickett, Kurtz, & Noll, 2005; Trickett & Putnam, 1998). Most importantly, longitudinal studies continue and examine the effects of sexual abuse on the development of sexuality, female development and the social network of girls (Trickett, Kurtz & Noll, 2005; Noll, Trickett & Putnam, 2003; Noll, Trickett & Putnam, 2000). Future studies should consider a developmental framework examining risk and protective factors with victims to determine criteria for those that are at greater risk for severe psychopathology. This can assist professionals in the implementation of effective treatment practices that will benefit children, families and society.

Researcher Bias

Throughout the collection of data, I maintained a journal to make note of any observations of participants and of the researcher. I must admit to having judgments I made regarding my expectations for interviewing fellow therapists in my state. I had expected that securing participants would be an easy task. After all, we are all in the helping field and therefore would be anxious to help a colleague. I contacted various clinical directors of local community agencies and was surprised when very few responded. Initially, I was annoyed at first and somewhat puzzled. Then I realized that what I had neglected to remember is that we are in a field of high stress and long work

hours so while we may want to participate, we are unable to fit it into our busy schedule. This realization allowed me to move on and continue contacting others without feeling annoyed when I did not receive a response.

Another assumption I made was that everyone would be familiar with the developmental psychopathology model. My research failed to substantiate this. Participants received a copy of the questions prior to their interviews. Of those participants inquiring about the study, many specifically asked about the model and reported they never heard of it. Secondly, when asked if they considered risk and protective factors during their assessment and treatment of the client, their working definition of risks appeared more related to the client's own behavior rather than factors such as parental substance abuse, poverty or lack of family support. No participants identified a protective factor such as a support person when specifically asked. However, some did discuss a supportive relationship later in the interview when responding to other questions. This caused me to question if participants were aware of protective factors and, how they contribute to a victim's ability to heal from the trauma.

Initially, I found myself anticipating outcomes based on one's experience or their place of employment prior to my interview. I realized my biases after only a few interviews and made a conscious effort to enter each interview with an open mind. Those therapists, who were able to find the time to participate in this study, surprised me with the extent of their knowledge regardless of place of employment, licensure or years of experience working in the field. I can honestly say that listening to them reflect on their work in these cases increased my insight in working with this population as well.

Conclusion

This study while small is the first study to examine the treatment practices of therapists utilizing a developmental psychopathology perspective. Extensive research regarding childhood sexual abuse and various treatment approaches is throughout the literature base. Adolescent females discussed made significant progress in treatment and had therapists that utilized aspects of the developmental psychopathology model in their treatment. The participants of this study implemented intervention and prevention techniques outside of individual therapy. Further, their treatment practices included working with all aspects of their client's environment thus treating the individual as a whole. In addition, therapists empowered their clients, provided consistency in either treatment practices or consistency in support, which contributed to the progress made in treatment. The results of this study can add to the literature, and assist intervention and prevention plans for adolescents. This information will add to therapy practices an understanding of effective treatment practices and, increase awareness of the developmental psychopathology model. The results of this study are significant to future studies as results indicate that the implementation of this model can be an effective treatment practice, which can increase positive outcomes for adolescents as they enter adulthood.

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APPENDIX A:

CONSENT FORM

You are invited to take part in a research study of the treatment practices of therapists that provide treatment to adolescent females placed in foster care with a history of childhood sexual abuse. You were chosen for the study because you have at least a Master's Degree and a minimum of 2 years of experience providing mental health treatment to this population. Please read this form and ask any questions you have before agreeing to be part of the study.

This study is being conducted by a researcher named Deborah Watson, who is a doctoral student at Walden University. The researcher is employed by Florida Mentor as a therapist working with the same population as potential participants.

Background Information:
The purpose of this study is to determine if treatment providers are utilizing aspects of the developmental psychopathology model in their treatment practices. You will be asked to participate in a face-to-face interview that will be audio taped and transcribed. If your position is office based, the interview can take place in a private room at your place of employment. If your position is community based, the interview can take place in a private room in your home. You will be provided an alias prior to the start of the interview. Your name will not be used in the recording or transcription of the interview. Within two weeks of the face-to-face interview, you may be contacted to verify contents of the transcription to ensure accuracy of your responses.

Procedures:
If you agree to be in this study, you will be asked to:

- Participate in a face-to-face interview lasting approximately 45 minutes.
- Discuss your treatment practices of a female adolescent with a history of sexual abuse that was placed in foster care.
- Participate in any follow-up interviews lasting approximately 20 minutes that may be done to ensure accuracy of responses.

Voluntary Nature of the Study:
Initial participants will include therapists from the researcher's organization. This is a potential conflict of interest. Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. No one at Florida Mentor or Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. If you feel stressed during the study you may stop at any time. You may skip any questions that you feel are too personal.

Risks and Benefits of Being in the Study:
There is minimal risk to participating in this study. Participants could question their treatment practices and loose confidence in their ability. The benefit in participating in this study is to help enhance the current knowledge base regarding treatment of childhood sexual abuse.

Compensation:

All participants will receive $25 for participating in this study. For cost reasons, participants will receive this token of appreciation once all face-to-face interviews have been transcribed.

Confidentiality:
Any information you provide will be kept confidential. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in any recordings, transcription of the interview or reports of the study. All research data, including audio tapes and transcriptions of interviews will be kept in a locked file cabinet for a minimum of 5 years but no more than 7 years. Only I, Deborah Watson and my committee chair, Dr. Amy Sickel will have access to records.

Contacts and Questions:
The researcher's name is Deborah Watson. The researcher's faculty advisor is Amy Sickel, Ph.D. You may ask any questions you have now. Or if you have questions later, you may contact the researcher via (786) 487-7662 or deborahw@waldenu.edu or the advisor at (301) 461-9347 or amy.sickel@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

The researcher will give you a copy of this form to keep.

Statement of Consent:

☐ I have read the above information. I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Printed Name of Participant _____

Participant's Written or Electronic* Signature _____

Researcher's Written or Electronic* Signature _____

Electronic signatures are regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically.

APPENDIX B:

DEMOGRAPHIC INFORMATION

1. Please describe your educational background.

2. Are you licensed, if so what type of licensure do you hold?

3. What is your theoretical approach to treatment?

4. What type of setting are you employed in?

5. Approximately how many sexually abused children have you provided treatment to?

6. How many years have you been in practice?

2 to 4 years 4 to 6 years 6 to 10 years 10 years or more

7. Have you ever received specialized training in the area of sexual abuse? If yes, please identify the training.

APPENDIX C:

VERBATIM TRANSCRIPTS

Interview with Sally: Verbatim Transcript

Investigator	**Sally**
Okay. Please describe your educational background.	
	…Bachelor's in psychology at Florida State and Master's in (unintelligible) counseling from Nova.
Are you licensed?	
	Yes. LMHC
What is your theoretical approach to treatment?	
	Eclectic, humanistic
Okay. What type of setting are you employed in?	
	…therapeutic foster care.
Approximately how many sexually abused children have you provided treatment to?	
	A minimum of ten.
How many years have you been in practice – two to four, four to six, six to ten, or ten or more?	
	…6-10
Have you ever had specialized training in the area of sexual abuse?	
	No
Alright. Describe a case in which you feel the client made significant progress in treatment.	
	Do you want me to tell you about the client?
Uh-huh.	
	Okay. …she came to us as uh…14- or 15-year-old female. …very angry. The reason for removal from her biological home was sexual abuse from her biological father, abandonment from her mother – the

Interview with Sally: Verbatim Transcript

Investigator	Sally
	rights were terminated – and she had been in many or multiple settings in foster care before coming to our program. Like I said, very angry. She stayed with us until she aged out so she's with us for about three or four years. Do you want me to go into detail? (unintelligible).
Did you work with her that full time?	
	(Unintelligible) the entire time.
Okay. As much information.	
	Okay. …when I first started working with her, she refused to see me and would make an excuse or actually what she would do would find an excuse to get angry and then blow up and leave the room, slam the door. That would be it. Lots of threats…uh…lots of verbal aggression. …at one point, she actually uh…attempted to physically uh…come after me which I ran (laughs) (unintelligible) she threw a full can of hairspray (unintelligible) the door, I ducked. She grabbed a butter knife. She came after me. …the Mentor parents, the foster parents, and the foster's parents' biological adult daughter had to not physically restrain her, but hold her back from me. 9-1-1 was called and she was Baker Acted for …homicidal uh…verbalizations(unintelligible) (laughs). …after that, at that point actually my program manager at the time (unintelligible) at no point would I ever be alone with her in the room. I…I was (unintelligible) staying on the case. No one likes to stay on the case with her and it was a challenge for me also, but I wanted to save her. …what was interesting was that night from the hospital, um…I was giving the client my card so they can call me at my office number. She called and left a message apologizing to me. So, but at……when she came out of hospitalization, we had a meeting at the office and my program manager had told me that there would be at no point she'd ever be left alone with me. Sessions would occur in a room with someone else at the door. You know safety precautions. And, she had to earn the

Interview with Sally: Verbatim Transcript

Investigator	Sally
	right because we transport our clients and uh…she had to earn the right to be able to be in (unintelligible) car with me again. So, uh…she was a little bit more at ease with meeting with me. However, not wanting to engage in a therapy session. …and…so that went on for quite some time and I would say the last two years, maybe year and a half before placement with us – so about a year and a half since her being placed with us, we started actually getting into some…some goals and working with her. At that point, she was also working towards independent living so we were working on resolving her past issues and getting her to the point where she would be able to…to function independently and …we…uh…since…I went to her graduation actually, went to her high school graduation. She kept in touch with me for about a year afterwards. Uh…she was working on getting um…uh…I think with uh…uh…an AA, Associates Degree in community college. I just heard from her this…the past few months ago. She's working …engaged, living on her own, doing well.
Okay, tell me about your therapeutic approach to define your intervention technique with this client.	
	…my approach with her again…like I……I was also fairly young when I first started working with her and I think I always thought, "Oh, I love humanistic approach." … that's what I wanna be and then, of course, I get clients and I can't (unintelligible) (laughs). It's not about that. …there had to be some cognitive behavioral stuff with her. …I…I would really say like I can't…I couldn't define or even tell you one exact approach with her. I just…I really had to use what was going to work. …and I had to feel her out. And so we were able to cognitive behavioral probably with uh…uh…that approach I would say that probably was the most effective with her. …as far as like (unintelligible) working with her (unintelligible) interventions. …I was working with her on resolving

Interview with Sally: Verbatim Transcript

Investigator	Sally
	her issues. Like her issues were with her biological father, but she really didn't know.
Uh-huh.	
	And …so accepting the fact that yeah this bad thing had been done to you by someone that's supposed to protect you. …so how's that gonna affect your life from this point on? Are you gonna give up? She used that as an excuse actually all the time. So, she could have continued to do that and where would she end up or …so it was reality-based for her too when she gets in a school setting and she wanted to get a job and she was really quote-unquote, living normally, as far as a 16-, 17-year-old girl. …that would get into trouble for her – anger management issues. So, …wait, her peer influence was great too because, you know, she wanted to be again quote-unquote, normal and was using this as a crutch to her. So, we really had to work on it's happened, it's bad, it's awful. …how are you going to let it affect you for the rest of your life?
Why do you think you were inconsistent or consistent with your application of this approach?	
	…I think the fact that I was consistent is what worked with her. …like approach aside, um…one of…actually one of the things 'cause we had brought her to a therapist to do a psychosexual evaluation um…and this was also…this was a still at the point when she didn't really want to engage in therapy. She was not really wanting to get in therapy and she told the evaluator who told me afterwards that um…you know, no matter what I do to her, she keeps showing up at the house. So, the fact that I continued to show up was…I was the one probably adult in her life to this point that was not giving up on her and not leaving. …(unintelligible) we had a home and that parent that was doing the same for her. She actually went through three placements, but I was always stable and the home that she stayed in the longest was the same thing, the parent didn't give up. So the fact that I

Interview with Sally: Verbatim Transcript

Investigator	Sally
	didn't give up and I was consistent and saw her every week whether she wanted to see me or not, that's what will work…what worked in this case.
Not necessarily the CBT?	
	Exactly.
Okay. Um…describe the symptoms and issues that were addressed in treatment.	
	…(unintelligible) her symptoms? Uh…her symptoms were …aggression, verbal aggression, uh…physical aggression. She was actually quite physical …many times prior to coming to us and that was …we were able to decrease those incidences, but the verbal aggression was there. …you know, with this client, I know she was sexually abused, but again she was really young, she was 14 by the time she came to us. I think she had gotten so used to…to the fact that she was abused and using that as an excuse for her behavior up until us that uh…but that's where we had to take it from. Like uh…I don't know that we had to resolve. I don't think it's resolving sexual issues, but it was mostly …trying to get her to …not use it as an excuse for her behavior because she could…she thought she could get away with doing things and say like uh…I was abused as a child. So her behavior…anger management and her aggression were the… were the presenting issues that we had to work on at the beginning. That's when we were able to get her to decrease those incidences when we were able to actually get into what had happened to her, that shouldn't have happened, and work through those feelings.
Okay. Discuss cultural issues in your assessment of the client.	
	I don't really think there were any.
Discuss if you considered risk and protective factors with this client.	
	Yes, absolutely. …well…twofold. I mean I…I…uh…I believe at some point we…I was contracting with her on her behavior. …there were

Interview with Sally: Verbatim Transcript

Investigator	Sally
	times at the beginning …where she would verbalize wanting to hurt herself as a means of…when she wasn't getting her way and when she was trying to be physically aggressive and then she kind of used that and, of course, you're never going to …uh…minimize those. So I…I…I had contracted with her before, not just for suicidal behavior, but also for her …aggression towards others. …as far as risk, um…it was really …the risk of …of me getting hurt (laughs) with her at the beginning. So, I would always have to position myself accordingly which is just what we learned in sessions, but I really had to do that and I could also read her …uh…her body language and I would know when she would, you know, when she was wanting to uh…act out and I would always have to remove myself from (unintelligible) or kind of give her that time like okay think about this, I'm gonna be right here in the other room. So, I really had to be conscious of the fact that I could read it in her body language when uh…when she was gonna get physical.
Uh-huh. Um…were there any other family members that were sexually abused or was she the only one?	
	…she had three siblings that were placed together in a different um…setting and they were younger than her. …I had…I had no knowledge of um…yeah. The rights were terminated from the mother so that's how these siblings were there, but I…I really didn't…and they were all younger than she was so I had no knowledge of them.
You didn't have any interest, I mean, knowledge of the family history?	
	Very minimal. …we were (unintelligible), yes. I mean I had some history of…of her situation and what went on with her, but her siblings, again, she was 14. Her siblings were um…anywhere from five to seven or…and more years younger than she was so when she

Interview with Sally: Verbatim Transcript

Investigator	Sally
	was removed, she was separated from them for quite some time. Uh…we did have visits with them eventually and that was a goal she wanted to work on was when she turned 18, possibly getting um…them to come live with her, but …and their issues were…I…you know what I have to say they probably were not sexually abused because they were not placed in a therapeutic setting and they…when we had visits, there was…you know, they were really …they weren't really working on therapeutic goals, they were just kids, you know, …unfortunately in foster care and she was the only one that was placed in a specialized setting.
Um…tell me about the intervention prevention techniques utilized with this client.	
	Yeah. …my…you know like I said, the intervention and (unintelligible). The intervention that worked best with her was the fact that I was consistent. …just being there all the time. …prevention techniques again it was…it wasn't really focusing on her sexual issues, it was focusing…I mean her anger was probably, you know, stemmed from all of that of course, but um…the prevention techniques were …we did some anger management with her and …it…I'd have to say they were successful. …I'm gonna have to think back at least back a couple of years as far as like my interventions with her. She had a CBA working with her as well, a behavioral analysis or analyst, …and so we really worked with her on a reward system and …again she was wanting to be quote unquote, normal, so …her…what she had to gain were trips to the mall, …you know, having friends come over. She was supervised all the time. …it got to the point where she was doing so well with us, eventually that her guardian…they were allowing …some…some of that normalcy policy take place so she could go to the mall with friends. She ended up getting a job. So, a reward system really worked well with her. The fact that she had a parent that um…was

Interview with Sally: Verbatim Transcript

Investigator	Sally
	not giving up and really treated her as part of the family. …shopping trips with the parent were a big deal. …you know, funny enough…it was like she wanted a job so bad, she had to earn getting a job by her behavior (laughs) to get to work. Isn't that sad now that she'll actually work for the rest of her life, but…those were the type of things. So, I…I would say like a reward system worked best with her and the CBA really did a good job.
Okay. Um…discuss if your work on this case included interactions with outside agencies.	
	…it did. She had a uh…well minimal. She had a case manager that I would have to touch base with on. …we had treatment team meetings, of course, on a quarterly basis. …she did have some outside evaluations – the psychosexual I mentioned. So, I would be the one that would take…any outside evaluations she had, I would take her. …
Who goes with her CBA through your agency or…	
	The CBA goes through our agency.
Okay. Do you have a child advocate?	
	Yes.
Okay. So that was another agency?	
	That was another…the child advocate was from an…at that time with DCF. It wasn't ChildNet yet. So it was DCF and then her case manager was through Henderson Mental Health Center. So, those were two agencies I worked with.
What about the schools?	
	Oh, actually that's good for me. She went to Whispering Pines which is an SED school and she gets therapists there. So, I met with that person. …we maintained contact pretty consistently …and I always wanted to make sure that our goals were the same. …sometimes the therapist at school they really just

Interview with Sally: Verbatim Transcript

Investigator	Sally
	worked on what was going on with her at school.
Right.	
	So I …it…we maintained contact and uh…she made that like we were…I was always on the same page with the therapist. We always had to at least once a week or more or, you know, more and I would go to school to actually see her and meet with them quite often.
Um…what form of treatment do you feel is effective?	
	I think that uh…CBA was really…the CBA along with obviously (unintelligible) behavioral like…like CBT…
Like CBT?	
	Yeah. CBT I would say worked best with her. You know, again I'm gonna say though …the CBT, but also the fact that …she felt she was surrounded by people that cared so was that humanistic? I'm gonna go back there again.
But how do you know it was effective?	
	…well as far as her discharge from our program, she was successful (laughs). …I would say its effective because …you know, looking back now and knowing where she has come like she's actually functioning out there …probably better than a lot of people are functioning out there.
Talk about the training you have had that made you pay attention to developmental needs.	
	…well when I first actually …started…interesting that that's a question on there because …she was considered developmentally delayed because she had a low IQ.
Uh-huh.	
	…however, never on the med waiver because she never met criteria for it. So it was really like her IQ was…was low and that could have probably been, you know, many things that gave her that when she took the test. But, I did have to …uh…with Mentor we,

Interview with Sally: Verbatim Transcript

Investigator	Sally
	you know, we get the exception to…unfortunately it's called mental retardation. But, we work with developmental disabilities as well. So I had to be very careful at the beginning with her because …the way she would grow up and leave and not want to be in treatment, I had to be aware of the fact that is it because of her behavior or was it that it's her capacity …developmentally? Was she able to process information …and engage? And, at the beginning, I uh…I think uh…I think it's now…I think it was a little bit of both, but she was so high-functioning that obviously she was able to grasp it and now she functions in life not having uh…the stigma of being developmentally delayed or a low IQ I guess I should say.
So you received training through your agency?	
	Yes.
Discuss your understanding of these approaches. The developmental approaches.	
	Oh. Uh…well…I'm not sure what you mean (laughs).
When you talk about training…	
	Yeah.
…to understand development…	
	Okay. So just discuss it? Okay, well …working with the population that we work with, …we have uh…yeah we…we have clients that come to us that have …that Axis II diagnosis and yet their supposed to do therapy with us. So you have to, again you always have to be aware. Like if a client…you have to be aware of the fact that if you're doing therapy and you don't see…feel like you're making gains in their goals, …maybe the goals are not realistic for them. …maybe it isn't processing. …maybe (unintelligible) the capacity of the…have to always have the capacity of your client. …and so they might be street smart and act like they know it all, but if developmentally they're delayed, then we have to take that into account and, again, we have to assess…you always assess your

Interview with Sally: Verbatim Transcript

Investigator	Sally
	treatment plan goals, especially if you feel like you're not making great gains.
Okay. That wraps up my questions. But, do you…do you feel like you left anything out that you want to add or…	
	No, I think we covered it (laughs).
Thank you.	

End of Interview

Interview with Karen: Verbatim Transcript

Investigator	Karen
Describe your educational background.	I have a Master's in Marriage and Family Counseling
Are you licensed?	No, not yet
What is your theoretical approach to treatment?	I use Solution Focused Therapy
What type of setting are you employed in?	Right now I am employed in a hospital setting but before I made home visits
Approximately how many sexually abused children have you provided treatment to?	Probably 5 or 6
How many years have you been in practice?	2-4
Have you ever had specialized training in the area of sexual abuse? If yes, please identify the training	Yes, in trainings from the office
Name one	Prevention of sexual Assault was one. Another one was how to do treatment with sexual abuse clients
Discuss a case in which you feel the client made significant progress in treatment.	So I had a client who actually came in for behavioral problems but as I got working with her I found out she was sexually abused by her uncle. During therapy we use to do play therapy and during therapy she was able to play out the sexual encounter. And so when we played with the dolls she was able to put the dolls on top of each other to demonstrate the sexual act and that's how she became very aggressive, one doll beating up the other. So I let her play that out for awhile and kind of discuss what's going on with whom. She was able to open up and verbalized about

Interview with Karen: Verbatim Transcript

Investigator	Karen
	her abuser and talked about it cuz first she was blaming herself and you know we discussed and she understood that it was not her fault. It's his fault and she shouldn't take the blame. And after awhile…
How long did you work with her?	
	About a year
Tell me about your therapeutic approach to define your intervention technique with his client	
	I think using, being open with her and understanding and not judgmental really helped her open up and not making her feel like she was, well knowing that she is a victim but she was not the person who caused this thing. And knowing that she could trust me. I think just having that rapport with her made it easier for her to heal.
Did you only use play therapy with her?	No, I used play therapy, I used cognitive and solution focused cuz it wasn't only individual therapy and family therapy.
Ok, so you did a combination?	
	I did a combination of both
Why do you think you were inconsistent or consistent with your application of your current approaches?	
	I think I was consistent. I made sure that I included the whole family unit so they could support her when I wasn't around. And I showed mom how to do play therapy with her when I wasn't around. Not only did I provide counseling but I provided parent education.
Describe the symptoms and issues that were addressed in treatment.	
	Some symptoms were being beat up at school, touching her privates, being verbally aggressive with parents, nightmares she wasn't able to sleep on her own she had to sleep with mom.
PTSD symptoms?	

Interview with Karen: Verbatim Transcript

Investigator	Karen
	Yes
Discuss cultural issues in your assessment of the client?	
	Well she was, the client was Spanish and her care taker was her mom, adoptive mom was Italian and African American. I didn't see any issues. She was very open to me. I didn't really see any cultural issues with that client. She had a mixture and her best friend was African American too so I think she related to that.
Discuss if you considered risk and protective factors with this client.	
	One time she said she wanted to take a fork and stab herself, so I thought she was suicidal so we had a 24 hour watch but she didn't do anything and when we discussed it she said she was only joking.
Were there ay other siblings that had been sexually abused as well?	
	Yes, but they did not live with her.
Did the biological mom have a history of sexual abuse?	
	Yes, she did and all the kids were taken away from the biological mom. So she was living with her great aunt and the other kids were with some other family members.
Tell me about the intervention prevention techniques utilized with this client.	
	Intervention and prevention? Some of the interventions were play therapies, solution focused, the cognitive therapy we used with her. A lot of art therapy also. I allowed her to draw a lot of her feelings out. She did do that.
Discuss if your work on this case included interactions with outside agencies	
	This case no. No because she was already in relative foster care. I never had to work with Childnet or anything else. It was just our agency providing the

Interview with Karen: Verbatim Transcript

Investigator	Karen
	services for her.
What about school, did you have involvement with school?	
Ok, what about schools did you ever have any involvement with the schools?	
	Oh yeah, I went to the school a couple of times to see her at the school.
Were you involved in the school meetings?	No
Which type of treatment did you feel was effective?	
	With her I felt that Art therapy was very effective with her because she was an artist and allowing her to play things out because at first she didn't want to verbalize things. So letting her play things out and draw things out made it really, was effective for her
How do you know it was effective?	
	Because before the session was over, before our therapy was over, she told me those were the things she enjoyed the most.
So you actually got feedback from her?	I got feedback from her.
Talk about the training you have had that made you pay attention to developmental needs.	
	I guess from my background at school were you know from the start to the beginning to adulthood. So that training helped me to look at her developmental needs.
So these were actually courses you took at school?	
	The course I took, yeah
And that was, was it Developmental Psychology?	

Interview with Karen: Verbatim Transcript

Investigator	Karen
	Yes
Discuss your understanding of these approaches.	
	Different stages of development, children and adults react differently to things that happen to them so you have to be where the client is at the moment.
Do you want to add anything that you think you overlooked regarding this client and your treatment?	
	Another thing that I wanted to say that really helped, she enjoyed playing basketball so a lot of times I took her out to the park and we played basketball and during basketball she was able to talk about things. So taking her out of the house a lot helped and she even said on the walks that, "I'm glad you take me out because I can tell you how I really feel sometimes I don't want my mom to hear what's going on, what I really feel like." So that was a good thing.
Thank you.	
End of Interview	

Interview with Gina: Verbatim Transcript

Investigator	Gina
Discuss your educational background.	I have a Psy.D,it's a doctorate in psychology that I got in 2004 after I completed my internship.
Are you licensed?	No, studying for licensure
What is your theoretical approach to treatment?	I like to think I'm Eclectic
What type of setting are you employed in?	Community Mental Health
Approximately how many sexually abused children have you provided treatment to?	A least 30-40
How many years have you been in practice?	4-6 if you count practicums
Have you ever had specialized training in the area of sexual abuse?	Yes, I was trained to treat juvenile sexual offenders using a cognitive approach
Discuss a case in which you feel the client made significant progress in treatment.	Okay what do you want to know about the case?
How old was the girl?	The girl was 14 when she entered treatment, not quite 16 when we terminated, so 15 ½. She was living with her aunt and uncle; she had been removed from her biological parents when she was about 5 due to neglect and drug use by the parents. She came into treatment because she was getting into a lot of fights, physically acting out with her peers and being destructive with property at home, and when she got angry she would start breaking thing and um… and she was also told her aunt and uncle at the time sexually abuse when she was 3 and 4 years old by

Interview with Gina: Verbatim Transcript

Investigator	Gina
	another uncle who was married into the family; married to the aunt, gone and out of the picture now but had been a part of the family when she was younger. She never reported the abuse, no one ever suspected it. So, it was a shock to everybody that this 14 year old was coming out and saying she had been sexually abused. But she was adamant, her story never changed and looking back you know she was telling the truth. And that was a big issue because she was also angry that they were questioning her. She was like why would I make this up? This is a horrible thing; this is not fun there is no reason to make this up. But everyone else was saying why would she wait so long to tell? If you said something we would have stopped it. Well I didn't know. And she has a very strong personality in general. Privately her aunt and uncle have said you now…(Unintelligible)….kicking, screaming, biting. But when she was four and five, three four she wasn't that way. And she said this man was her uncle and whenever he got the chance to be alone with her, he would try to molest her. I mean one time the father went to the store and brought her and her sister and the uncle went. And uncle volunteered to stay in the car with them while he ran into the store. And molested them while the father went into the store and just don't tell anybody and she didn't. She was brought up to respect her family. She was from a Latin family.
Tell me about your therapeutic approach to define your intervention technique with his client	
	I used a lot of cognitive behavioral interventions as far as teaching her relaxations, trying to help her with coping techniques. I used DBT, Dialectical Behavior Therapy as part of, as an adjunct to individual but we did other things in our individual sessions. We did a lot of processing, she was very verbal (Unintelligible) longtime so as far as engagement went it was awesome. She was always engaged and wanting to have sessions.

Interview with Gina: Verbatim Transcript

Investigator	Gina
How often did you have sessions with her?	
	Once a week, but usually I'd go see her at school so I cold see her at home and school, she loved it. I'd pull her at the end of school so she only missed study hall (Unintelligible) and actually while we were in treatment her grades improved which was a good thing cuz she had a lot of potential and she wasn't reaching that.
You've had her in therapy for how long?	
	1 ½ years
Were you inconsistent or consistent with your application of this approach?	
	Consistent.
Describe the symptoms and issues that were addressed in treatment.	
	She was being very aggressive, verbally, physically, quick to fight, quick to break property, even describing loosing time when she got angry but she would sort of blank out and then everything would be destroyed so that was one of the issues. She was having a lot of conflict with her aunt and uncle and that could be regular teenage stuff cuz she was hitting 14 and adolescent girls…but it was kind of magnified. And they worried that she was starting to get promiscuous, she said she hadn't had sex that she had a lot of little boyfriends, kissed a lot of boys but she hadn't had any sex. They thought she did and that she was going to become promiscuous. She denied that.
Were there any cultural issues in your assessment of the client?	
	She was Hispanic, and a lot of what went on with questions about well why would he do this? She was very upset and she went to her aunt and told her the first time and she said please don't tell anybody…aunt freaked out and told her husband she didn't know what to do with the information. He called his mom, her grand mom. Grand mom…but she told the family

Interview with Gina: Verbatim Transcript

Investigator	Gina
	and that's kind of how things worked in her family. And so that was like another betrayal. By the time I got her I understand now she was overwhelmed but I asked her not to tell anybody and it ended up getting out to everybody, the cousins everybody its just not their business and I didn't want them to know. Every time I see them they're asking me questions about it. It's just not their business.
So that's a cultural thing?	
	Yes
Discuss if you considered risk and protective factors with this client.	
	I what way?
A risk factor would be like lower income, or substance abuse which you said there was.	
	Right the parents.
Or protective factors would be you know would be family members if they were supportive.	
	Definitely, absolutely and that's why I went with the DBT cuz I wanted to get her shored up with those coping skills before she hit serious adolescence and those big choices started coming on her. To help her cope and make good judgments and be confident in what she was doing.
All those things made you choose DBT?	
	Yes
Tell me about the intervention prevention techniques utilized with this client.	
	Intervention wise we did short term coping skills, breathing, muscles relaxations, imagery and journaling cuz she was very verbal and she was good writing so we used those strengths. And she actually did journals and would share them if something came up during the week and I hadn't seen her and she could do by herself. And then we did more long term coping stuff which is learning about distress tolerance and emotion

Interview with Gina: Verbatim Transcript

Investigator	Gina
	regulation which is big it's ok to be angry and it's ok to feel guilty sometimes and why these emotions are in us. And it's ok to feel them but don't let them run you.
Discuss if your work on this case included interactions with outside agencies.	
	Well there was a case manager that who was sort of involved but it was a pretty steady placement she was only involved …she would check in every couple of months, is everything ok, is everything good, is there anything else you need? Her aunt and uncle were pretty good at getting her services. Like she was the one that went to them and said, "I need to talk to someone cuz of the sexual abuse" and they did call and initiate and do the referral even though they were shocked and somewhat skeptical. So they were responsive to her in that way.
What about school, did you have involvement with school?	
	Only that they knew she had a therapist. So when you know I met with her at school I had to check in at the office and sign in but they didn't ask what the issues were and a lot of other kids at the school…have the case managers there, their child advocates so it wasn't unusual at the school to have people at the school coming in…sure take a room over there you guys are fine.
But you were never involved in any school meetings or, what about like child advocates and those kinds of people, agencies? Did you have involvement with them?	
	She had a child advocate and he was kind of hands off cuz the aunt and uncle were pretty good with everything. Every 3 months we would have a team meeting just to check in do treatment plans, treatment reviews.
Which type of treatment did you feel was effective?	

Interview with Gina: Verbatim Transcript

Investigator	Gina
	I think the DBT was very helpful for her.
But how do you know it was effective?	By the end of therapy she did not get into any fist fights for about 6 months and wasn't even talking aggressively anymore…those thoughts, those statements were out of our conversations. She was more future focused and her grades had improved and she was starting to think about college. Ok these grades are important I want to get into a good school and this is what I need to get out of this situation. So academic improvement, behavioral improvement in school and at home too she stopped, her sister too had a lot of conflict too and that was like almost gone. She was like whatever let her do her thing and had really learned to let a lot of stuff go. She was awesome.
Talk about the training you have had that made you pay attention to developmental needs.	
	I don't know if I had specific training on developmental needs. It was always there when you work with adolescents trying to see what's clinical and what's normal adolescent behavior. And for her it was clinical because she was getting suspended, her things were all getting broken you know things were outside the normal of regular adolescent acting out.
Discuss your understanding of these approaches.	
	You have to know what the norms are, and leave room for individual differences. Kids are going to reach at their own rate depending on their gender, their experiences, so you have to be open to seeing the emotional age difference from the chronological age and then working kind of with both.
Do you want to add anything that you think you overlooked regarding this client and your treatment?	

Interview with Gina: Verbatim Transcript

Investigator	Gina
	She made great progress. I know she was offered drugs during our treatment, her boyfriend smoked pot and she hated it, which was great. She said, "I can't stand him when he's high I won't talk to him when he's high, I hang up the phone on him. I can't stand it, it's just stupid shit." And I'm like that's awesome because with her history and her background she really could have gone in the opposite direction. But she was smart enough to see where to…and she said, "it's just stupid. I just don't get why he's doing it."
Thank you.	
End of Interview	

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
Okay, this is December 13, 2007 interview of Debbie. Could you please describe your educational background?	
	I have a Bachelor's Degree in psychology. I have a Master's Degree in mental health counseling …with education…with my…with a minor in (unintelligible) and family (coughs) licensed with the State of Florida since 1997 and I'm a qualified supervisor for marriage and family therapists and licensed mental health counselors and I have 150 hours of clocked play therapy hours. And, I guess I answered the next question.
No. Okay, what is your theoretical approach to treatment?	
	…most cases I would say behavioral approach.
What type of setting are you employed in?	
	…therapeutic foster care.
Approximately how many sexually abused children have you provided treatment to?	
	I used to work at the Gladstone Center which is no longer around and that was a sexual abuse center for girls. So, every client that…they…I think they had 20 kids and I had all the girls for a period of…I probably treated over like a hundred kids – all ages, not just teenagers.
Uh-huh. How many years have you been in practice – two to four, four to six, six to ten, ten or more?	
	Ten or more.
Have you ever received specialized training in the area of sexual abuse?	
	…I took a human sexuality class and there was probably four of those classes that were specifically how to deal with people who were sexually abused, not just human sexuality in general. Plus any…I've

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
	taken courses on sexuality……I can't think of anybody…who the professors were. I don't remember. They at least one more.
Okay. Discuss a case in which you feel the client made significant progress in treatment.	
	I had a client…it was a while ago……she was living back then it was called a CHARLEE group home, and …I used to provide day treatment services twice a week for…I was there 2½ hours a day. And, …the…the therapy was divided up into some with individual and some with dealing with the other issues with the kids in the home 'cause there were six kids in the home. …she was 13 at the time. I probably worked with her for over a year and a half. I don't remember right now. She was 13 when we started, but she was an early teen. …I think the consistency of treatment we were required to go into the home. They didn't have to come to us. That's probably what made it consistent. …and I think most of the significance in the progress was probably because she had no choice but to talk to me (laughs) as terrible as that sounds, but …we worked a lot with journaling and she really enjoyed that and I think it was…the progress was probably…'cause I…there was a lot of activity that were geared towards what she wanted to do and she was very open to writing and drawing and expressing herself that way, not always talking.
Tell me about your therapeutic approach and define your intervention technique with this client.	
	What she…we didn't deal with this, if I remember correctly, 'cause I said it was a long time ago. …the sexual stuff she had by history, but her biggest issue there was her behavioral stuff, … and most of the intervention were done by token systems. …the token system was set up for the house for all six kids, but her specific stuff had to deal with …some of it had to do with sharing and some of them had to deal with

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
	personal boundaries. So interventions, we used token system. Personal boundaries was more of respecting each other's personal space by asking for certain things and walking around the house completely clothed always with a bra and real basic, never in just underwear.
Uh-huh.	
	So, out of respect for the foster father and there was also one younger boy in the house, if I remember correctly.
Okay. Why do you think you are consistent with your application of this approach, or inconsistent?	
	I think I was mostly consistent 'cause, like I said, I was there all the time. She was there all the time. The…the way that the CHARLEE program was set up, …the therapeutic part was part of their system and, …I mean I just think that I was there all the time and mostly consistent. She was eager to come to therapy. I think that was a big part of it. She enjoyed having time alone and away from the other kids in the house.
Uh-huh. Okay.	
	We would do a lot of outside the house too, like ride bike and like there was a park nearby so anything that would remove her from being away from the other kids. And, I was always consistent. I barely cancelled or rescheduled so she, she liked that.
So she can count on you.	
	Right.
…describe symptoms and issues that were addressed in treatment if you (unintelligible).	
	Right. She um…depressed. I mean I can't remember what her diagnosis was for the life of me. …boundaries was a big thing. Depressed, boundaries, …she had some cutting, suicidal stuff. Never had a full suicidal attempt, but would spend a lot of time cutting and drawing like putting initials together with people who whatever. …I do remember one activity that I did with her and that was always real interesting.

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
	She always had burn marks and bruises all over her body and, I mean, we literally started on one hand and like worked around the whole body as to "where did you get this, when did you get this, when did you get this?" and the stories were overwhelming. Um…a lot of abuse with, you know, ends of cigarette butts and tying of certain, you know, things around…I'm trying to think of an electric cord once that she mentioned. Um…and a lot of those…the lot of…the most sexual stuff that she ever got into was, I think once she was tied up, um…for a sexual favor and I wasn't…um…I don't even remember what it was right now. It was like oral sex or, but it was something she was held down for so she had a visual mark at the time as to why. I mean she remembered clearly.
Uh-huh.	
	It was a great activity.
Yeah.	
	To go around the body and, you know, tell…ask people where…where'd you get this and that, but that they'll talk about.
Yeah. Okay. Um…discuss cultural issues in your assessment of this client.	
	…she was Caucasian. The only issue she had is she was living in a…in an African American family that was probably and she sometimes did feel that the other African American kids were favored more than she was. That was it. There was really not much more. We clicked it…we clicked pretty well.
Um…discuss if you considered risk and protective factors with this client.	
	And this that what again?
The risk factors, family history, and protective factors such as um…family and community support.	
	Her family history …obviously abused …I'm just

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
	trying to (unintelligible). She…parents right was…were terminated, I'm pretty sure. …(unintelligible) the stepdad who was interested in her, but we always had our ifs about him too. …(pause) you never know. I don't remember anything else.
Um…tell me about intervention prevention techniques utilized with this client.	
	I know with interventions um…and preventions when she would cut herself and everything was removed from her room. …everything was removed from the kitchen. Any kind of items were locked up. …whenever she would come to our office for med clinic, I mean there was…nobody would have scissors on their desks, nobody would have sharp objects, the kitchen would never have a cutting knife, or anything like that. …other interventions and preventions …a lot of journals were enhanced so whenever she felt like she needed to write something, it was available to her – drawing, coloring stuff. …she was also very verbal so that was good.
Um…discuss if your work on this case included interactions with outside agencies.	
	Yes. We had a psychiatrist from an outside agency. …the school which was down the street from her house, I was involved in going to the school. She had a school counselor who also worked with her so I did a lot of work with that school counselor to try to see if we were working on the same thing. …made the school very aware of her cutting (unintelligible) draw on her clothes. They had a…there was at least two or three other outside agencies.
Okay.	
	'Cause there was a case manager from a different agency.
What form of treatment do you	

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
feel was effective?	
	…the behavioral stuff worked, definitely. And, …some cognitive stuff, I guess.
And how do you know it was effective?	
	She responded well to reinforcement. She responded well to, I mean, the stuff that she would write down in her journal. She would come the next day and say, "I just wrote this 'cause I was upset. Let me read it to you." So…
Okay.	
	It was definitely effective.
Talk about the training you have had that made you pay attention to developmental needs.	
	…(long pause). I've taken a course on infant mental health that went all the way to age ten, but that had nothing to do with (unintelligible), but her milestones were all where they needed to be.
Okay.	
	I can't think of any other…I mean they might play therapy training. We did everything. I actually tried play therapy stuff with her, but she was too old for it. She wasn't interested in (unintelligible). Now pay attention to developmental needs. I don't think I had any specific training like um…you know behaviors with adolescent teenagers and that kind of stuff, but I can't think of any specific thing.
Discuss you understanding of these approaches.	
	Of the training approaches?
About developmental need approaches.	
	Well, they're important to know. Um…I think milestones are really important. I wish everybody would do that on their evaluations (laughs).
Uh-huh.	
	…it's great information to know and, you know, what kind of pregnancy or was the mom drinking or was…or were they potty trained or were they were eating, whether they were drinking, or do they have a

Interview with Debbie on 12-13-2007: Verbatim Transcript

Investigator	Debbie
	pacifier. I mean just real basic stuff. …that helps you know a lot about attachment later on. …I don't remember…I'm trying to think back if I ever had a specific training on developmental stuff. I was also in a lot of play therapy supervision when I did my clock hours and …Dr. Rubin…I don't know if you know who he is. Dr. Rubin, he's here from Broward. He would talk a lot in supervision. Like in the group supervisions about developmental stuff of like sexually abused and play therapy kids, but his approach was, even if they were in play therapy, it would still be very behavioral.
Okay.	
	Even though most play therapies are unstructured.
Uh-huh.	
	But, he…he always felt that …structuring more of the sessions we would get, you know, we have limited sessions…you would get them further. Oh, here's the box with a player. Here's four puppets with (unintelligible). He always was more on the line of …let's try to bring it back and tie it up to something like "what does that remind you of?" Kinda like prompting more. …I didn't, of course, do any of that with this client we're talking about. But……I'm sorry.
That's okay.	
	This has been a long time. That case was a long time ago.

End of interview.

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
Okay, it's December 18th and this is the interview of Sabrina. Okay, could you please describe your educational background?	
	I have a Master's Degree in Catholic psychology, substance abuse psychology, …two Bachelor's Degree – one in psychology and one in human services.
Are you licensed?	
	No.
What is your theoretical approach to treatment?	
	(Unintelligible)
Okay. What type of setting are you employed in?	
	(Unintelligible)
Approximately how many sexually abused children have you provided treatment to?	
	Between 35-40.
How many years have you been in practice – two to four, four to six, six to ten, or ten or more?	
	Six to ten.
Have you ever received specialized training in the area of sexual abuse? If yes, please identify the training.	
	On-the-job training versus…some of their …in-house training (unintelligible).
Any specific titles of training that you remember?	
	…substance (unintelligible) on sexual abuse prevention and um…(unintelligible).
You remember how many trainings roughly?	
	At least two to three different trainings in a year (unintelligible).
Two to three a year?	
	Uh-huh.

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
And that's a big focus mostly on treatment of sexual abuse, right?	
	Well, that's …yeah 'cause that's what they're focused on (unintelligible).
Okay. Okay, discuss a case in which you feel the client made significant progress in treatment.	
	Okay, …I had a 16-year-old girl. She was sexually abused by her father at the age… (unintelligible) at the age of 2½-3. …they're not really sure. She had to have reconstructive surgery on her genitals because of…of the abuse. And, she was removed from her father and mother …at that time, was placed in foster care, and in and out of foster care for about ten years. And, she's placed into preadoptive home which actually became her adoptive family.
Uh-huh.	
	And, …her adoptive mother wanted her to have therapy because she was starting to remember …you know, the past and she was asking a lot of questions of what's going on and her father was about to become released from prison. So, she was 16 at the time so she was aware of what's going on and she had a fascination of sexual trauma and abuse and she would research it on her own. So, …the mother thought she…she felt that she needed someone to talk to her and this is where I came in. In the beginning, …the client did not like therapy, she didn't believe in therapy. She was very (unintelligible) …what's the word?
Resistant.	
	Resistant, yeah. Just pushing me away. Just did not want to talk about anything …that had to do with the past, or therapy, or her mother (unintelligible). She had a lot of (unintelligible) issues as well. …eventually, we were able to discuss what she did remember, what she would like to tell her father, …if she ever, you know, um…came in contact with him. She wrote a letter, a therapeutic letter …explaining how much she was hurt, the experience that she has had, …and how she didn't blame herself anymore that

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
	he's the one who got…that it…that did this to her. …she also wrote a letter to her mother for allowing her father to get…to go, you know, to go ahead and do this to her. …'cause this was the first occasion that her mother was aware.
Okay.	
	And she also reunited with her mother …at the time…later, you know, within that…the time that was with therapy and her mother was also a drug addict and she had a whole bunch of other issues so she also was able to address that with her mother and …try to build a relationship with her mother. And, …she had a better relationship with her adoptive parents through all this process and able to trust because trust was a very big issue with her …and able to…to keep herself …from having …sex with that, you know, someone that she barely even knew. Like that was an issue also. She was just very open because for her it didn't mean anything.
Uh-huh.	
	So, she was able to hold a relationship with the person and withhold from having …sex until she felt she was ready and wanting to do it and not just to please someone else or as a bargaining chip to get to things she wanted.
Okay. …tell me about your therapeutic approach that defines your intervention technique with this client.	
	(Laughs) We tried everything. …mostly cognitive behavioral …therapy is basically what we did with her. …but what she really liked was a scrapbook. She did a journal and poems with the scrapbook and her pictures of…that she had of her mother and her past (unintelligible) with her life. …she didn't have a lot of pictures because of, you know, bouncing around from one place to another. So, what she did was she found …articles or pictures of …of…of…of families and she (unintelligible) that. Her friends. So she designated pages…
Uh-huh.	

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
	To describe her life.
Interesting. …why do you think you are inconsistent or consistent with your application of this approach?	
	…if there was inconsistency, it was because it just didn't work (laughs), but the consistency was the constant …you know, cognitive behavioral …explaining her the process, educating her, …being very honest and direct with her. She did not want me to sugarcoat anything or keep things from her. So, she just wanted it black and white, the real deal, you know, no (unintelligible). And I think that approach worked really well with her.
Okay. Describe the symptoms and issues that were addressed in treatment.	
	…defiance, uh…you know, um…risky behavior about the sex and …drinking and using …marijuana. …her past abandonment issues, her …abuse, …her feelings towards her mother and her father – that was a big issue. …uh…building trust and healthy relationships with others, especially her adoptive parents and fitting into a family style 'cause she was bounced around so much that she didn't know how to be part of a family. …so that's the (unintelligible).
Discuss cultural issues in your assessment of this client.	
	…she didn't really know what she was. …her mother I believe her Hispanic descent, but born in the United States so it was a very Americanized. …her father…she wasn't really sure if he was Irish or…or something else. I can't remember, but she, you know, like she wanted to…to incorporate all the different cultures, but didn't know…too much information about them …except for what ChildNet had and that was very vague. And, …what she found on the police reports (laughs) uh…which also was very vague. And then…her adoptive parents were just American. …you know, they had some Anglo Saxon history, but it was (unintelligible) that they didn't practice

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
	anything. So, what she did was to incorporate …religion. I mean they found…the whole family actually found …a church that they like and they would start going and it was really because of (unintelligible) to find someplace that she fit in and belong in someplace and that worked really well for her.
Discuss if you considered risk and protective factors with this client.	
	(Unintelligible) (laughs) …a lot of risk stuff. …her inappropriate behaviors, her using drugs, um…going out, sneaking out the house, …being with friends, um peer pressure (unintelligible). She just felt like she needed to belong and she'd do anything to belong. And she felt like she needed to be popular, people had to like her. …she even thought of men as like objects which is kinda funny. …you know, her…you didn't really…you don't really see that for women.
Uh-huh.	
	And her, it was like an object. It was like something that she needed to have. It was like something she collected. So, …you know, to redirect her in that way is what I did to, you know, teach her. …protecting herself, trying not to get herself into …possibly risky behavior…getting herself into getting hurt 'cause she was on the internet a lot. … these chat rooms, meet people, and, you know, risky behavior to protect herself. …and she didn't really do um…anything to younger children so that wasn't an issue. So, we didn't really treat …uh…uh…safety planning or anything like that. That wasn't…that wasn't the case. It was just her age-appropriate, actually was age-appropriate…her age (laughs) and older.
Uh-huh.	
	That was…we usually what people that shouldn't care look for. So that's what (unintelligible).
Okay. Tell me about your intervention prevention techniques utilized with this client.	

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
	…like I said, a lot of psychoeducation. …(unintelligible).
Uh-huh.	
	We tried to reenact……uh…act out different things. That's (unintelligible) got to change the words around 'cause she liked role-playing, (laughs) but (unintelligible) over-dramatize things. She would like that. (Unintelligible).
Yeah.	
	Yeah. Art therapy with the scrapbooking and things like that, poetry, writing, …she loved that. …taking pictures and doing her journal. She enjoyed, really enjoyed doing things like that. …uh…she didn't like family therapy as much, but it was helpful when I did do it. So, that was good. …we even did a session with her and her new boyfriend at the time.
Uh-huh.	
	…that was interesting (laughs).
Was it family therapy with the foster parents there?	
	Yeah (unintelligible). The mother was invited, but …she didn't show.
Shocking. Okay. Discuss if your work on this case included interactions with outside agencies.	
	Worked at ChildNet, worked with …let's see……foster parents. She had a case manager from Henderson, um…her teachers, …I think that's it. (Unintelligible).
Okay. Um…what form of treatment do you feel is effective?	
	…cognitive behavioral therapy?
The CBT?	
	Uh-huh.
How do you know it was effective?	
	…she was bonding well. She did a lot of (unintelligible). …oh…we did a behavior con too…uh…contract. Um…that worked really good. She did really good with that. (Unintelligible)

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	Sabrina
	(laughs). But it worked really well. …and ..did I answer that question (unintelligible)?
Yeah. Talk about the training you had that made you pay attention to developmental needs.	
	…I guess past training in my Master's and um…the doll training really. …just the theories is helpful, but then applying them and (unintelligible) how to work and just by doing it. (Unintelligible)
Right. Discuss your understanding of these approaches.	
	Of which, the cognitive behavior?
The developmental.	
	Oh,…well (unintelligible) because for her she…she acted…even though she's 16, she kinda acted younger at times and older at times so it was kinda weird like to like flip and flop to the ages. You know, like sometimes she'll act like she's 12 and sometimes she'll act like she's 35 (laughs).
Right.	
	So, it's like where was she with that…that particular day and…or that particular area that we're discussing, I had to meet her at that age and then I had to remember the ages she was abused.
Right.	
	…when she was in foster care, um…she had other traumatic events as well that happened and…and…um…timeframes so I had to remember that because she would regress a little bit. Not fully, but you could see the childlike behaviors um…in therapy and it was, you know, like she would pout or suck her thumb or…she wasn't even conscious of it.
Uh-huh.	
	She would just regress to that small, you know, that small space in her and then act that way and then tantrum and do whatever and uh…um…it was just amazing to see 'cause you hear about that stuff, but you don't see it. (Unintelligible) So, it was definitely interesting. So you just had to be aware of that and then deal with it, you know, and make her recognize it as well.

Interview with Sabrina on 12-18-2007: Verbatim Transcript

Investigator	**Sabrina**
Okay. That's it for my questions. Did you want to add anything?	
	No.
Okay, great. Thank you.	
	You're welcome.

End of interview.

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
Okay, this is January 11th and this is the interview of Olga. Okay, Olga, please discuss a case in which you feel the client made significant progress in treatment.	
	…the case was uh…at that time…was a 16-year-old, African Amer…uh…American female who was in foster care um…for six…well she was in this foster care home for six months. At the time that I met her, she was running away from home, …she wasn't promiscuous. However, she was um…trying to catch uh…uh……she was high risk basically to become…being sexually active, but um…from when I interviewed her, my initial interview, she told me that she wasn't. …this high-risk behavior was running away, …uh…lying, …skipping school, uh…verbally aggressive, even physically aggressive in school, and …basically, at that time, uh…she just was pretty much acting out in a negative way and …her history included she was sexually abused at a very…very young age. …mother…she has…uh…she is the oldest, second oldest of…of…seven siblings, …mother lives in a different state, she was in foster care at the age of five, (unintelligible) to six years old, …moved …from several homes, and uh…you know, that she has this cycle of doing well in a home and then regressing and then, when things get stable, doing well and…and regressing. …I don't remember.
How long did you work with her?	
A year?	I worked with her for a year.
	A year…a year I worked with her…and…from the time that I met her to the time that it ended, there was great progress. …her behavior in their home stabilized.
	…uh…didn't run away during the time that I was with her. …she did…she did have a…I think it was like three or four months into…into the…the…therapeutic relationship that we had, she did regress …in the sense

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	that she was acting out in school and she was skipping school. …and uh…I think it was because she wasn't getting along with her foster parents and wanted to leave the home, but once we changed her into a new home, she stabilized, …no high-risk behaviors...uh…actually she…she got a job. Her school …performance improved greatly and …the outcome…the end outcome was she graduated from high school and went into college. And, current to this day, I still keep in touch with her. She's doing very well.
Oh, great.	
	Uh-huh. And her…and she…she…I'm not sure about her home …placement, but the last time I spoke to her, she was living in the same home placement.
How many times did she move while you were working with her?	
Twice.	Twice.
	Uh-huh.
Tell me about your therapeutic approach that defines your intervention technique with this client.	
	Uh…a...a lot of strength-based, uh…a lot of family-centered, uh…it's…it's a mixture of a lot of different things like I say, eclectic uh…approach. …really focusing on her strengths because this girl had a lot of potential. …she had a lot of uh…uh…dreams that were attainable and it was just pretty much getting her to…to build her self-esteem and to have more confidence because the confidence and self-esteem that she…I mean her self-esteem was…was…was okay and…but, I think that whenever she achieved, she didn't know how to accept uh…the compliment, that she didn't know how to take in the fact that it was okay to succeed in life.
Uh-huh.	
	You know. Her…her influences throughout the years were…were all negative so she didn't know how to do

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	well in school and she didn't know that it was okay to…to …provide for yourself and to make good choices.
Uh-huh.	
	…that you don't have to have a boyfriend and…and…and have sexual encounters with them. You can have a respectful relationship and do uh…appropriate things like going to the movies or just hangin' out with friends and…and…and for her, in the beginning, at...in…in her earlier um…in her earlier years of life, she felt that she could get attention by those negative behaviors that she was doing. So it was kind of helping her understand the norm, what is considered the norm and what is considered appropriate and building up her self-esteem and using all that negative energy that she was putting out into a…a positive thing.
Uh…why do you think you were either consistent or inconsistent with your application of this approach?	
	…initially, I felt that it…it was consistent because of the progress.
Uh-huh.	
	…I mean just the outcomes were…were…were proof that what we were doing was helpful and it was…it was…it was working. …when she hit that…that point that she was having problems with …the foster parent and her foster siblings, …that's where I felt that it was inconsistent, but once we moved her to a new location and would kind of redirected her back to where she needed to be, it continued to head in the right direction.
Okay. Uh…describe the symptoms and issues that were addressed in your treatment of her.	
	...(long pause) well, when I first started with her, she was diagnosed as major depressive, …with major depression. During the time that I was with her, she…it's the weirdest thing because she decided not to take her medication and …pretty much fight us on the

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	fact that she was not gonna take it and she did well without it. And she, you know, we…we just constantly focused on changing what made her get into that depressive mode and what can we do to…to maintain um…stability?
Uh-huh.	
	You know, in her life that it will cause that. …uh…that was…that was definitely one of the issues was, you know, making sure that she didn't need the medication …and that, you know, uh…her mental …status was stable. Another thing, of course, like I said she had difficulty …in her…in the foster care that…that she initially was in when we first started uh…meeting and just finding her a…a home where she was not gonna be judged and she was gonna be accepted for the things that she wanted to do and…and this…someone to pretty much mentor her in the right direction along with all the services and support she was receiving.
Discuss cultural issues in your assessment of this client.	
	Cultural issues. …I really didn't find that I had a lot of cultural issues uh…um…kinda understood where she was coming from. She was very open …and proud of her culture …even religion. …you know, she was the type of person that you…you can ask her a question and she'll tell you more than you wanted to know. So, it wasn't…it wasn't…it wasn't any…there weren't any conflicts or even um…
So she was very truthful?	
	Yeah.
Forthcoming?	
	In that…in that…in that sense, yes. Yeah. Even…even…even though I…I…there might have been one or two things that I might have found that she could have improved in, the way that she was…it was easily…it was easy to accept because of the way she would present herself.
Discuss if you considered risk and protective factors with this client.	

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	…well, her risk factor, of course, she was sexually abused um…family his…I mean, her parents had history of drug use, neglect, …various foster care. …she was…she was suicidal …had a history of suicide. I'm trying to think what else…runaway uh……she was involved with…with poor peers, poor judgment, um…not drug use or alcohol use, …there wasn't anything of…of…of that sort. (unintelligible) of poor judgment. That's what led her to become verbally and…and physically aggressive.
Did she have any siblings?	
	She did. She had uh…four siblings. She was…there were five…I think it was…trying to remember if it was five or six all together. …one of her siblings was in the same foster care home initially. Her first…one of the first foster care homes …that she was in, but he was developmentally delayed so it…it just ended up going on different paths. But, she still kept a relationship with him…with her…with all of her siblings.
Were any of the others sexually abused?	
	…from what I know, not.
She was the only one?	
	Yeah.
Okay, tell me about your intervention and prevention techniques utilized with this client.	
	…like I said, there was much strength-based …uh…interventions was changing her…her first home placement to the current placement that she…she…she is in now …because of all the conflict that they were having. …getting involved in the schools. Uh…attending a um…her IEP meetings. …getting involved with her…her……case…caseworker through the Department of Children and Families. …and also getting her involved in her plan of care.
Okay.	
	You know, (unintelligible) any of the…the…uh…multidisciplinary team meetings,

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	whenever she came in for her medication um…review evaluation, …just involving her in that which, like I said, she stopped taking her medication and then we got the doctor to kind of …understand where she came from. He…he gave her a time to see if her behaviors were gonna change, improve, or…or regress and it pretty much proved that she didn't need the medication.
Okay.	
	Uh-huh.
Um…discuss if your work on this case included interactions with outside agencies.	
	Oh yeah. …I worked with her school, um…her guidance counselor at…at her school, the Department of Children and Families, …I think it's pretty much it.
Did she have a Henderson worker?	
	No, she didn't. She didn't. At…at that time, they…the…when I met her, the …case was like closed.
What form of treatment do you feel was effective with her?	
	Uh…I think uh…the strength-based one, pretty much focusing on…on …all the positives that she…she had that she didn't really tap into.
And how do you know it was effective?	
	Because of…right now she's in college and she's…her self-esteem is…is…is just so high and she's doing well and um…she hasn't had any setbacks in two years, in over two years.
Uh-huh. Talk about the training you have that made you pay attention to developmental needs.	
	Uh…of course, my education um…and ongoing training. I mean, anything that…that …allowed me to…to improve my skills um…throughout the community.
How often did you get training?	
	…I know that when I worked in my previous uh…employment, when I initially started there, we

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
	used to get a lot of training um…through the Department of Children and Families.
Yeah.	
	Yeah. We had a lot of child …child development training, …sexual abuse training, …our own personal, I mean our own um…agents in training in …seminars that I used to attend. So, I mean, I think there was…
Quite a few?	
	Quite a few. I don't know how…how it is now, though.
Discuss your understanding of the developmental approaches.	
	(Sigh) Uh…based on this situation, since this child was abused so long, uh…I think that her developmental…her psyche was pretty much delayed. You know? And, at the time that I got to work with her, it was…it caught up so it was easy for me in the sense to just figure out what she wanted and since she was old enough to express that, you know, and she was…it was like…it took a while. It took a good time to get her there, but she was able to express…
Uh-huh.	
	…and break through and say what she wanted and what was holding her back and where she wanted to be.
Right.	
	So, that's the ending for me that…see she was older then …it was easier for me to…to help versus having a...a child who is five to eight years old, you know, …that is not able to express that. So, it's just understanding where she was developmentally and…and how far back did all of her experiences in life held her back. It…it…it held her. So…
That's it for my questions. Do you want to add anything um…you think is important?	
	…no I think (unintelligible).
Okay. Thank you.	
	You're welcome.

Interview with Olga on 01-11-2008: Verbatim Transcript

Investigator	Olga
End of interview.	

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
Okay. It's January 31st and this is the interview of Charlie. Please discuss a case in which you feel the client made significant progress in treatment.	
	…I have a uh…14-year-old, Hispanic female with a history of uh…sexual abuse by the biological father. …and she made some progress in…in treatment. She uh…she was very withdrawn in the beginning, very sexualized. (Cell phone rings.)
Sorry. Forgot about that. Go ahead.	
	…had uh…boundary issues, big time boundary issues. …well she made…she made some progress at the end…towards the end.
How old was she?	
	Fourteen.
Fourteen-year-old female and you worked with her how long?	
	I worked with her for a year. It was about a year and a half.
Okay. Can you tell me about your therapeutic approach that defined your intervention technique with this client?	
	Uh…CBT, cognitive behavioral is what I uh…used with her.
Uh-huh.	
	…mostly exposure.
Uh-huh.	
	I had her write in her journals um…specific incidents that she would remember.
Okay.	
	Uh…and I would have her do that every week. Uh…and it would get more detailed as the weeks went by. She would get more detail with the uh… journals. Initially, she didn't want to write about it. She didn't even want to talk about it.
Okay.	
	But …I had her do that, some drawings also.

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
Uh-huh.	
	If she couldn't write that week, I'd ask her okay if you can't write about it, just you know draw a picture of what you remember. And then …after that, I did some cognitive restructuring.
Uh-huh.	
	Where I would ask uh…I would get some information that she was using from that experience to deal with situations in the present.
Uh-huh.	
	…so we did that and I would ask her for evidence of…was…you know how that was plaguing her life and then she would…we would dispute it. We would find evidence against it and …and that worked out.
Okay. Were you consistent in this approach or did you tend to use other approaches, you know, in between or did you just stick with CBT?	
	…I tried to stick mostly to CBT, but there was times that she would not want to cooperate at all.
Uh-huh.	
	So, I would…I would try something else, something uh…not therapeutic.
Uh-huh.	
	I would totally get off topic and then we would start again.
Okay.	
	And…and do the whole process again right. The exposure, cognitive restructuring. I mean, get more into it again, but then I would veer away so that she won't um…because she would withdraw.
Uh-huh.	
	And she wouldn't want to talk at all. So, (clears throat) I got out of that for a while and then I would go back. But, mostly I would stick to the CBT.
Okay.	
	There were…there were breaks, little breaks in between so she wouldn't burn out I guess from the…
Okay.	
	From the exposure because it was intense.

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
Okay. Did she stay in the same foster home the whole time you were…?	
	Yeah.
Okay.	
	She did.
That was consistent as well?	
	Uh-huh.
Okay. And were the…the parents, the foster parents very supportive? Did you get them involved in treatment at all?	
	Yes. The foster parents were very, very involved.
Okay.	
	And she would encourage her to talk about uh…'cause it was a foster mother who was a single…single parent foster family.
Okay.	
	And she would uh…definitely encourage her to talk about the situation, I'm sure.
Yeah.	
	Listen to her um…situations and whatnot so… yeah she was very…
That's good.	
	Very good.
Okay. Describe the symptoms and issues that were addressed in treatment.	
	…she dealt with a lot of uh…shame, a lot of guilt about the situation. She felt it was somehow her doing that she was abused by her father. ...the evaluations that she was having…
Uh-huh.	
	She would say go to school and allow for boys to fondle her or touch her inappropriately because that's the way she felt she needed to show her affection towards others or that…that's the only way that others would show her affection towards her. …anger. She was angry uh…about the whole situation. …and those are…those are mainly the…the symptoms with the…the sexual abuse part.

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
Okay. No anxiety or depression?	
	…not so much anxiety, but I would say depression, yes.
Okay.	
	Yeah.
Discuss any cultural issues in this assessment of this client.	
	Well, she would came from a Hispanic family.
Uh-huh.	
	…and I think the uh…I don't know too much about the uh…the history of the father or the mother, but it sounds like the father was uh…the…the macho in the family. The, you know, all women are fair game.
Uh-huh.	
	…but, she was…she was in a black home and she was a Hispanic white female.
Okay.	
	But, I didn't see any issues with uh…she didn't have any issues with that. She didn't feel…or at least she didn't verbalize that she felt any…
So, it was a good match for her?	
	It…it was a really good match 'cause the foster mother was very supportive and the…the foster mother is…uh…was …Jamaican. She was from the island so she had a lot of the traditions that…she was Hispanic Cuban. So they had some similar traditions going on.
Oh, okay.	
	So, a lot of things didn't change in the house per se, but, you know, …so she…I don't think she felt uncomfortable. She never verbalized any...
Okay.	
	Any weirdness.
Discuss if you considered risk and protective factors with this client.	
	Uh…(clears throat). Risk factors? The only thing that I touched upon with regards to that was …the risky, uh…inappropriate sexual behavior that she was having with…

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
Uh-huh.	
	These boys that were around her – some age 14, 15. Uh…the risk of pregnancy. The risk of sexually transmitted diseases.
Uh-huh.	
	…and uh…birth control. We discussed birth control. …that sort of thing.
Okay. Did she have any siblings?	
	She had two siblings which were also abused.
By the father?	
	By the father.
Okay.	
	Two boys.
Did anybody know father's history?	
	And…no we didn't uh…and we didn't get any detailed history on the father.
Okay. So that was lacking.	
	Yeah.
Um…do you know if the parents had substance abuse histories or anything?	
	I think the father had a history of alcohol abuse if I'm not mistaken. I think he had alcohol abuse.
Did she have…I forgot to ask you. Did she have contact with her siblings while she was in care?	
	She did have contact with her siblings, but there was …it was supervised visitations. But on two occasions, there was sexually inappropriate behavior between the siblings.
Okay.	
	Uh…her older brother by a year and a half or two kissed her on the mouth and so I um…I specifically asked them for therapeutic visits, not supervised visits so they can work through that…
Uh-huh.	
	Issue. …and that never happened.
(Unintelligible)	
	So, yeah.
(Laughs) Uh…tell me about the	

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
intervention prevention techniques you used…utilized with this client.	
	Uh…well the interventions were uh…I used a lot of role play.
Uh-huh.	
	A lot of behavioral modeling.
Uh-huh.	
	Uh…and that worked really well. She was…she was uh…not very high-functioning. She was…she was in the uh…low-average to borderline range of intellectual functioning so I had to use a lot of uh…behavior modeling uh…role play.
Uh-huh.	
	That…that kind of stuff. That's what, you know, stuck. Very concrete. She was very concrete.
Okay. Um…discuss if your work on this case included interactions with outside agencies.	
	The …only agencies that I worked with were the …the…the case management agency.
Uh-huh.	
	And …but as far as therapy, none. We were the only ones that did …therapy with her.
Did you have any involvement with the schools or…	
	I would…yeah. I would go in …I would see her at the schools. I would have contacts with her teachers and get uh…information as to the progress in school, her behavior issues at school, and all that. Yeah.
Ever attend any school meetings?	
	Uh…not any official school meetings, but sometimes I would get together with the teacher 10, 15 minutes to talk about, you know, when she did this in class, she's doing this, you know.
Okay.	
	She had several incidents at school where she had …she attacked a teacher with a pencil uh…and stuff like that so I had to…I had to go in and find out what was going on.
What form of treatment do you	

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
feel was effective?	
	Well, the…the…what I worked with was CBT. …and that I think…I feel that was very effective for her.
Okay. Do you feel that the consistency of you being part of her case for as long as you did have any impact on her progress?	
	I think so. I think so because it took a while for her to open up and when she did, it was, you know, it flowed more.
Uh-huh.	
	Uh…I think if they would have switched therapists somewhere in the middle, they would had to start from scratch again because she…it was very hard to get her to open up.
Right.	
	So, I think it…it made a difference.
And the consistency of the placement, do you think that…	
	Oh yeah. Definitely.
Okay.	
	Yeah.
All right. So, how do you know it was effective?	
	She had a …she demonstrated decrease in uh…verbalizations of shame and…and doubt about herself and …physically she looked better.
Uh-huh.	
	She would dress more appropriately because she was dressing very inappropriately exposing herself without any idea that she was exposing herself. She would, you know…we were in session and she would …have her…have her breast sticking out of her shirt and she wouldn't even pay any mind to that.
Uh-huh.	
	So, but that she started dressing differently. She started acting more appropriate uh…with...with others. With others outside the home. …boundaries…
Uh-huh.	
	That…that …got much better. Much better. Had to constantly be reminding her to ask permission to hug

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
	people, to…uh…not to talk to strangers in the street.
Right.	
	Stuff like that. That got a lot better. …statements of self-blame…
Uh-huh.	
	Decreased. …and an overall acceptance of her history. The fact that she was sexually abused and uh…and kinda like uh…she got to the point where she felt that um…she could forgive her…her dad. She never had contact with her dad ever again, but …she felt that she could…once she saw him, she could forgive him for what had happened.
Okay. Do you still have contact with her?	
	Uh…not…not therapeutically. I don't see her uh…anymore, but I…but I have seen her. Yeah.
Uh…talk about the training you had that made you pay attention to developmental needs.	
	…graduate school. Classes in graduate school.
Okay.	
	…I've had several classes in lifespan and development.
Okay. Can you discuss your understanding of these approaches?	
	…well uh…I think it's just basically the…the research that I've done on uh…on empirically supported treatments.
Uh-huh.	
	That seems to be the best one.
Right.	
	Uh…research shows that…that…that CBT is the best uh…therapeutic approach.
Uh-huh.	
	So, …that's the one that I've…that I used and uh…I continue to use that with uh…other of my clients even those that don't have sexual abuse uh…histories.
Okay. You said that she was delayed a little bit. Do you feel it	

Interview with Charlie on 01-31-2008: Verbatim Transcript

Investigator	Charlie
was part of the um…trauma or is there another reason that she might be delayed?	
	Uh…no. I think that uh…I don't think it was a…a trauma.
Okay.	
	No.
Okay. Um…that's it for my questions. Do you want to add anything that you think is important to know about this case?	
	Um…I think we covered everything.
Okay. Thank you.	

End of interview.

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	Julie
Okay. It's February 1st and this is the interview of Julie. Discuss a case in which you feel the client made significant progress in treatment.	
	The case that I'm gonna discuss is one girl who was in a family of eight, inner seven, and I used to visit her in her home. …I saw her for approximately a year and throughout that year, she…I think she made significant progress.
How old was she?	
	She must have been like 12?...13?
Okay. And how long did you work with her?	
	For approximately a year.
Okay. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	With her, I started with play therapy. …mostly because she had a very hard time opening up and she had a very hard time …trusting.
Uh-huh.	
	So, play therapy was the best way to get her to open up and, you know, and not…not be confrontational.
Uh-huh.	
	…and then once we got past that um…I started …I guess doing some reality therapy and being a little bit more confrontational and getting her to…to explore more of what had happened.
…do you think you were consistent or inconsistent with this application?	
	…I think I was. …I always went in with like something to do so I pretty much knew what I wanted. …I think there was very few times that we deviated just because things came up…
Uh-huh.	
	You know, at school or she had a lot of issues with …making friends and…and that type of situation. …but I think for the most part, we…I stayed on track.

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	Julie
Did you see her once a week or…?	
	I saw her (pause) twice a week.
Twice a week.	
	Twice a week.
Okay. Describe the symptoms and issues that were addressed in treatment.	
	…(long pause). I'm trying to think. She was depressed. …and she also had some oppositional defiant in her. …she had difficulty making friends and I think it had a lot to do with um…some insecurities on her part. …she didn't really know like boundaries and how…
Uh-huh.	
	How to approach people and I think it had a lot to do with her sexual abuse. You know, …on how to treat other people. So, it was the depression and the oppositional …and then we also addressed her, you know, boundaries and making friends with people.
Who was she sexually abused by? (Unintelligible)	
	If I'm not mistaken, it was by a boyfriend of the mother.
Okay. Uh…discuss cultural issues in your assessment of this client.	
	(Long pause). I don't remember. …I mean major like cultural issues.
Okay. Discuss if you considered risk and protective factors with this client.	
	…I had discussed stuff with the mom …because she had a current boyfriend.
Uh-huh.	
	…which was the father of the two young children.
Uh-huh.	
	And, according to the mom, she, you know, wouldn't let the stepfather like, you know, in their bedrooms or bathing or...she did all that and he did nothing.
Uh-huh.	
	Um…so…I…and…and she never verbalized feeling threatened or anything so I…I didn't feel at that point

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	Julie
	in time that she was in a situation that she needed to be removed from.
Okay. …tell me about your intervention and prevention technique that you utilized with this client.	
	…with her, I…I went over like the different …like what is safe touch, what isn't.
Uh-huh.	
	Uh…what's appropriate, what's not. If somebody tells you that they love you and…but you can't tell, that's not safe.
Uh-huh.	
	So we went over all those factors in order for her to prevent…and in order for her also to understand that you can love somebody, but it doesn't mean you have to touch her, be inappropriate with her.
Um…discuss if your work on this case included interactions with outside agencies.	
	…DCF was involved and I think that was it.
Never had any contact with the schools?	
	The school, there was minimal contact. …I never went to the school. It was at…in the home so it was more of …I would get like a progress report on how she was doing, but I really didn't go to the school.
Okay. …what form of treatment do you feel was effective?	
	I think the play therapy and the reality therapy both together really worked with her. …because it let her express herself and then when I needed to be a little bit um…confrontational and kind of bring her to reality of the situation, it worked.
Uh-huh.	
	…I also knew with her like when not to push.
Okay.	
	You know, if I saw her being overwhelmed or she was getting um…frustrated, you know, I would back away.

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	Julie
	But, I think that…that helped her kind of like put her thoughts and her stuff in…in a row.
The next question was how do you know it was effective?	
	I mean, her doing better in school.
Uh-huh.	
	…and not having so many issues with friends and being able to at least identify a friend…
Uh-huh.	
	Was better than what she started because when she started, she really couldn't, you know, …do her…her oppositional behavior…
Uh-huh.	
	Decreased.
Uh-huh.	
	And her depressive…depressive symptoms also decreased.
Did you just do individual with her? Did you ever do family therapy?	
	I did both.
You did both.	
	Yeah.
…talk about the training you've had that made you pay attention to developmental needs.	
	You know, at that time, I wasn't as aware, now that I look back, of the developmental needs. I had obviously training. …you know in retrospect when you look back, you're like oh, you know, I could've done this or this. …but I think just knowing her age group and knowing too that she was a preadolescent and what was going to happen…
Uh-huh.	
	…developmentally. Also, she was …not entered in special ed classes so I knew more or less that she was normal intelligence, you know, within that range. So, I knew that I was able to do more of the reality and to…the here and now versus a child who their IQ would be lower.
Uh-huh.	

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	Julie
	I wouldn't be able to have done that. You know, I couldn't have done that.
The next question is discuss your understanding of these approaches (unintelligible) just touched on that. Do you want to add anything?	
	…no, I think as a therapist, as long as you know your client and you know where they are developmentally and where they are …socially…
Uh-huh.	
	You can gear yourself on what form of therapy to use, you know. …like I said, you can't use reality therapy with a developmentally disabled client. It's just, you know, it's very difficult. …their ability to…their cognitive ability isn't there.
Uh-huh.	
	So, with her, I knew it was. So, just making sure that as therapists, we tailor it to the need of the client or of the child is crucial.
I'm just curious, did you feel that your being consistent with her was um…affected her progressing in treatment or do you think that the type of therapy you used was more?	
	You know, I think it was a mixture of both. …she knew I was gonna be there every…every Monday and every Wednesday.
Uh-huh.	
	You know, …and she liked having me there. I think it also had to do with the fact that she was one out of so many siblings.
Uh-huh.	
	That she had somebody to herself and somebody who was paying attention to her and to her needs.
Uh-huh.	
	That also helped versus, you know, oh I come to see everybody.
Right.	
	You know, I was there for her and it was her stuff

Interview with Julie on 02-01-2008: Verbatim Transcript

Investigator	**Julie**
	which I think made a difference also.
Well, that's it for my questions. If you want to add anything?	
	No.
Okay. Great. Thank you.	
End of interview.	

Interview with Emily on 02-05-2008: Verbatim Transcript

Investigator	Emily
Okay. It is February 5th, 2008 and this is the interview of Emily. Please discuss a case in which you feel the client made significant progress in treatment.	
	…the client is currently a 17-year-old youth who …initially presented with …an array of diagnoses. …she was seen by the psychiatrist and diagnosed with Disruptive Behavioral Disorder here when she came to the group home. …she was running away, …engaging in um…risky behaviors including being sexually promiscuous, drug use …including alcohol and marijuana, and …not attending school. …through the use of cognitive behavioral therapy …consistently reinforcing positive behaviors and not exhibiting …any reinforcers for attention-seeking behavior, she's managed to …now be attending school regularly, is not running away from the facility, is not engaging in drug use. So that would definitely be…
Uh-huh.	
	A success.
Okay.	
	…since she was sexually abused by the …uh…supposedly by who?
	Supposedly a friend of (unintelligible)
Tell me about your therapeutic approach that defines your intervention technique with this client.	
	…it was very cognitive behavioral just working with her on making the connection between her emotions and her behaviors the acting out. A lot of it was for attention and a lot of it was (unintelligible) focused on what the source of her feelings were and why she was acting that way and a lot of positive reinforcement for just little things that she had never received attention for (unintelligible) getting to bed on time, just regular activities that you (unintelligible) she never received (unintelligible) So that was something we continue to do and we focus a lot on (unintelligible) attention

Interview with Emily on 02-05-2008: Verbatim Transcript

Investigator	Emily
	seeking behaviors (unintelligible)
And so you stuck pretty much to CBT?	Huh
Okay. So that would answer my next question that you feel you were consistent with this application of your approach?	Its very easy to do that because our program is based on a level system and a lot of it is reinforcing positive behaviors and rewarding effort until the task is completed and rewarding that way so its pretty easy to do that.
How long have you worked with her?	She has been a client since October 06. She began to make progress in about May of 07. Her behaviors definitely got worse before they got better (unintelligible) and she continues to make progress. She started going to school but wasn't doing the work. (unintelligible)
You're the only therapist she's had?	I am the only therapist she has been working with since she's been here. She has had previous therapist in other programs she's had been in. She has been in foster care since she was about 9 years old.
And she just had individual with you?	She has group therapy as well. There's another therapist that does groups once a week. We have a program here because we deal with several clients that they meet once a week together as a group to discuss the issues that they deal with among themselves in the house. (unintelligible) So we try to focus on the needs of all the clients (unintelligible)you know if more clients are experiencing trauma from sexual abuse then we will focus our groups on that if its grief and loss issues then we will focus our groups on that (unintelligible) She was initially not (unintelligible) because she was running away she was out of the facility everyday. So it took awhile for her to come

	around and a lot of it was just me giving her the praise (unintelligible)
Do you think the consistency of having you alone as her therapist played a part of it as well?	I think she, based on her background she didn't have a trusting relationship with any family member. She had felt abandoned and neglected (unintelligible) no matter what trouble she had gotten into I was a permanent fixture for her and being in the group home setting, I am here everyday so even if she is running away there's a moment when she's here, we're having an interaction so its not just the individual therapy that we're having interactions its when I pass her in the hall things like that. So I definitely think being the fixed fixture for her and being able to provide support outside the office is the turn around for her and made her more willing to participate (unintelligible) given the opportunity so I don't know how it would have worked out if we didn't have that chance to interact outside of the office cuz she wasn't willing to do therapy initially.
Describe symptoms and issues that were addressed in treatment.	The symptoms that were addressed in treatment were the destructive behaviors. She is just now starting to talk about her background and her family history and her family (unintelligible) and making significant connections with that and understanding why she had sought out older males per se and why she's engaging in risky sexual behaviors and there was a period of time where she had expressed wanting to get pregnant and that's something that I find is very common with a lot of my clientele. And there response shift back to that they won't someone to love them and its always because they were abandoned by the people they loved the most. So we are just starting to work on that she's made a lot of progress. She does have contact with her biological father and

	biological mom via phone. She just recently got back into contact with them and I think that has allowed her to process more of the feelings that go behind the behaviors.
Discuss any cultural issues in your assessment of this client	She's Caucasian and comes from a very (unintelligible) so there weren't any cultural issues that we had to address. A lot of the time with clients in general it's the age thing. They just feel like you couldn't understand because you're an adult and I find that's very common, what do you know but I kind of worked with her (unintelligible) and we don't share the same experiences we can learn from one another. (unintelligible) she really responded to that as well. Hopefully (unintelligible)
Discuss if you considered risk and protective factors with this client.	meaning?
Well a risk factor like family history, Substance abuse, poverty	Well, I'm sorry. Did we address it in individual therapy?
Did you consider it when you were Providing treatment to her?	Yes. I think you almost have to. You need to base upon where the client is coming from. (unintelligible) develop the same symptoms and if you don't think about the development of the symptoms and where they're coming from or what stages that there at you're going to have a hard time with any sort of treatment because it might not be effective (unintelligible) whole array of things need to consider when deciding what treatments to use and how you're going to approach therapy (unintelligible) with your client.
Tell me about your intervention prevention techniques which you touched on previously	With this client because was she so, she use to drink all the time and she would say she drank because it de-stressed her. I thought it would be a good idea to get her involved in other dynamics of the program because we don't

	offer substance abuse counseling here. If that's your primary issues then we don't admit you into the program. So I had to look to outside sources and I want to work on coping skills and develop coping skills (unintelligible) come from dysfunctional families that don't have them its important for her to take leisure activities that don't involve alcohol and get her away from her friends. And so I got her involved in several activities that could be thought as therapeutic activities but they were just regular activities that teenage kids do that she wasn't exposed to. And that's a big thing that I do for my clients its about being a kid and they haven't had the opportunity because of the background that they've come from. And that's something that I feel in addition to the therapy the intervention prevention of just getting involved in daily activities that kids are not in foster care are able to do.
Such as?	Such as going to art classes, dance classes, working on skills that they have that they normally wouldn't be able to do, utilize. So I think that's an important step in finding out what they're interests are what they're strengths are and helping them develop those.
Discuss if your work on this case included interactions with outside agencies.	Yes. I got her into a (unintelligible) weren't necessarily substance abusers but had used substances (unintelligible) she was drinking socially but in excess and again I wasn't there so I don't know to the extent. But I know there was an incident where she had returned to the facility and she was very intoxicated and we took her to the emergency room and had her stomach pumped and that was a significant red flag (unintelligible) and I realize she needs to go there. (unintelligible) so I did send her to an AA meeting. I don't think she was ready at that time per se but as she came around she realized there are other ways to deal with things. So she continued to go to meetings

	every so often and I think, that was something that we talked about in therapy (unintelligible). I'm very active in her school (unintelligible) She has been meeting with the (unintelligible) she runs the special ed department because the child is ESE (unintelligible) and we had multiple meeting because she had, although she doesn't meet criteria for learning disabled, she's functioning well below grade level and she's and probably has a borderline IQ. So she's maybe working to her potential but its not enough to make her catch up where she needs to be she repeating (unintelligible) and there was a time where she wasn't in school at all. So she's well behind (unintelligible) so we tried to get her involved in a drop in program but that has not been successful. So it was something that we tried to do as a community resource an outside resource (unintelligible) but we were not successful (unintelligible) enrolled in regular high school. She should be turning 18 in six months and were going to do a termination on whether (unintelligible) or have her do her GED. But aside from that, the AA program (unintelligible)
You don't go to court?	I don't but she has gone to court. She had 3 (unintelligible) charges prior to coming here. So she has been dealing with that. She's on probation for a trespassing charge and she goes to court because she's in foster care. But her guardian goes with her because I'm not legal, I'm just the therapist and the (unintelligible) agency is the care giver for the child.
Does she have a case manager?	She does.
Is that somebody you interact with?	That is somebody I interact with (unintelligible) several times a week. (unintelligible) Its part of the dynamic of the program again its not just that I'm here and I meet with clients (unintelligible) for an hour

	for individual therapy I'm very hands on (unintelligible) because I see them every day and (unintelligible) and it provides me with (unintelligible) I have a better understanding of what's going on in other environments as opposed to just the home environment. (unintelligible)
What form of treatment do you feel was effective or how do you know it was effective and how do you know it was effective?	Well, (unintelligible) I'm very CBT oriented and I think because I've seen it work (unintelligible) dealing with this population so many present with emotional and (unintelligible) disorders also significant behavioral problems and you can't address the emotional factors until you stabilize the behaviors and that's (unintelligible) If the kids running away everyday I can't provide any services I can't provide for them. So you focus a lot on behavior modification first and fore most that's the foundation of our program. So again reinforcement of behaviors. I keep a behavior log for the clients, the staff documents everyday, did they get consequences for their behavior how was their behavior reinforced? What were their behaviors? So that's how I know that it's working. The behavior modification is working and then when you take that into the therapy setting in my office and you process you know why do you think you did that? What happened to you that day? What actions (unintelligible) So based upon documentation in the log book and she doesn't run away anymore and she goes to school what better progress is that?
Great progress	
Talk about training that you had that made you pay attention to	

developmental needs.	Well I am working on my doctorate, my third year. A lot of the classes that I have taken don't really necessarily address that (unintelligible) Being in this setting and seeing all the different levels that each client is on in their functioning and what they're capable of understanding and the process of (unintelligible) tailor everything to their individual needs. Again it goes back to what I was saying before (unintelligible) Every client is different and even though you have a standard approach to treatment (unintelligible) a client cognitively can't process (unintelligible) well below average IQ and developmentally they're not on target. So its almost like chronologically they're 12 to 17 years old but cognitively developmentally and all those things they're delayed. So if you have take into account and do a lot more, I almost sometimes still use play therapy with them and get a lot more out with that (unintelligible) So you kind of have to (unintelligible) treatment that you would use with younger children. That's something that I found to be effective. There are times that I realize I am over shooting (unintelligible) I know from the clinical teachings that I try to implement are not successful because they are not functioning where they need to be.
Next question. Discuss your understanding of the developmental approaches which I think you basically touched on.	Yeah. (unintelligible) My understanding of developmental approaches is working with the client based upon where there are functioning and getting them to where they should be functioning. (unintelligible) when I say functioning I mean a facet of things not just (unintelligible) and again I think it goes back to not everyone's not where they need to be just because of biological reasons and that's not always the case for everybody and you can't expect the

same client whose the same age to be in the same position as another client (unintelligible) and not just because of where their backgrounds are and what they're capable of doing because of their own strengths its just where they are functioning developmentally. Does that make sense?

Yes. The other question, its not On the list but, you said a lot of he kids that are not where they should be, delayed do you feel that its part of their trauma or other biological factors?

Again, its specifically individual I get to know my clients very well because I don't just see them but I can say that for some of the clients that I've had (unintelligible) yes it is some due to the trauma and some (unintelligible) PTSD (unintelligible) emotional things going on that caused them to regress and things like that. For some of the other kids it's biological. For some of the kids I just think they're backgrounds are so dysfunctional whether it's from abuse or not that they're just not given the opportunity to succeed in an environment and then they're are placed here (unintelligible) put them in school and all these things and they have been out for just so long that it's not possible for them to measure up to what the average is per se and my biggest, I am going to vent for a second, issue is the kids and I said it already (unintelligible) borderline IQ or very low functioning and they don't meet criteria for learning disorder that you and I both know (unintelligible) the school board doesn't provide them with services unless they meet criteria for learning disorder. These kids are low functioning and they're still in mainstreamed classes and there are no services available for them. How do you expect this child to meet up with what normal standards are? It's impossible you're setting them up to fail and then you take a child who has a borderline IQ or a low average

IQ who comes from a dysfunctional background where they haven't been in school they haven't been attending school regularly they're probably 2 years behind and then you're putting them in a classroom where they still don't know what's going on and you can't help them with services. So that's a big thing that I see in here I feel like we're setting these kids up or the school board is I don't know

And then they get frustrated and drop out

Exactly, exactly. So again there is so many factors that contribute to it some are biological (unintelligible) So I think it's several things. (unintelligible)

That's it for my questions Unless you want to add Anything?

No but thanks for letting me vent (unintelligible) that's a big problem. No that's it

Thank you

End of interview

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
Okay. It's November 5th and this is the interview of Jo. Discuss a case in which you feel the client made significant progress in treatment.	
	…I had a client who was sexually abused by members of her family and …visitors that would come stay at the family's home. And, …she felt that her family knew about what was happening to her and they just kept it quiet. And, uh…her behavior, drop out of the school, just let her go into foster care. And …she had made allegations of abuse to um…a teacher at the school and …the teacher at the school contacted ChildNet who were in the middle of doing an investigation.
Uh-huh.	
	…and it seemed like throughout the course of our treatment we first…my first responsibility was to build rapport with her, to gain a relationship with her, and to assess her needs. And, she would talk at lot about being sexually abused and how no one believed her and then she started talking about that it was my fault because I was very sexually active with a lot of young boys and maybe the young guys around the house felt that I liked them.
Uh-huh.	
	So maybe I really wasn't being molested. Maybe I was giving in to the sex. And, then after a while, she realized that it didn't feel right and that they were making her have sex with them. So, I noticed that through my support with her and being like…hyped the motivation to tell her know I have the right to touch you and you are a child and even though you're not four years old, these men are like 25, 30 years old. They're adults and it is inappropriate what they're doing. Even if you told them I want to have sex with you and I like you, they should still say no, honey you're a little girl, I'm gonna respect you and (unintelligible).
(Brief interruption)	

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	So, …I come…I provided her with a lot of support and I redirected her thinking anytime she would tell me about her mistakes…uh…any mistakes. Jo, …she…the guy, you know, told me to come to the bathroom and I went in the bathroom and then we had sex there. Well honey, that was inappropriate of him. You're a child in…in your thinking. You're making poor decisions and you're, you know, constantly been abused throughout your life. You have a low self-esteem and these are things that we need to work on, but this is not your fault. And, I constantly would get back to her thinking and …we role played a lot about how a man should've respected her and how people that were her guardians at the time should've not had these men, boys sleeping over and coming over to use drugs and should've made a safe home for her. Let all these sexual predators in the home. And we role played a lot about good parenting skills and triggers to men who are having (unintelligible). Finally, she said to me, "You know what? I…I really wasn't (unintelligible). These guys really did take advantage of me and…it…it wasn't my fault for my situation. I should have been a safe environment. I knew that my guardians…that they knew what was happening to me. But, they just didn't want to believe it."
Uh-huh.	
	"And when I told them, they still didn't keep me safe. They thought I was lying to them." So, through like role modeling, redirection, and a lot of cognitive behavioral therapy, she was able to rationalize her thinking.
Okay. And how old was she?	
	sixteen.
And you worked with her for how long?	
	…three months?
Three months? Okay. Um…tell me about your therapeutic approach that defines your intervention technique with her.	
	Well, it's basically cognitive behavioral. …a lot about

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	her choices and her um…her thinking.
Okay.	
	And we do a lot of role playing and role modeling and how to redirect her thoughts and um…we would do a lot of reframing with her and she liked to talk about well it's my fault and, you know. I would tell her, "Honey, I know it's uncomfortable. I know that there's a bad feeling to be in that situation, but you're a child and it's adult's job to keep you safe and the adult would have to do their job to keep you safe."
Do you feel you were consistent with CBT?	
	Right.
Okay. Describe symptoms and issues that were addressed in treatment.	
	Self-esteem.
Uh-huh.	
	Family dynamics. …(long pause) poor boundaries in her family. …the substance abuse issues in her family.
Okay. Discuss any cultural issues in your assessment of this client, if there were any.	
	No.
No? Okay. Discuss if you considered risk and protective factors.	
	…well, the risk that I saw for her was that everybody (unintelligible) to her the situation. But, honey he didn't pull your clothes off and throw you on the ground and raped you, so it wasn't rape. So, I had to talk to her about her values, her rights…
Uh-huh.	
	And explain to her that her rights were taken from her, that he didn't have to rip her clothes off and hold her down to rape her. What he did do to her was still considered rape and I wanted to make sure that she knew if she was in any other situation that she wouldn't be at risk or folks take advantage of her again.

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
Uh-huh.	
	Because she seemed to minimize it a lot and if an adult did something nice for her, she felt like she owed them something in return. So, I didn't want her to ever put herself in a situation where…I wanted her to see what this adult's telling you - come to my car and let's go somewhere and let's keep it a secret and that's a…that's the trigger.
Uh-huh.	
	That's a trigger to a poor boundary with her. It's a trigger to a secret assuming you know that there's something that he doesn't want anyone else to know. So, keep your guard up and I didn't want her…herself back in a situation with any adults because sometimes when you're a victim, you seem to always be their victim.
Right.	
	'Cause you're constantly making a poor choice because of your past and …you play out the victim role too out of guilt, out of shame, out of poor self-esteem. So, what was the question again?
About risk and protective factors.	
	Right. So I wanted her to see …on both sides what could happen if she put herself in a situation like that.
Uh-huh.	
	'Cause of how she wanted to go out and hang out with older boys (unintelligible). Older boys want one thing.
Uh-huh.	
	Go for a guy who wants to meet you at the mall, watch uh… movies, but not at a park. So, she knows um…
She have any supportive family at all or even an adult that was outside the family that…	
	No.
…they would give her support? No one?	
	Uh-uh.
Okay.	
	One family member called me (unintelligible) therapy.

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	They never show up. It was the same family member who …actually it was her guardian. It was her aunt that was watching her who pretty much supposedly knew about all this that was going on with her.
Uh-huh.	
	…but she has a mother, though, and her mother is support to her and her mother doesn't live here. But, um…her mother is not consistent with her. Her mom sends her money and that's the way her mom supports her.
So this is a current client of yours? Somebody you're working with now?	
	Uh-huh.
Okay. That's why it's only been 3 months.	
	Uh-huh.
Um…are you just doing individual therapy with her right now?	
	And she has group therapy too.
Um…tell me about your intervention prevention techniques utilized with this client.	
	…(unintelligible)
The other types.	
	Okay. We had role playing, …role modeling, …we worked on ways to improve her self-esteem. (Unintelligible) …she went from saying she hates herself to being able to identify five things she likes about herself. Five problems about herself, five things she wanted to accomplish in her future.
Ah, that's good.	
	…she is going to school now. She's making progress in school. She dresses more appropriately. …
Okay. Um…discuss if your work on this case included interactions with outside agencies.	
	Yeah. I got to work with her child advocate.
Uh-huh.	
	…which really helped to…
Did she have a case manager?	

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	That's her child advocate.
Same thing?	
	Yeah.
Okay.	
	And it's a male who gives her a lot of consistent male support which she's never had before.
Okay. What about schools?	
	…yeah, I spoke…I speak to her guidance counselor like (unintelligible) at school.
Uh-huh.	
	And they're very supportive to her.
All right. What form of treatment do you feel was effective or how do you know it was effective?	
	…I think helping her redirect her thinking.
Uh-huh.	
	And by helping her move her guilt and helping her heal…
Uh-huh.	
	By letting her know at least showing her that adult, adult that were in your home…
Uh-huh.	
	Weren't caring for you properly. And they were letting people onto the home that were on drugs, that were making poor choices, that were maybe sexual predators, and that it wasn't her fault. That was her home that should've been her safe place.
Right.	
	And then she would've told somebody she cared about this happened to me…
Uh-huh.	
	There wouldn't be like wow, (unintelligible) your fault. (Unintelligible) You…you hit on him. You're walking around in your booty shorts.
Right.	
	Only it's not your fault. (Unintelligible) I let her grieve. 'Cause she didn't want to let down the fact that saying my caregivers weren't there for me.
Uh-huh.	
	'Cause they are kinda always down on me.

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
Right.	
	'Cause she also had to…it was easier for her (unintelligible) than say I'm wrong, I shouldn't have done that. It's still not to say (unintelligible). It was huge for her. So having her improve her self-esteem and…with cognitive behavioral approach, I redirected her behaviors. Might have not been the most appropriate behaviors, but it…it didn't…it wasn't in a cause and effect thing because she didn't…any other girl in the home who had worn an army outfit who might have not been pretty who probably have been (unintelligible). They probably had been sexually abused.
Uh-huh.	
	It's not her fault.
Right. Uh…talk about training that you had that made you pay attention to developmental needs.	
	I can't talk about training specific. I remember (unintelligible) any training.
Uh-huh.	
	But, I know that kids who've been in training. I know about kids who have been abused. They always want to go…no matter how bad their mom is, no matter how bad the care giver ever is. Still the (unintelligible), but still the mom. They still want to go back. It's always better than being in foster care. So, how do you tell her she asks well can I visit? Can I go back there? How do you keep on telling her like no, honey, 'cause I care about you. I'm the one you need to put in that situation again. And I only want you around people who are healthy and make good choices for you.
Uh-huh.	
	So, like, constantly how do you reframe or redirect her distorted thinking…
Right.	
	To keep her on track? And when I let her go out, I would give her very short periods to go out. So, she

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	couldn't go out there.
Uh-huh.	
	And it had to be if she gets (unintelligible) in the house…I mean sure she got a consequence for it because the first chance that she got to get away with something, she would be like a (unintelligible).
Right.	
	So, going out…okay well I broke a rule in the house, trying to get away with it. So, I (unintelligible) this person or maybe it was one of the men in the home that molested her. He might be 25. Maybe he looks young and, to her, he's not old, he's still young and he didn't really realize he had molested me and he does give me money now and then. Can I go visit him? He said he was gonna buy me a new cell phone. NO. He's not gonna just buy you a new cell phone. He wanted something…
Like something in return.	
	Right.
Yeah.	
	So, be careful. Um…these are the risks that I was trying to make you aware of. And that's why I…I want to keep you safe and keep you sheltered.
Uh-huh.	
	Until you…until you get the help that you need to stop thinking distorted (unintelligible).
Uh…discuss your understanding of the developmental approaches.	
	Uh……children…children in the system…
Uh-huh.	
	I think that because they didn't get the…the love and the safety factor that needs to come in before the six months…before they're six months old……(unintelligible) process of develop…developing…
Uh-huh.	
	Age-appropriately. She doesn't feel safe. She doesn't feel loved. So, I feel that this child…her whole developmental process …are either too slow or too fast in many ways.
Uh-huh.	

Interview with Jo on 02-05-2008: Verbatim Transcript

Investigator	Jo
	She was very sexually active and in sixth grade, even in her fifth grade, she's had…she wanted attention. She wanted love. Even if she did have the love at home, she would not be out there being sexually active.
Uh-huh.	
	And when you're sexually active, sex means love to you. So, she thinks that these people loved her and after they slept with her, they didn't talk to her again. So, to her, she's giving everything she could possibly give (unintelligible) and to the boys, it was never enough because fifth-graders and sixth-graders aren't capable of really giving her love or being a father to her and they really just want the sex and they want to go.
Uh-huh.	
	They want to move on to the next girl. So, I think when you know that the love and the…and the safety and security at a young…as a child, you bounce back and forth in many different ages of the…of developing.
Uh-huh.	
	And, it just ruins your whole developmental process.
That's it for the questions. Do you want to add anything? Great. Thank you.	

End of interview.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	**Christina**
Okay. It's March 19th and this is the interview of Christina. Discuss a case in which you feel the client made significant progress in treatment.	
	Okay. I had …14 year…she was 14 when she came in, female Caucasian. …you need specific details…
Uh-huh.	
	…of…of the case?
Right.	
	Okay. Um…she was removed from the biological mother's custody for uh…allegations of sexual abuse and failure to protect. …and the allegations were against mom's paramour and there was another uh…male (unintelligible) also that was a friend of moms. Uh…this was a case where the abuse described was so significant that they terminated rights immediately. Mom didn't even get the case file. It was egregious abuse. Uh…the reason she actually came in was because mom had …when the abuse was disclosed by the child, mom took her to a friend who convinced the mother to pierce the child's labia and shave her head so that, you know, she would prevent the child from being sexually active. So obviously the focus was on the child (unintelligible) the people that abused her. …so the child was removed. She bounced around to like nine foster homes in a really short amount of time. …she was in a couple of uh…runaway shelters, group homes. Uh…then she was finally placed in uh…one of our homes in 2005 and she continues to stay there at this point. …and her sibling also (unintelligible). Uh…initially the main abuser started abusing her when she was like 11 years old.
Uh-huh.	
	…she had uh…he was married, had some of his own kids, probably in his 50's. …and also his mom's paramour, at some point, she became pregnant with his baby and lost the baby. So there's a whole (unintelligible). …the mom was arrested for (unintelligible) and the piercing and holding the child

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	down, shaving her head, all that. …and she was subsequently found not guilty actually when it was all said and done. …as far as the child goes, um…initially she romanticized the relationships with the abusers. Uh…one of the abusers was the son of a woman that helped pierce her labia and held her down (unintelligible). …he was in jail. I believe he plea bargained. (Unintelligible) also was in jail a plea bargain to testify against the mother. And the main abuser's actually still on the run.
Uh-huh.	
	Yeah. They don't know. I believe he's probably…I think he's probably (unintelligible). Uh…but initially she would romanticize these relationships. Even though she would talk about the...the man accused the older man uh…with like (unintelligible). She drank, try to strangle her. He used drugs in front of her. …that kind of thing. But, she…she did that initially. …you know, and DCF has been involved with the family on and off for years and years and years. Kids not going to school. …you know, (unintelligible) running around the park…trailer park where they lived, you know, no shoes, that kind of thing on and off. …family dynamic was basically it's not my fault (chuckles). You know, the big bad government took the kids from me, that kind of thing. No responsibility (unintelligible). The child was the same way.
Okay. Okay. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	Basically, initially, I had to be very careful and tread lightly because apparently she had rejected any kind of treatment, felt she had no issues, no problems. I was told that she probably wouldn't even talk to me. So initially it was just developing a rapport. We did, you know, a lot of like uh…play therapy which (unintelligible) most of the time was, you know, playing games or I tried to get her to draw. Uh…tried to get her to journal.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	You know, we would discuss some of that. So that was to build her self-esteem 'cause her self-esteem was pretty low. …then I developed with her to…the cognitive restructuring because she definitely had all or nothing…
Uh-huh.	
	…attitude. …you know, basically it was constant wording was, you know, *all of you pick on me all the time*, you know. I…but she couldn't give me specific situations.
Right.	
	You know. …and she had a lot of uh…skewed thinking patterns. I mean, she, you know, she'd dream about being a singer or an actress or…and she couldn't…she didn't have that talent. …and I think she knew it, but she was constantly set herself off.
Uh-huh.	
	…so she had a lot of issues with self-esteem, skewed thought patterns. So we tried to do a lot of cognitive restructuring, tried to do some behavior management uh…because a lot of the problem with her was she had a lot of trouble with authority. Mom never set any boundaries. So the teacher would tell her she needed to go to her seat and she'd shoot her mouth off and get in more and more trouble.
Uh-huh.	
	So we tried to figure out ways to stop her from doing that. (Unintelligible) her biggest issue was to come out. She was a teenager …and, of course, she would fight us every step of the way. Well, that won't work and that won't work. And I tried to get her to come up with her own solutions, you know. …at one point one of the solutions was put a rubber band on your wrist and…
Uh-huh.	
	…snap it if you need to, you know. Uh…but she always came up with an excuse to try not to…to change her behavior. She was comfortable. She was

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	in her comfort zone.
Uh-huh.	
	…she, you know, some days she would talk more freely with…when we did a lot of uh…play therapy. Like we'd play games. She seemed to be more at ease and we'd just start talking.
Uh-huh.	
	Sometimes I'd do worksheets with her and she would actually contribute with that. Um…occasionally role play. …that was a little difficult, but she actually would participate. …and she's gotten to the point…she had gotten to the point of admitting that what these men did to her was not right. It was inappropriate and she agreed they should be in jail.
Right.	
	Yeah. She did. She got to that point.
Why do you think you were either inconsistent or consistent with your application of the approach?	
	Uh…the foster mother had to work a lot together with her. But my thing with her was that you had to be extremely careful with how you approached things because if she felt like she was being threatened or her perception was that you were picking on her, she would shut down immediately.
Uh-huh.	
	And she would basically react like a three-year-old. I…I mean mom she was 14 with (unintelligible). I had seen her literally throw herself on the floor (unintelligible). And she did not feel that that was inappropriate. I would try to work with her on, you know, what's appropriate for your age and explain to her that she's needed to relearn a lot of coping skills. Um…so a lot of the time it seemed inconsistent, but we, you know, we…we pretty much…the foster mother and I, the only way we actually moved forward with her is if we called it tag team. We had to stick together and (unintelligible). She would try everything (unintelligible).
Uh-huh.	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	Fought us every step of the way. She would participate, but she would definitely use our manipulation in attention seeking.
Uh-huh.	
	Whether good or bad. But, we would definitely have to team up together to keep on track with her.
(Unintelligible).	
	Oh yeah. Yeah. She…she's very, very patient woman. Of all patients that I've gotten. Well no, I mean this…this isn't typical (unintelligible). She included her and the sibling in everything. They went on trips. She took 'em to California. Nothing was ever enough.
Uh-huh.	
	And these are children that never had anything. So, it's got to be kind of frustrating that, you know, nothing was ever enough. She even would take 'em every week to their church. She was Catholic. (Chuckles)
Go ahead.	
	She was Catholic and they were Baptist so she would actually drive them to their church on Wednesdays and Sundays for all their extra activities.
Uh-huh.	
	And she would go to her church.
(Unintelligible)	
	That's okay. She had a lot (unintelligible) and like I said, we did tread lightly for a while there to establish the rapport.
Uh-huh.	
	We wanted to shut down immediately what, you know, after a while, we kind of confronted her about it and said, you know, we've been trying to, you know, tread lightly here, but we really need to move forward. It's like she just wanted to stay where she was at and had no desire to move forward.
(Unintelligible) she respond right away or did it still take a while?	
	…she would…she would acknowledge things and then she would shut down. It was all on how she perceived it.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	But, you know, in the beginning, you know, mom didn't do anything wrong. It was everybody else's fault. The abusers weren't abusers. So by the time we got done, you know, mom made mistakes, mom didn't do what was right, you know. She set goals. She's like, when I'm a mom, you know, I'm…I'm not gonna be doing these kind of things. I know better. And, you know, she…she finally acknowledged that she didn't come from the best family and it was dysfunctional and there were a lot of issues…
Uh-huh.	
	You know. So she still loved her family, but she was able to finally acknowledge. She never wanted her mother to go to jail. She wanted her to be found guilty so that she could at least acknowledge responsibi…(unintelligible) responsibility and, so that the mother could…might be court ordered to counseling. Because my understanding is the mother is a victim of sexual abuse also and it was incestuous.
Uh-huh.	
	Apparently, it's a family thing from what I've been told.
Right.	
	I think it was (unintelligible) it was at the hands of her family members. So it's gone highly down the line. Um…
(Unintelligible)	
	Yeah, it has. And I think the reality set in with the mother when the mother basically (unintelligible) repressed and everything, but the mother, you know, allowed her attorney to badmouth my client and I had to, you know, immediately directed it towards, you know, the lawyer – he's a liar, he's this and I had to explain to her that the lawyer represents the mother and the mother tells him basically what he should and shouldn't say.
Uh-huh.	
	So basically this information's coming from your mom. And that was a rude awakening for her.
Right. Okay. Um…describe	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
symptoms and issues that were addressed in treatment.	
	Uh…well…the (unintelligible) definitely oppositional defiant, problems with authority figures, relationship issues. …low self-esteem, low self-image.
Uh-huh.	
	It was skewed self-image. You know, she was overweight, but she had a problem when the foster parent would tell her what was appropriate to wear and what wasn't. Like she picked the tightest things or she'd try…want to wear a bikini.
Right.	
	So it was like she'd set herself off (unintelligible). …even in school, she would get in trouble. She'd say the kids are picking on her. Come to find out, she was egging them on in the first place, you know.
	…she had some bizarre behaviors (unintelligible) she was in high school and all of a sudden, she would pull out a hairbrush and start brushing her hair in the middle of class or doing something else in the middle of class. It was just…it was just real bizarre behaviors here and there. …let me just try to address each one and try to address the, you know, interacting with adults.
Uh-huh.	
	…she had (unintelligible) with women than men 'cause the ROTC instructors were men and it didn't seem like she got into much trouble with them. But, women, female teachers, she definitely had some issues.
(Unintelligible)	
	Yeah. Yeah. I think so. …a woman, anybody who got close to her I think as she got closer to the foster mom and realized um…she would never (unintelligible), I think she pushed harder.
Uh-huh.	
	Probably to see if…if…if the foster mother is going to abandon her basically like the father did.
Right.	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	You know. (Unintelligible)
Uh.huh.	
	…so a lot of hers was, you know, behavior issues. Realistically addressing her relationship with biological family. …and that's what she did. I think her hygiene was okay. I know a lot of the kids have hygiene issues. …one of them was probably with…with chores and directives from the foster parent. …I'm trying to think what other specific (unintelligible). …she was also a follower. I believe they had a foster child there one time for like one night and the other child ran off and she ran away with her which she had never done before. Well, she…I take that back. When she was (unintelligible) placements, that's another thing. When she was in all these other places, she ran away. Like, she was in Fort Myers and she ran away and got to Naples. But, when she got into this home, she'd never done that except for that one time. Um…the other issue (unintelligible). Are you at a loss? Constantly, always had to have the last word.
Uh-huh.	
	Talked to her about that, tried to figure out what was driving her. I feel it's definitely (unintelligible) control.
Uh-huh.	
	But always, always had to have the last word. And that's usually what got her in trouble at school too. It got to the point where they were gonna staff her again for ESE, EH.
That's what they did?	
	They did initially. …the foster mom's an EH teacher so I think she kinda talked her down a little and said she'd work with her.
Uh-huh.	
	And so she, I guess, was able to deter that for a little while and it worked, but then it got to the point now where she was acting out on the bus and they'd have to pull the bus over. Things like that. …because of her behavior.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	Which took a lot of responsibility from her.
Of course not.	
	…and just…just bizarre behaviors that you would see in a grade-school child, not a high school kid.
Uh-huh.	
	So we explained to her that, you know, we (unintelligible) as much as we could and now, unfortunately, she's pretty much made these choices and there's nothing we could do at this point.
Right.	
	Because, you know, promises were made, the changes would happen, and even she made these, you know, changes since she (unintelligible). …she was like (unintelligible) I have my own plan and we're like, oh let's see what she does. Nothin' ever changed as far as her choices and behaviors.
Uh-huh.	
	You know. …I kinda felt sorry for her. (Chuckles) I really did. …
However, at some point she changed.	
	Well, she changed as far as she would grudgingly acknowledge that she made bad choices. She wouldn't voluntarily say that, but eventually she would acknowledge it, but then it would be the yeah I did go ahead and scream at the teacher, but.
Uh-huh.	
	It was always the but and, again it was always the last word thing with her, you know.
Describe any cultural aspects or issues in your assessment of this client.	
	This was Caucasian so…
There really weren't any.	
	Right.
Discuss if considered risk and protective factors with this client.	
	There's, oh yeah. Risk factors?
Uh-huh.	
	Yeah. We …she was watched very carefully.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	…obviously, through no fault of her own, you know, she was sexually active at a very young age so like the achievement plan actually did address boundary issues, particularly with males.
Uh-huh.	
	…when she did get her uh…boyfriend from (chuckles) the youth group, she was very upset with us because she felt like she should be able to go out alone, date this boy and, you know, she would try to pit me and the foster home against each other.
Uh-huh.	
	Very, very creatively, though.
(Chuckles)	
	You know, what do you think? How old…how old do you think uh…people should be when they should be allowed to date and go to the movies by themselves? And I knew…I knew she had already …(unintelligible) (chuckles) and usually I was harsher than the foster parent. …so she went through that period of, you know, she just didn't understand. I tried to explain to her, you know, be…because you were exposed at such a young age, it doesn't take a whole lot for your body to react at this point and it's just…it's a safety issue as far as, you know, you may go too far and not want to. You may not realize it, you know, and it'd be too late. So we talked a lot about, you know, it's okay to be in group situations. I mean, even the foster had told me she'd had the boy come to the house. I mean, and that's, you know, boundaries are like (unintelligible) and she got to, you know, help.
Right.	
	And it was mostly her, not the boy. …(unintelligible) discuss the issue of her telling her story to just anybody. I mean, she would give us a hard time, but she would go ahead and (unintelligible) about anybody what had happened.
Uh-huh.	
	…and not realize that that had a backlash when, you know, her name was never mentioned in the paper, but it doesn't take much to put two and two together.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Right.	
	And we think that that's what led up to the breakup with the boyfriend 'cause the parents, I think, read it in the paper …about this piercing case and this child was perceived in a very negative light like she was very promiscuous and the mom was at wits end and didn't know what else to do and that's why she did this. So, of course, if you're the parents of a teenage boy and you're aware of this young lady's history…
Right.	
	…you're thinkin' that you're, you know, your son's going out with this promiscuous girl. Of course, you're gonna end that pretty quick at this young age.
Right. Exactly.	
	So we think that's what led to it and…and she…she finally admitted that she felt that that was part of it too.
Uh-huh.	
	…you know, she would threaten sometimes to run away or she'd get so upset, she'd be like I…I want…I want to go (unintelligible) and I want…and I, you know, I have to talk her through it say okay, what would happen? What do you mean? What, you know, that kind of… She refused to take any medication and she definitely had a mood problem. She refused to take any meds. She won't take them. …and the mom has mental health issues.
Okay.	
	…we found that she was diagnosed (unintelligible) Bipolar Disorder. …she, you know, I would talk to her about these erratic things she wanted to do. (Unintelligible) if you run away, what's gonna happen?
Uh-huh.	
	You know, the police is gonna have to be called. You know, somebody could just pick you up and, you know, and I think times she would fight as far as boundaries. Why can't I go to the movies by myself? Why can't I go to the mall? It's like, you know what, as long as your foster mom's at the mall, if you're with your friend and you…you

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	can meet her at a certain time…
Uh-huh.	
	And she knows you can, that's okay, but these…these (unintelligible). These boundaries have to be set…
Right.	
	…to protect you because kids disappear left and right, you know. And we all, you know, and that's how we…we were able to try to reinforce the…why the foster mom would pick her up at church or whatever, she made her be on time. She was very passive aggressive.
Uh-huh.	
	She would come out five minutes late, ten minutes and it was on purpose.
Uh-huh.	
	And we tried to show her that so she can prove that she can be ready for school on time or, you know, at that age, they should be able to get on and get ready and get to the bus on time and it was constantly (unintelligible) she'd be late and she'd…the foster mom would have to take her to the bus stop (unintelligible). So we were trying to show her that she could get more privileges if she could just go ahead and accomplish (unintelligible).
Right.	
	But there was always an excuse. So it's…
Is it still an issue or is she…?	
	Some weeks yes, some weeks no. It's just…
Whatever her mood is, right?	
	Yeah. Whatever her mood is. Yeah. And again, she…we, you know, I'm sure the abuse started even younger, but if you look at the coping skills from (unintelligible) like, you know, other abuse and I'm sure she was neglected and everything else. The coping skills were consistent with probably a five- or five- or six-year-old.
Uh-huh.	
	She would …have no qualms about getting into it with a (unintelligible). She got into it with uh…the foster mom's niece when they were on vacation who was like five.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	She's like 15 or 16 at that point. Or if she'd get extremely jealous of the foster parents' two-year-old grandkid. I mean, you know, it's very, you know, definitely coping skills that we have and we've tried to work…work with her on it. She'd swear up and down she wasn't jealous and she wasn't insecure and she had a hard time admitting these things.
Right. (Unintelligible) You had your work cut out for you.	
	Oh yeah.
Yeah. Okay. Tell me about the intervention prevention techniques utilized with this client.	
	Want to clarify that one for me (chuckles).
(Unintelligible) you've talked about it. You know, you did journaling, the art, play therapy, you know. Um…prevention techniques, you've set some sort of boundaries?	
	We talked about boundary issues. …a lot of her thing was people are picking on me, people are bullying me. So we talked about what you need to do. You need to go talk to an adult calmly. Yeah, I tried to get her to role play uh…you know, because I know for her to go talk to an adult was like, you know, if you're not listening to me, I'm gonna scream my head off and I'm like, you know, I tried to work with that. You need to call me girl without an attitude, 'cause there's always an attitude. And say look this is what's happening.
Uh-huh.	
	This is what's bothering me and go from there. Then you…then come to find out we were getting school reports that were saying that she was the one doing the bullying.
Right.	
	You know. And…and one of the issues that we had that was effective, foster mom was a teacher and

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	she…not the same school, but the teachers all knew her, she's a great teacher. …she's nominated for like the Golden (unintelligible). So we were (unintelligible) and we are very upset with that because what was happening was it was backfiring.
Uh-huh.	
	I mean, the kid gets the message on her (unintelligible) and guess what? I could pretty much do XYZ. It finally got to the point where it was like if any other child was bullying a kid or was disruptive (unintelligible) to the point where they had to stop the bus, what (unintelligible). That's like, oh we would have got suspended or expelled. So none of that was happening. It was not…it was not benefiting her.
Uh-huh.	
	And we finally told her this was gonna stop and I think she even talked to the school about it that she needs to have the consequences.
Uh-huh.	
	Like any other kid does.
Right.	
	…you know, and…and...I tried to talk to her (unintelligible) about telling her story, being careful who she told it to, um…her motivation behind telling it.
Uh-huh.	
	So a lot of bad things are attention seeking. A lot of times with like the newspaper articles, we would not show them to her because they were just so negative and detrimental. They got us extremely upset and her foster mother was concerned that actually she might have gone around and said *hey this is me*, not realizing the consequences.
Right.	
	…and again, I want to just to work with her on, you know, if you treat people like dirt, what's gonna happen?
Right.	
	They're gonna probably treat you the same way.
Okay.	
	She had a hard time getting her act, but she was

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	**Christina**
	(unintelligible). She had a very high (unintelligible) authority figures.
Uh…discuss if your work on this case included interactions with outside agencies.	
	I worked with DCF.
Uh-huh.	
	And …guardian ad litem.
Did you ever go to court through…	
	No I didn't have to go to court.
School?	
	Let me think. Schools, uh…yeah. I mean I would pick her up at school, but see, the foster parent was a teacher so she would get all that information for me so she kind of get a lot of that, uh…you know. So yeah, I guess schools because…
Uh-huh.	
	…she…she would go ahead and get that. Boys and Girls Club where she was at, they would keep tabs for me.
Okay. What form of treatment do you feel was effective with her and how do you know it was effective? What specific thing?	
	Let me think what was effective. I think the play therapy was effective with her because she would actually let her guard down.
Uh-huh.	
	…and she…and it would build up her self-esteem. And she also knew like, especially when we played games and then this is a little thing, but she also knew that I don't let the kids win. I don't feel it's beneficial because it's not a real win, so then they know that when they beat me…
Uh-huh.	
	…most of the time (laughs). When they beat me, it's an actual win, you know. And…and they, you know, we built up their self-esteem and they know when they lose, it's not…I try to teach 'em, you know, as long as you're having a good time, your having fun um…you know, it's…it's okay that you don't win all the time.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	So, you know, that would let her guard down and she would talk a little more. …so that seemed to be effective. Actually, the work she tore up got picked too which surprised me. And they could all just keep doing that.
I know.	
	…and I would try to do worksheets where…where it would be like what was your best memory, Christmas memory, or…
Okay.	
	…with your family. That kind of thing. …you know, she had pictures and sometimes I would try to get her to tell me what was going on in the pictures. Those kind of things. But, you know, (unintelligible) the worksheets we did, you know. She was very…initially, she wanted to do sexual abuse workbook, but then she kinda begged off on that so I, you know, I'm like we're not gonna do it. I'm just gonna take it out.
Uh-huh.	
	…but as far as like just generalized worksheets, you know, what was the best thing in your family, what was the worst, how could things be different? She actually answered those questions. It surprised me because, in other words, she just…she won't just out and tell you.
Uh-huh.	
	…so that…that was probably pretty effective.
Okay. Um…let's see, tell me about the training you've had that made you pay attention to developmental needs.	
	Well, I mean I, you know, I've read the book on (unintelligible) psychology. …and just I think all the years and experience I've had.
Uh-huh.	
	You know, I've done this for six years, but then I was a worker, DCF worker for almost six years, and then worked with um…autistic kids and developmentally disabled kids on and off for like 10, 15 years. You know, it's been a (unintelligible) so…

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
They get a lot of (unintelligible).	
	Yeah. It just comes naturally. I mean…
Right.	
	…you know. I just know when you talk to little kids, you just get down on your knees so that you're at the same level and it's just…I didn't realize that wasn't automatic to most people. I just assumed it is 'cause I just do it automatically.
Right. Okay. Discuss your understanding of the…the approaches, the developmental approaches.	
	Hmmm. Like…
You know, Erickson.	
	(Unintelligible) (Laughs)
Everybody brings that one up.	
	Yeah. …I don't know. I just use a hodgepodge. I don't subscribe to one…
Uh-huh.	
	…general, you know, developmental…I mean uh…what I do see is was like the oral and the anal stage and all those…
Uh-huh.	
	…different stages. I know this looked like kids that, as they start getting in adolescence…
Uh-huh.	
	…they're not as literal, but if you look at their behaviors, they knew (unintelligible) they were (unintelligible) like horrible. I mean, they're…they're always on the fringe.
Right.	
	You know. I mean and they, you know, (unintelligible) toilet training, but then you think when they're older, I see good grooming and they're here all the time or, you know, constant. So, I see a lot of uh…overlapping as they get older.
Right.	
	…but then, of course, I see a lot of uh…you know, the milestones they're supposed to hit. And you can see where they've missed.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	Because I see a lot of the coping skills, you know, a way back down like (unintelligible) you know, those beginning stages like three-, four-, five- six-year-olds and I'm dealing with 14-year-olds and 15-year-olds.
Right.	
	(Unintelligible)
(Unintelligible)	
	Well yeah. I mean I really believe that basically it pretty much emotionally, your growth gets stunted at that point where if your boundaries are violated and you've been abused.
Uh-huh.	
	Because, I mean they've just been cut off pretty much. They've been stunted and then you just…you start dealing with things with what you've done and if you were six or seven, you know, pretty much the rest…unless you start getting treatment later on (unintelligible), that's how you deal with stuff. You pitch fits, you throw things, you (unintelligible).
Uh-huh.	
	I wouldn't have believed it until I saw this kid doin' this kind of stuff. He curled up on the couch with a blanket and just kicked the blanket apart.
Right.	
	You know. That kind of thing or twisting, you know, the skin and that kind of deal.
Uh-huh.	
	Picking at themselves.
Okay. Okay, well that's it for my questions, but now that, you know, at the end uh…I've done quite a few interviews now and we're like confirming what the patterns and the themes that we're picking up of previous (unintelligible) with the therapists (unintelligible). And one of the things they're picking up on is that clients do well when you either empower them or there's consistency either with the	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
therapist being there…	
	Right.
…or the support person or approach or all three, whatever. What do you find?	
	I find the (unintelligible) with this one particular kid. I think the fact that I was allowed to stay with her for so long and that she's been in the same home that we started with, I think has made a huge difference because I think she's just used to people just abandoning her left and right.
Uh-huh.	
	I think that was part of the problem is it freaked her out that we were still there and we had…we actually would discuss that with her. …and honestly, given her history…
Uh-huh.	
	…the foster care and I had this conversation a couple times. Given her history and the fact that she romanticized these relationships in the beginning, um…you know, she probably should've run off and probably (unintelligible) have a couple kids by now if you really think about it. They're very promiscuous and 'cause we've had her…she's nothing like that and I think it's because there's been a consistency with the boundaries and with the treatment provided. She also had the same caseworker pretty much…
Uh-huh.	
	…throughout this too. So I think you had the same guardian ad litem so she's had all that. I don't think she was used to having people around consistently like that.
(Unintelligible) you think that this consistency with you and all the other people…	
	Yeah.
Okay.	
	Yeah. Because she…believe me, she shoved as hard as she could to push us away. She really, really tried very hard and a lot of times we had to remind her that we were all still here.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	**Christina**
Uh-huh.	
	And that was difficult for her to accept. She could not…I…I think she couldn't understand why we were still here.
Uh-huh. That's it. Thank you.	
	Hope that helped.

End of interview.

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
Okay. It was February 20 right?	
	Nineteenth.
Nineteenth, 2008 and this is the interview of Jennifer. Uh…discuss a case in which you feel the client made significant progress in treatment.	
	…in this case Jennifer, who was approximately 15 years old, made improvements as far as addressing her issues with relationships. At the time, she was having difficulty with uh…her adoptive mother. …and then forming healthy relationships with men. …one thing being age-appropriate and then one that …was beneficial to her in a healthy way. So, …as far as her…she did improve her relationship with her adoptive mom.
Uh-huh.	
	…which was, I would say, the most significant progress that I saw with…with her.
Okay. How long did you work with her?	
	I want to say five months.
Five months?	
	Five months.
Okay. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	…I'd say it's…it's very eclectic. Never really I would say had official training in dealing with this specific issue. …but, a lot of things I've…I've learned is that it's to first identify where the child is at right now, how does she view relationships in general. …I've examined her history of the abuse to see who it was that um…was the perpetrator, …if she ever received counseling in the past, …how that…how she responded to it, …and then going on from there to see how …she views it effects her life at this point and then working on to see if maybe I can identify areas that maybe she doesn't see that this is related to her problem.

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
Okay. And who was she sexually abused by?	
	It was like the mom's boyfriend or something.
Was it a one-time thing or was it periodically or…?	
	It was periodically.
Okay. Um…why do you think you were either inconsistent or consistent with your application of your approach?	
	…I guess I was like inconsistent because it's nothing I've had formal training in.
Okay.	
	So, but I've always …I was like just been consistent and…and look at it from her point of view and trying to stress the fact …that, you know, she overcame it.
Uh-huh.	
	You know, it's not an issue where she has to identify herself as a victim, but maybe that's (unintelligible) where she's a survivor, you know. And, in a way, …you know, to kind of empower her to …see that she has overcome this. You can see where...identify, you know, this is in the past now. How have you moved on since then and what would you like to see change in your own life?
Uh-huh.	
	To kind of give that control back to her 'cause a lot of times when you talk to them, they feel powerless.
Right.	
	You know, and their whole view of relationships and abuse just totally distorted.
Right.	
	So, I…I try to give them, you know, a focus on giving them power and strength and, you know, survivor skills I would say and emphasize on the word *survivor* for them to kind of shift their view from victim to survivor.
Uh-huh. Good. Um…describe symptoms and issues that were addressed in treatment.	
	…I would never say that we got to the actual

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	experience as far as the details, but we did talk about how it's effected her relationships with people in her life now, especially with her mother …because it was her biological mother …that I…she learned not to trust.
Uh-huh.	
	You know, she felt that it never…she wasn't there to protect her. …she let someone in her life to take advantage of her. …and how does she now, you know, regain that trust?
Now.	
	Now with another person. You know, this is someone that, you know, you would think that inherently you would trust and now it's like okay, now I'm forced to choose. Who can I trust? And that can be very scary.
Right.	
	…so that was a major issue for her as well as, you know, not just for the trust, but then you also have to learn to respect and obey that person.
Uh-huh.	
	…one of her biggest things was defiance. She wanted to act grown. She did not like to, you know, follow rules and that was the biggest thing we had to work on. She…that's one…that's how the relationship problems came in because she felt she was old enough to have these relationships with men and her adoptive mom was very protective of her because she knew what she'd already gone through.
Right.	
	And she wanted to …protect her so it was…the progress was made on having them kind of compromise and communicate with each other about their feelings and learn how to pick their battles, that kind of stuff so.
Um…discuss cultural issues in your assessment of this client, if there were any.	
	…uh…she was a white female. …but the adoptive mother was black. So, I would say culturally, it came from the adoptive mother not so much the girl because her adoptive mom came from an African American

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	culture where …(pause). I would say that she came from an environment where her mother was kind of like a foster mom for the children in the neighborhood. So, I think with inside of her, she's always had that …skill to want to take care of other children, you know. And that's how she connected with Jennifer. …but I think at the same time, you know, having that sense of community was a big problem for them to connect because Jennifer had the opposite effect where she was like left alone.
Uh-huh.	
	You know, she felt rejected sometimes, abandoned and learned to um…take care of herself. So, I think culturally, in their coming from one environment and their trying to relate to a child from a totally different environment was difficult.
Uh-huh.	
	And then (unintelligible) have to find common areas between the two to kind of relate the two of them (laughs) so they can connect, you know?
Sounds like they did, though.	
	They did at certain…certain times…certain levels I would say. …
Discuss if you considered risk and protective factors with this client.	
	Oh…the biggest areas of risk that I…we looked at was just, you know, getting pregnant.
Uh-huh.	
	You know, forming relationships with a guy that …would be a couple years older than her who …I wouldn't say has made the best choices.
Uh-huh.	
	A lot of times she would make relationships with guys that I would say have behavioral problems of their own. They're not going to school, uh…charges, …kind of want to be thugs.
Yeah.	
	…and a girl who…and she at the time wasn't pregnant, she never had kids, but had been talkin' about it and she's only 15. So trying to convince her, you know, hey you're still a young girl, you know.

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	Do you really want to have this responsibility when you're having your own problems right now with school? …she didn't have any charges, but it's like, you know, how are you gonna take care of this child if you do to kind of give her a wakeup call (laughs).
Right. It's typical for these kids wanting to get pregnant.	
	…so that was the biggest risk factor. …to be promiscuous was my other concern for her. …not just getting pregnant, but just, you know, diseases that are out there making sure that she is using protection. …and then just putting herself in a situation where she would be taken advantage of, you know.
	Uh…I think with these girls, they're so vulnerable when it comes to this situation…
Uh-huh.	
	That even though they may act tough, they…I think once that person has that control over them, they're helpless. So making sure that they're in a position where they feel empowered still…still, you know, in an intimate setting with another person and knowing what's allowable and what isn't. You know, what do you define as being, you know, abusive and what do you define as, you know, being normal for a relationship as far as how to treat each other.
Uh-huh.	
	…respectfully and, you know, talk to each other. (Unintelligible), but she would say, "I don't think I would let anybody talk to me like that," you know, or expect that from me, you know, that kind of thing.
Uh-huh.	
	So that way, she would kind of put herself in the same situation that she was before.
Okay. Was there a family history of substance abuse or anything like that?	
	With the mother.
With the mother?	
	Yeah.
Any siblings that were sexually	

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
abused?	
	Probably, because they were all split up and they all had …a lot of issues. They were all put in separate homes. They don't get along with each other.
How many were there? Do you remember?	
	Yes, she had two sisters.
Okay. Tell me about your intervention and prevention techniques utilized with this client.	
	…I would say I'm…I would say, you know, working with not just her, but I took a more…a family systems approach…
Uh-huh.	
	…as far as, you know, looking at the dynamics of the family as it is now between her and the adoptive mom and then trying to join that with her past…
Uh-huh.	
	…as far as the previous dynamics and trying to look at …see what worked in the past.
Uh-huh.	
	And what didn't work and how would you like this situation to be better, you know. She…she wanted to have someone she could trust. She want…she called this lady *mom*.
Right.	
	So I would say they connected on a…a personal level, but then it's like how do you just let go of the feeling of, you know, getting hurt again to kind of really trust her. …so that I would say is…was my basic approach to working through her issues.
Um…discuss if your work on this case included interactions with outside agencies.	
	…(long pause) I worked at most with this…I worked mostly with the school in this situation because she had an issue of truancy, um…making poor grades. …she was determined ESE at the high school that she was attending so um…the biggest issue she had at school was, I would say, being defiant, not listening to the teachers, and then also trying to get attention and

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	respect from her peers. …in her mind, I think she also thought it was kinda cool to show off in a sense. Um…and, you know, trying to motivate her in a sense to do better in school. That was a chore. Um…to kinda show her there…there could be more. So most of my interaction with outside agencies was mostly from just working with the school itself.
Okay.	…
Did she have a child advocate?	No, she was adopted so she was…
Okay.	…that wasn't in the picture.
Did you have to go to court when they adopted her?	No, she was adopted before I got involved.
Okay.	My job um…was mostly just to prevent her from coming back into the system.
Okay.	Because that's where the problems had escalated to where the adoptive mom was thinking about just giving her back.
So you were more of a preventive type of…	Yes.
(Unintelligible) All right. Um…what form of treatment do you feel was effective for her and how do you know it was effective?	…(long pause). Trying to look at solutions I would say. Just keeping purposed on that. …looking at what she would like to have happen and then also…(long pause) some of it was just, you know, looking at how the past effects future decisions. …I…I with her. I…in a sense I would try to keep it realistic.
Uh-huh.	I'm like look, you know, I'm not… Being younger, I think she listened more in a sense to what I had to say.
	She felt more comfortable talking I think if the mother

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	wasn't there on by what she would say, but, you know, at the same time, I was like okay, like I understand this. You know, this is what…what's going on. I understand that you…it's your kind, you know, give me an excuse, well this is what happened to me, this is who I am, but I'm like, obviously you're not happy with everything.
Right.	
	So how do you want to take it to the next level? You know, what would that perfect picture be like?
Uh-huh.	
	…and trying to uh…focus on, you know, the solution, not so much the problem.
Okay.	
	That was the…the biggest thing (laughs). Because she just wouldn't let go, you know. That was the biggest …(unintelligible).
…one of the things that we're picking up on and I don't know if you feel, you know, this…this was in this case, but um…listening to therapists talk, I…and some of them have confirmed that they feel that their involvement and their being consistent with the kid was more important than the type of uh…approach they used. What do you think?	
	Consistent as far as seeing them or…?
Uh-huh.	
	…the (pause) I don't know if it would separate her from anybody else. In fact, that's how I look at it. I think with anybody, you need to be consistent as far as meeting with the person. Otherwise, you're never going to establish that trust and connection.
Uh-huh.	
	…(unintelligible) you know, you're really there to help them and you're not just kinda coming and going. I think they learn to feel comfortable with you and open up. I don't know that made a difference um…just because she was abused.

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
Uh-huh.	
	…uh…and given the fact that I'm a man uh…and her perpetrator was a man, you would think she would have issues with that.
Right.	
	But, she didn't. I don't know if it was because um…it was a different level that she felt I was harmless or whatever, but, you know, I…I would…I would think that consistency (unintelligible) a bigger difference. I would think my approach had a bigger difference with her.
Okay. Okay.	
	Just because of just my age and just the way that I talk to her and stuff and how I try to keep her focused.
Okay. I just wanted to throw that out there because some of the things that we've been coming across. Um…talk about the training you've had that made you pay attention to developmental needs.	
	…well obviously uh…from trainings and…from here at Henderson or trainings at college. I mean there's obviously different stages of development, but I would try to, you know, stay focused on as far as, you know, appropriate ages to want to insert that uh…independence.
Uh-huh.	
	Or make healthier relationships identify themselves. And there was…that's…I think played a factor just because she's in that beginning of the teenage years or the hormones are finally kicking and it's like okay, like how do you control that part of it, you know, and then also deal with the sexual abuse, you know. It's…it was to me like a ticking time bomb because you…the two of them together I was like, okay…
(Laughs)	
	…I don't know which is gonna blow first. …so that would, I think…I had to also go over with the adoptive mom because she was so protective. You know, she wanted to kind of keep her that little girl

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	who was…who she wished was innocent. …, but then you also have Jennifer at the other end who's like *get me out of here, I don't care how old I am*. So trying to teach both of them what would be normal for a typical girl her age was very important because I think that's what brought them together.
Uh-huh.	
	You know, that was kinda like the middle ground from where they were looking at it. …so knowing that hey this is a girl that's gonna want to have relationships, you're gonna have to deal with it. She's gonna eventually become an adult. What can we do to prepare her so she makes better choices…
Right.	
	…when she gets older. …and then I'd open up a can of worms to the adoptive mom because then her issues came out.
Right.	
	…and then also looking at, you know, getting pregnant at a young age. The adoptive mom's mother was young when she was pregnant with her first child so that was another fear, you know, for…for the mother.
Yeah.	
	So it was like, you know, you…it's…you had to remember, you know, what they were dealing with on their own personal level and how to kind of like decipher it as far as like okay, this is you, this isn't her now.
Right.	
	You know, this is something that maybe you and I should work on and then, at the same time, just kinda create an average picture of a typical teenager as far as like okay, you don't want to overreact when this happens, you know. Maybe when this happens, but, you know…you know the girl isn't obviously always gonna want to go to school, you know. If she…she's not gonna be your robot. She's not gonna want to get up, get dressed, and then rush out the door for school like when she was six, you know? When they're

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	Jennifer
	teenagers, especially with her, it's like she's gonna whine, she can complain, she may curse and, you know, do whatever, but as long as she gets out the door, that's your goal.
Right.	
	So…
Last question. Discuss your understanding of these approaches, the developmental approaches.	
	My understanding? Well, I guess there was Erikson that had the developmental stages. …and I forget the other one.
Maslow.	
	Maslow. …I wouldn't say it's cut and dry, but I definitely would…I would say that there is some truth to, you know, uh…a teenager as far as what she's trying to accomplish. Where there's the independence um…the identity, you know, just trying to make sense of the world.
Uh-huh.	
	…I don't believe that you can…you have to deal with one in a certain order. That was Maslow, correct?
Uh-huh.	
	Or it's like you can't…or maybe it was Erikson where you have to like focus on one stage and to move on to the next.
Right.	
	I don't believe that. I believe, especially with a girl like this, where she was kind of forced to deal with certain stages early on …that, you know, it affected her. …(unintelligible) you know, as far as feeling guilty and inferior and …identity and the independence and, you know, find where she belonged in the world. So I would say her developmental stages were all messed up. I was just trying to point her in the right direction and make sense of where she is right now.
Right.	
	That was my biggest thing.
Yeah. It sounds like you had your work cut out for you.	

Interview with Jennifer on 02-19-2008: Verbatim Transcript

Investigator	**Jennifer**
	(Unintelligible)
(Laughs)	
	Oh, it…I mean I'm…I'm only in there for a short period of time. …and she had a Personality Disorder which made it even more difficult. You know, it's (unintelligible). She would lie and …I was aware of that. She was very resistant a lot of times to wanting to work on certain things, but, you know, you just…you just kind of deal with what you got.
Right.	
	You know. …there were times where the mother was more receptive and I would work with her. And in a way by working with her, you would get the child to kind of move in and kinda relax and buy into it. So…
So you did individual and family?	
	Yeah.
Okay. (Unintelligible) That's it for my questions unless you want to add something.	
	No. I…I hope it was helpful.
Yes, it was very helpful. Thank you.	
	You're welcome. There's …I don't know…

End of interview.

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
Okay. So it's February 26 and this is the interview of Dee. Please describe a case in which a child made significant progress in treatment.	
	Okay. There was uh…14-year-old female who was sexually abused by her father. She was taken from the father's house and placed in a foster care home.
Uh-huh.	
	Uh…as a matter of fact that was two times she was placed in a foster care home because that wasn't working well. Anyhow, I provided therapy for her …two times per week as was required. I used different intervention in which I did um…the crisis intervention therapy which I was the uh…focus on to help people who have sexual abuse problem.
Uh-huh.	
	So I tried to help her to see that she was not the one to be blamed for her problem. It was like a invasion of her privacy and …so therefore, she needs to not to feel guilty that she contradicted to her sexual abuse. And after working with her for quite some times, she really acknowledged the point that she realized that that was no …what she was not at fault and she didn't contribute to it. … she was…she was a person that was isolated…
Uh-huh.	
	…with John not (unintelligible) so what I did to help her open up, I would go to the program and that…(unintelligible) was (unintelligible) between…I think she was thir[teen]…14 to 15. I had to do play therapy with her because, you know, sometimes when you are (unintelligible), you are older.
Uh-huh.	
	You regress when certain things happen to you. So …I did play therapy with her, help her find some words, and kind of bring her into my world.
Uh-huh.	
	That she could realize that somebody love her and somebody care about her and because of that, she was eager to open up to me and explain the circumstances

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
	how she was feeling. …so we moved past that barrier where she would become less isolated. …she start loving herself. Uh…she take good care of her like so I'm not wanted to take care of her personal hygiene.
Uh-huh.	
	She come very …assertive were that was concerned. She wanted her hair to be done, uh…clothes to match, and she felt good about herself because she overcome the problem that …that she was not part of the…that abusive situation. …then I left the agency when I got promoted so I left the agency from that …job. She was still doing pretty well and …I don't know that she's still in the foster care home, but she was much more function and high-functioning and she was doing pretty well in school.
Right. How long did you work with her?	
	I think I worked with her like three to six months, if that long.
Okay. And was the abuse over a long period of time or just the one-time thing or…?	
	I think it was more than one time it was done. …I don't think it was a very long period of time, but I think the abuse was done more than once.
Okay.	
	Okay.
Tell me about your therapeutic approach that the client or intervention technique with this client.	
	My intervention technique was to …first improve on communication skill.
Uh-huh.	
	I uh…and then build up …self-esteem.
Uh-huh.	
	…let her feel self-worth that she has some values uh…and I know she has been traumatized.
Uh-huh.	

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
	And I know she has uh……gone through things that peers her age have not experienced. She should still love herself and …acknowledge the fact that she can move from the state where she was…
Uh-huh.	
	…to a higher level. And giving her that …assurance, she start looking for a world and…and…and…and move from that like you to a different area.
Right. Do you think you were consistent or inconsistent with your….?	
	Very inconsistent.
You were?	
	Very consistent.
Oh, very consistent.	
	Right.
Okay. Uh…describe symptoms and issues that were addressed in treatment.	
	Well, she was a little bit depressed. As a matter of fact, I think the doctor had given her Schizoaffective Disorder because sometime the…she, because of isolation, she would have night dreams and all those things. But, …after working with her for a while, I see that schizoaffective part of her was dimish…diminishing.
Uh-huh.	
	And …the depressive feeling that she was having because she start know taking care of herself. Um…feel that she has some self-worth and she can oh……be like any other normal person. So, that helps a lot.
Yeah. …discuss any cultural assessments, cultural issues in your assessment of this client, if there were any.	
	There were none.
None?	
	She was…I was African American. She was …Latino.
Uh-huh.	

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
	…she speak English. I didn't have any problem with her (unintelligible). So, not really a problem (unintelligible).
Good. Discuss if you considered risk and protective factors with this client.	
	Yes. She was safe.
Uh-huh.	
	…so…she never expressed any suicidal thoughts.
Uh-huh.	
	Uh…(unintelligible) because she knew what the consequences were even though she…a privacy was invaded so we never had that.
Okay. (Unintelligible) Tell me about the intervention and prevention techniques you utilized with this client.	
	Interventions, I said I used the cognitive therapy and I used um…positive reinforcement.
Okay.	
	That was before that, you know, push that you can do it.
Uh-huh.	
	…what else? …the intervention and what?
Prevention.	
	Prevention. Okay. The prevention I told her how she has to be careful because know that she was sexually abused, she's vulnerable because, you know, sometime when people are sexually abused, they feel that since she is somebody who's been invaded privacy, then they can run wild and be promiscuous.
Right.	
	So, I get with that…that promiscuous part if she had any.
Uh-huh.	
	And she never explained that uh…about her and I told her she has to be cautious and be witty in making a choice if she go to be attracted to the opposite sex, then she knows that there are time for it. She has to reach a certain age and…and understand them before she make a decision and um…pregnancy. She should

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
	prevent having…getting pregnant because sometime men are not responsible and she leave with that um… problem of taking care of her child…of a child wherein she herself is a child.
Uh-huh.	
	So she has to make some firm decision and put some boundaries there before she…she enter into any sexual relationship.
Right. Um…discuss if your work on this case included interactions with outside agencies.	
	If I work…uh…if I work with any other agencies?
When you were working with her, did you have contact with the schools or court?	
	Yeah. I have contact with the school, I have contact with DCF, (unintelligible). …I (unintelligible) every quarter (unintelligible) DC and F.
Uh-huh.	
	To see how she was progressing because, as a matter of fact, when she came there, DCF had different levels. We care for level three which is the worst. Level two, she was level two. And after working with her, they step her down from a level two to level one. So that mean our…our case was not that severe anymore.
Okay. Did you ever have to go to court or anything?	
	…not with her.
Okay. …what form of treatment do you feel was effective with her?	
	…the…the cognitive behavioral (unintelligible).
Okay. How do you know it was effective?	
	Because I see changes (unintelligible).
Changes? Okay. Talk about the training you've had that made you pay attention to developmental needs.	
	The training that I have is FIU.
FIU?	

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
	Yes, FIU, yes. We…we did some cognitive behavioral techniques especially in this psychodynamic uh…psychopathology course.
Uh-huh.	
	We had a wonderful teacher there (unintelligible). She makes us sweat a lot (laughs).
(Laughs)	
	And then, we had another teacher too. …then we did the evaluative research.
Uh-huh.	
	She too was very tough, but from that I gained…
Uh-huh.	
	…experience and…and that helps me a lot. And, plus with my reading and broaden my knowledge to get more information. Because, you know, in the school you're not getting it all, especially when you're studying for your boards. There is a lot of therapies out there, theories out there which you didn't cover in school because you can't do it all because every semester, things change.
Exactly. …discuss your understanding of developmental approaches.	
	Well, I understand my developmental approaches. I use Margaret Mahler…
Uh-huh.	
	…who did with the…the bond and the symbotic…sym…symbiotic um…bonding with the child. I did a Piaget. I did Erikson.
Uh-huh.	
	I did Freud who uh…who I really don't like Freud with his ego and…uh…id and ego and superego. I don't really see that it worked. There are some facts in it that you can use and I use that. so I mostly use…I use Kholberg too.
Uh-huh.	
	Because he tells about obedience versus punishment…
Right.	
	…which that really (unintelligible) to …a child when you dealing with that. So, I…I…I like those. I use Spitzer. Spitzer (unintelligible) analytic um…

Interview with Dee on 02-26-2008: Verbatim Transcript

Investigator	Dee
Uh-huh.	
	…depression that a child can develop if…if the…the bonding is not there. And especially my group, I can see that because the children…people who are bonded with their mom and get (unintelligible) nurturing, they are completely different from whose mom had poor parenting would never have (unintelligible) because you just…when I finished my session a while ago, the guy said his mom was not there for him. His mom was supportive financially, but there was no nurturing and because of that he went astray and he had three criminal activities…
Okay.	
	…behind his name. So that was (unintelligible). So that is very important, that nurturing and that loving care that you can give a child from the child and know that you are there and you are the mom. That makes a big difference in society. (Unintelligible) geared towards that. I think they should have more, especially from the poor socioeconomic uh…parents, especially single mom, I think they should have parenting skill, part of it free.
Uh-huh.	
	That would help change a whole lot of people, especially the African American going to jail because I can see because of the poor parenting that they experience they may end up in the prison system.
Right. No, I agree with you.	
	Yep.
Well, that's it for my questions. Do you want to add anything or…?	
	No.
Okay.	
	(Unintelligible) (laughs).
Thank you very much.	

End of interview.

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
Okay. March 3rd, this is the interview of Anna. Please discuss a case in which you feel the client made significant progress in treatment.	
	Okay. I had a 14-year-old girl who I had been working about three years. She was …sexually abused by her….first by her mom's boyfriend and after that, in foster care by the foster parent and …this is one of the case that I would like to talk to you about it.
Okay. And how old is she?	
	Fourteen.
Fourteen.	
	Right now she's 14.
Right now she is. How long have you worked with her?	
	Three years.
Three years? Okay.	
	yes
So she was also abused in the foster home?	
	Yes.
Oh my goodness. Okay.	
	Uh-huh.
All right. Um…tell me about your therapeutic approach with this client, the interventions and techniques with this client.	
	Most of the times, I did solution focus which is very helpful because of her age. …I (unintelligible).
Uh-huh.	
	(Unintelligible)…being a girl (laughs). So …the only one that I really can reach her is (unintelligible).
Okay.	
	Right?
Uh-huh. Why do you think you were either inconsistent or	

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
consistent with the application of this approach?	
	Uh…most of…of (unintelligible) because of her age. You know, because I used a lot of drawing and playing therapy and things with the younger kids, but she is a teen and she is, you know, to more cognitive, more things like, you know, I…I…I want to talk.
Right.	
	So we do talk therapy. (Unintelligible) That's why I use solution focus with her.
Okay. So you stick with that?	
	I stick with that.
Okay. That's good. Describe symptoms and issues that were addressed in treatment.	
	Okay. First uh…she had like a very um…open (unintelligible). She would, you know, show off very often. She would, you know, look for attention for any age younger, older (unintelligible).
Uh-huh.	
	And she always was shaking her body and butt and everything and didn't (unintelligible).
Uh-huh.	
	But, that was one of the things that, you know, we always worked on her. We…and according to (unintelligible) you know, her staff and people she had (unintelligible).
Uh-huh.	
	(Unintelligible) So, that was one of the most …also anger.
Anger?	
	Uh-huh. She is uh…anger young girl. And sometimes you never get through. So, that was the time that I was trying to, you know, be (unintelligible). I couldn't take it. Sometimes she wanted to be reached, sometimes she doesn't so um…I…I had times that I could not see her for one month because I come there and she didn't want to talk. She was angry. She would turn her back on me and things like that. So, I discussed with her caseworker, case manager there and, you know, I

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
	think I have to refer her to another person because it's not working. But then she asked me to stay because there was an adoption, you know, issues I mean that she was having to work with that. (Unintelligible) when she became, you know, connected with me again. So, I still working with her, but there were a lot of times that anger (unintelligible).
Okay. Discuss cultural issues in your assessment of this client.	
	Okay. She is an African American girl and …and, you know, from another culture. (Unintelligible) At the beginning we did discuss, we did, you know, I ask of her (unintelligible) and she feel comfortable with me. She did. So, you know, at the moment, I just …worked with her, you know, I'm an African American woman. Nothing like a specific (unintelligible), you know, background like that. She does uh…have some…some issues about…about, you know, uh…(unintelligible) with peers and some of them are white and (unintelligible) and this and that so finally this comes out in therapy. We discuss and we talk about, you know, the…the world and how people different are and that inside everybody's the same so that's how I dealt with culture with this client. I think we (unintelligible). And a new girl comes into the house and she gets a little jealous (laughs).
Oh. Okay.	
	Okay?
Discuss if you considered risk and protective factors with this client.	
	Uh…sometimes I think there's a little risk of aggression, you know, when she gets really angry and she (unintelligible). And sometimes she states that, you know, she's gonna run away. So, …but when this happens, she discuss with the staff and I try to see, you know, most of the time (unintelligible). And you know what I found out most of the times is related to bio family because the parents are, you know, they lost totally custody (unintelligible).

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	**Anna**
Termination?	
	Yeah, termination. And she does not…does not accept it.
No?	
	She wants to see her mom. She wants to have contact with her. She wants this, she wants that so if a person says a word, the word *mom*, the word *your mother* or something, it (unintelligible).
Uh-huh.	
	So, I…I have concerns about her safety when frustration (unintelligible).
Are the parents living nearby or…?	
	No, in Fort Lauderdale and she is living in Coconut Creek. But, uh...she has the sister who, you know, (unintelligible). They don't have contact, but she's (unintelligible).
Oh.	
	And she does have all the (unintelligible) in the same place.
Different houses? Uh-huh.	
	(Unintelligible)
Were they sexually abused as well?	
	I don't write this down.
So, you don't know.	
	(Unintelligible)
Okay.	
	(Unintelligible)
Okay. Tell me…tell me about the intervention and prevention techniques utilized with this client.	
	…I (unintelligible). You know, the jealousy of him. So, we do a role play and I pretend I'm, you know, her friend that she has (unintelligible) and, you know, she just, you know, uh…talking about how they have (unintelligible).

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
Uh-huh.	
	And um…most of the time (unintelligible) I let her talk (unintelligible). …if there are other ways she could (unintelligible) not being so upset or what she could do also to relax herself and…
Uh-huh.	
	So, but for most of the time (unintelligible). You know, sometimes uh…(unintelligible).
Uh-huh.	
	And all the kinds of stories that we can talk about. You know, something, you know like in a family of (unintelligible). You know, and it's…she's very easy to jump in and talk about herself and we talk and, you know, (unintelligible). So, I also used that with her, you know, …to be able to reach her.
Okay.	
	Role play, stories (unintelligible). It's unique because it's simple and (unintelligible) everything you…you would need to know about (unintelligible). I follow it step by step. (Laughs)
(Laughs) (Unintelligible) Okay. Um…discuss if your work on this case if you included any interactions with outside agencies.	
	Uh…she has DCF, Childnet (unintelligible). You know, (unintelligible). And she also had the school. So I think she (unintelligible). School is a little, you know, hard to uh…(unintelligible). So, I just went a few times and we have the SOS staff people.
Okay.	
	And case manager which I (unintelligible).
Okay. Do you ever go to court or anything?	
	Not for her.
Okay. Um…what form of treatment do you feel was effective?	
	Uh…it's more friendly and less aggressive.
Uh-huh.	
	You know, with her I have to be really friendly.
Uh-huh.	

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
	Being nice and being, you know, oh tell me about, you know, your crush, your crushes on the boys and so then actually I connect with her, I'm able to work with her in a difficult setting. I just go and say, you know, how you feeling today or it doesn't work.
Okay.	
	(Unintelligible) It has to be more (unintelligible) friendly than, you know, (unintelligible). …that's how I do it.
Okay.	
	Okay?
Talk about the training you've had that made you pay attention to developmental needs.	
	…in my internship, I've worked …with a lady that she uh…has a (unintelligible) on …uh…disorders, you know, …you can evaluate all kinds of personality disorders and this lady, she always, you know, …call uh…teach us. She taught us, you know, the development stages and which stages, you know, it's really hard for a…a child to go through if, you know, if (unintelligible). So, …I remember a lot of training with this uh…this lady who (unintelligible). I did my internship and I still (laughs) and I thank her every week. And also at the center we worked a lot on (unintelligible). …we (unintelligible).
Uh-huh.	
	So, this also helped us with the age considered 2 to 12. But uh…with the teens uh…still, you know, in a (unintelligible) knowledge. So, I'm looking for that (laughs).
(Laughs).	
	And that's why you (unintelligible).
No, just what you…what you know.	
	Okay. Yeah.
What you've had…	
	(Unintelligible), you find a lot of things, but for the teens it's…it's not so easy to find (unintelligible).
Uh-huh.	
	(Unintelligible)

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	**Anna**
(Unintelligible)	
	That would be good (laughs). (Unintelligible)
Okay. Discuss your understanding of these approaches, developmental approaches. Which you did touch a little bit on	
	Yeah. I understand that, you know, as early as, you know, they started (unintelligible). So, but it's also (unintelligible).
Okay.	
	(Unintelligible)
Right. Early intervention.	
	And early intervention also is better for them (laughs).
Exactly. …it's not like my questions on here, but some of the things that I've been noticing in the interviews and I was gonna start asking the therapists now that I've…I interviewed and see the same thing, but there seems to be a…a theme that consistency either with uh…the therapist or a support person in the family makes a difference in the…the progress and treatment and actually empowering them and that kind of thing. Did you find that to be the case on this?	
	Yes I did. Especially like (unintelligible) this young girl, you know. …even though she's uh…anger, she is very angry, but…and I told her that (unintelligible) that, you know, she will have to have the therapy anyway because it's uh…I'm not supportive (unintelligible). So, that's when she, you know, stepped back and she said okay no, if I need to talk to somebody, I want to have you. And so, you know, she…she recorded it in words that, you know, that it's…it's been good even though, you know, sometimes you don't want to talk about things. You know, there are some days when you just want to forget about everything, but um…but, you know, this

Interview of Anna on 03-03-2008: Verbatim Transcript

Investigator	Anna
	case particularly, you know, it's good if they have somebody and supports too.
Right.	
	You see young girl and know she has the support of this (unintelligible).
Right.	
	(Unintelligible)
Exactly. Do you feel the consistency of the approach as well?	
	Yeah.
Okay.	
	Because see now uh…if I…if I go in different directions, I…I…I've tried it. You know, I've tried it and it didn't work that much, you know.
Right.	
	So, I…that's why I use the (unintelligible) and she is able to respond well. And she was able to talk about her (unintelligible) her anger, you know.
Yeah.	
	(Unintelligible)
That's all for my questions if you want to add anything that you think might be helpful or…	
	No, nothing. (Unintelligible).
Okay.	
	(Unintelligible) (Laughs)
Yes, you have.	
	Okay.
Thank you.	
	You're very welcome.

End of interview.

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
Okay. It's March 18th and this is the interview of Melanie. Discuss a case in which you feel the client made significant progress in treatment.	
	This case involved a teenage girl who initially presented with mmm…cutting behaviors, other self-destructive behaviors as a result of her um…mmm…chronic and severe substance abuse uh…sexual abuse history and um…at the close of her treatment, she …had stopped the self-injurious behaviors and was presenting uh…stable in the foster home and school settings.
Okay. Now how old was she?	
	I'm going to say she was 14 at the beginning of treatment.
And how many years was she sexually abused and by who? You know.	
	She was sexually abused by her biological father for …six years.
Okay. And you worked with her how long?	
	About two years.
Two years. Okay. Tell me about your ther…therapeutic approach that defined your intervention technique with this client.	
	Well, the first um…phase of treatment was relational.
Uh-huh.	
	Basically establishing trust and a relationship with her because of her age and because she had a negative uh…perspective of women.
Uh-huh.	
	Her mother was not protective of her. So that took some time and then we started …working on her…her view or perspective of the situation itself.
Uh-huh.	
	Identifying …areas that would be considered mmm…lies that she had been telling herself.

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
Uh-huh.	
	Like …differentiating between truth or between fact and fiction, between reality and…and fantasy. Just …basically helping her to …focus on what had really happened and why. So, areas also would be to, you know, work through the negative feelings of guilt, anger, all of the things. Put them into their proper perspective and that's my…I had written down that I do reframing all the time.
Uh-huh.	
	That's what I do as I always am looking for ways to help the client to look at their situation in a healthier way so that they can, you know, make progress.
Uh-huh.	
	Toward feeling…
(Unintelligible)	
	Uh-huh.
Okay.	
	Yeah.
Okay. (Clears throat) Why do you think you were either inconsistent or consistent with your application of this approach?	
	Well, I'm sure I was consistent with it because it's my primary means of…of uh…providing intervention.
Uh-huh.	
	And …and I find it to be the most effective for me personally. So, I feel like I used it consistently throughout.
Okay. Describe symptoms and issues that were addressed in treatment.	
	Okay. Well, the symptoms were the cutting. …there were symptoms of…I had mentioned before there was a lot of …you know, taking responsibility for the situation so there was a lot of guilt. There were feelings of abandonment because her mother wasn't protecting her. There was a lot of anger because …and…and …helplessness because her father was …a very prominent uh…person in the church and so she felt like she couldn't reach out for help.

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
Uh-huh.	
	…so there was um…you know, anger. …(pause) and there…then there was feelings of …denial sometimes, you know, just trying. And…and then, of course, she was always …she was always internalizing.
Uh-huh.	
	Which is why she was hurting herself. You know, she just…she wasn't able to verbalize. When she tried, she was in trouble with her mother and so those were the primary symptoms.
Okay.	
	That we worked on.
Discuss cultural issues in your assessment of this client, if there were any.	
	Well, the one that I mentioned which is the church family.
Uh.huh.	
	Uh…her culture was that her father was this prominent figure in the church and her mother was well-known too. So this was her environment and this put, you know, additional pressure on her and also added to the sense of confusion and guilt that she had.
Uh-huh.	
	Because her father was basically a hypocrite.
Right.	
	So, she had to deal with the…with the cultural influences of uh…the religious aspect of the situation. …other cultural issues…she came from a well …middle-class to probably lower-upper…upper class uh…white family which would be typ…you know, typically if you were to look at the family, you would not think that this would be going on.
Uh-huh.	
	So she had that pressure on her as well. …other cultural influences (pause) I guess that would be the two primary ones. I can't think of any.
Okay. Discuss if you considered risk and protective factors with this client.	

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
	If I discussed risk?
Discussed if you considered them – risk and protective factors.	
	Risk and protective factors. Can you tell me what that means exactly?
Or a risk factor would be family history, substance abuse, poverty. Those are all risk factors.	
	Uh-huh.
Protective factor would be a supportive person in her life.	
	And…and you want to know if I considered those things?
Uh-huh.	
	Yeah. Um…when…when I would first begin to work with a client…
Uh-huh.	
	…you know, we do like an initial assessment.
Uh-huh.	
	And then we look at those factors to see how we can best approach the client and meet their needs.
Okay. Tell me about the intervention or prevention techniques utilized with this client.	
	Well, …I guess…I think I've touched on these a little bit.
Uh-huh.	
	But…but basically, relationship.
Okay.	
	Trust. Establishing trust because with a teenager, you absolutely have to do that.
Right.	
	Otherwise, you can…nothing is…you're not going to have any progress if…if teenager isn't being honest with you and doesn't feel comfortable talking to you so that has to be priority. And then the teenage mind (chuckles) is …an interesting …thing within itself.
Uh-huh.	
	Because you have to know how to approach the teenage mind which is why with…when I was talking about reframing, you have to help that teenager to

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
	look at things in a different perspective.
Right.	
	They're going to tend to look at things in one way and they're going to look at them usually um…in a very closed way.
Uh-huh.	
	They only see things, you know, a couple steps ahead of them (chuckles) instead of the whole picture. And that's actually not just teenagers, but teenagers are more apt to do that. And um…they're also more apt to take the blame and, you know, put things on themselves. So, helping the client to see things in a different perspective to open up new ideas and thoughts that they've never even considered…
Uh-huh.	
	…because they grow up in their home and they learn things a certain way. And this child learned that if she talks about the abuse, she is made to feel bad.
Uh-huh.	
	So, now she has to experience that when she talks about the abuse, she…it's a positive. So, she's…she's learning.
Right.	
	She's learning new um…responses, you know, to her thoughts and…and ideas and feelings. So, just basically putting everything in a new perspective for her and then …we also…the other technique was …establishing a support. Like, one thing that I always try to do, I'm not always going to be there. At some point, I will be stepping out of the picture.
Right.	
	So, while we're doing therapy, we're trying to establish something that she can do after I'm gone whether it just help her to…to support her. So, we're trying to hook her into a group…in…in her particular case, she actually, even though she grew up in the church and had a bad experience with her parent, she actually had a love for the church...
Uh-huh.	
	…and for the youth group and so on. So, we got her very actively involved in her youth group and she

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
	discovered that she could sing and she started to sing in their youth choir and she started to have that as an outlet and that was like her new support network. And then …the other thing that we learned was journal…and she learned journaling and she learned to talk about her feelings and express her feelings because, you know, she'd always been shut down. So, even after I would step out of the picture, she could still write about how she felt and she could write music and she could express how she was feeling. So, those were some of the primary ones.
Okay. …discuss in…if your work on this case included interactions with outside agencies.	
	…
Like schools, court…	
	Oh. Well, the school…actually… interestingly, she always did well in school.
Uh-huh.	
	So, I didn't have to intervene in the school like you typically do.
Uh-huh.	
	So, although I would go into the school, I didn't regularly.
Did she have a child advocate?	
	…I didn't…I wasn't involved in court with this case.
Okay.	
	…not really.
Okay.	
	Uh-uh.
Okay.	
	Okay.
What form of treatment do you feel was effective for her?	
	…I think that the…that she really started to blossom when she found outlets. …so, when she found outlets to um…express herself. So, I would say the journaling and the…the writing music.
Okay.	
	That's when she made the biggest strides which was at the end of the therapy.

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
Okay. How do you know it was effective?	
	She stopped her cutting behaviors. She stopped talking negatively about herself.
Okay.	
	She actually got to the point where she forgave her father which was huge.
Uh-huh.	
	And her mother. And she started visiting with her mother. She wasn't allowed contact with her father, but she started visiting and starting to have a relationship. She actually was able to look at her situation and realize that even though her mother treated her poorly, she wanted to have a relationship with her.
(Unintelligible)	
	Which is huge. (Chuckles) You know. She was a very mature young lady. When we…when everything was said and done, she was…and I actually…I actually ran into her about four months ago at the Children's Network and she was there applying for a job.
Wow.	
	Uh-huh. I looked at her…I'm like…'cause I…
Did she remember you?	
	Oh yeah. (Chuckles) Oh yeah. 'Cause I saw her like…she was TBOS so I saw her like three times a week.
Wow.	
	You know, it was one of those deals.
You were in there a lot.	
	Yeah.
Okay. Um…talk about the training you had that pay…made you pay attention to developmental needs.	
	Well, …of course, I had the basic human growth and development courses for my Master's and my license that are required.
Uh-huh.	
	So, I had uh…those. And …as far as…did you say

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
	educational or training?
Training.	
	And then I've also had …a lot of training …just working with children and…and adolescents.
Uh-huh.	So, seeing firsthand the different developmental stages and how they impact the kids emotionally and behaviorally because there really is a lot to that.
Right.	
	And they're not underestimate that.
That would be the next question is to discuss your understanding of these approaches and developmental approaches.	
	Well, I do believe that …you know, as far as a lot of the different theories, I think that the developmental theories have …are well-substantiated.
Uh-huh.	
	And I think that when you have an understanding of what the child or the teenager can grasp or how they can interact or how they can relate to their surroundings or, you know, all of these things. When you have an understanding of that, I…I do think that it helps you as a counselor.
Uh-huh.	
	Because there are certain things that it…it……I call it uh…emotional insight.
Uh-huh.	
	There is definitely something to emotional insight and if the child…and…and you can have a younger child that…that may have …excellent emotional insight and you can also have an older child that doesn't. So, it's not across the board, but when you can uh…talk to the child and you can …determine where they are developmentally…
Uh-huh.	
	…it can give you a very big advantage. You know where they're at. Do you need to go with a more, you know, just um…if you do this behavior, this is your consequence approach?
Uh-huh.	

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
	Because they have poor emotional insight? Or, can you actually sit and have a very in-depth conversation with them and help them to see. And this particular client that I talked about today, she had very good emotional insight. You probably picked up on that.
Yeah.	
	She was an exception which is why I (unintelligible). She's an exception to the rule. Her ability to heal and progress and forgive…
Uh-huh.	
	…is extraordinary.
Yeah.	
	As far as from my personal experience. So …so yes, it's important to understand where the…the…the client is developmentally. That definitely is significant and …of course, the farther along they are, I think the more benefit they will…
Uh-huh.	
	…have from therapy. And the truth is, is that there are some kids that are not going to benefit greatly…
Uh-huh.	
	…from a therapeutic approach. They're just not. They need, like I said, just the, you know, the black and white. You do this, this is what happens to you. (Laughs)
Right.	
	You know? So, the therapeutic approach isn't for everybody.
They need something really concrete.	
	Uh-huh.
Okay.	
	Absolutely. And is that good enough for you?
Yeah.	
	Okay.
One of the things that um…I've been noticing in all the interviews in order to bring back to all the	

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	Melanie
therapists is there seems to be a theme where consistency and empowering the client either consistency of a support person or the therapist being there on a regular basis or the approach or all the above, what do you see? Do you…do you find that with this client? Did you think the consistency in helping to empower her helped her or…?	
	Well, I mean you're talking about the stability of a therapist?
Either the therapist or a support person…	
	Oh.
…or utilizing a specific approach.	
	Uh-huh. Yeah, I mean I think that the primary way that kids heal…
Uh-huh.	
	…is from the relationship.
Okay.	
	So, the support.
Okay.	
	The relationship. So, that's why once you establish that relationship and you step out of the picture and you were talking about support, that's why you have to give them something to move toward once you're out of the picture.
Uh-huh.	
	…because…
For the consistency…	
	…they need ongoing support. Yeah. And the consistency of me…well, you know, …there's a fine line there…
Uh-huh.	
	…because your…your role is gonna be temporary.
Right.	
	So, the whole time that you're providing support, at the same time you have to be teaching them and helping them to find their own way…

Interview of Melanie on 03-18-2008: Verbatim Transcript

Investigator	**Melanie**
(Unintelligible)	
	...once…yeah once you're gone. I mean that…
Right.	
	…that is important which is, you know. And that's my big thing is always support, you know. Trying to plug 'em into some kind of a network or something so it maybe it's like a youth…or they have …they have a lot of these youth programs…
Uh-huh.	
	…you know. And the teenagers like those.
Yeah, they do.	
	Typically, they really do so if you…if you send them that way, you know, they need like positive experiences around them.
Right.	
	And um…if they have the potential to get better, they'll involve themselves in positive activities and that's usually a big help to them.
That's it for my questions unless you want to add anything else.	
	No.
Okay.	
	I'm good.
Thank you.	
	You're very welcome.

End of interview.

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
Okay. It's March 18th and this is the interview of Hannah. Discuss a case in which you feel the client made significant progress in treatment.	
	Well, I had a girl who was, when I first saw her, was uh…14 years old.
Uh-huh.	
	When she was released and stepped down to regular foster care, she was…was about 15½. I…I specifically worked with her probably for about 7…7½ months. She had denied any sexual abuse.
Uh-huh.	
	So it was not on her initial, you know, formal treatment plan. However, an incident occurred that I will not go in to…
Uh-huh.	
	…but, uh…in…in the home relating to a uh…(pause) I…I don't know if…I don't want to say too much, but…but an incident did occur in the home that did up…upset her.
Okay.	
	We'll just leave it at that and won't go any further.
Uh-huh.	
	And it took about seven or eight days and she wanted me to come out onto the porch and it has just made her think about things. And while we were sitting there on the porch, she had never uh…disclosed this before, but told me that she definitely had been sexually abused by her father, her biological father.
Okay.	
	Uh…she told me it had been…it had occurred a…about three times…
Uh-huh.	
	…over the period before she was removed. Uh…she'd been in foster care a while so she was saying during…during the ages of maybe …11 to 12½ or 13 that it had occurred three times and he would actually lock her and her mother up in a closet. She had never uh…disclosed it like I said. And then later,

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
	it…she disclosed to another foster child that uh…her brother had actually sexually abused her. So this was actually at a time that she was about to be stepped down because she had, you know, seen a lot of improvement, but what I was working on with this girl is she was uh…very depressed…
Uh-huh.	
	…very quiet. Uh…you know, had…when asked about sexual abuse, she would deny it, say that she did uh…succumb to verbal and physical abuse. So, you know, like I say, we never went there, but we did have 2, 2½, or 3 months that, you know, we did discuss it and she said that, you know, what helped her the most was getting it out in the open.
Uh-huh.	
	Actually telling her, you know, telling me relating nearly verbatim exactly what happened and what had helped her before she disclosed it was a good close-knit foster home…
Okay.	
	…that she felt…she felt safe, she felt comfortable, big celebration of holidays, you know.
Normalcy.	
	Normal things, you know.
Yeah.	
	It felt like one of their…their children were older.
Uh-huh.	
	But in the…but felt like one of the family. So that…her self-esteem had been horribly low.
Uh-huh.	
	And so her self…that's why they were going to…to actually drop her down to regular foster care. She was improving, her grades were improving, …she was at the VOTEC doing wonderfully.
Uh-huh.	
	And uh…and this just was this last six, eight weeks, she just even bounced out more because I think this that she had been holdin', you know, improvin' in spite of.
Right.	
	I think by disclosing it and being accepted by it and

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
	nobody judging her and she realized that and…
Uh-huh.	
	…realized…I don't know that she ever really is one of those that think it is their fault, but maybe thinks she shouldn't have hidden it. She should have gone to a teacher when that happened.
Right.	
	And not let two or three years pass. So, I mean she's really who knows later in life, but she's really a success story because she was thriving in spite of it with a good home setting, but then once that was out and she freely talked with…with the therapist, with the foster, you know, with the other foster child, uh…the last I saw her (unintelligible), she was just really doing quite well.
That's great. Okay. Tell me about your thera…therapeutic approach that defines your intervention technique with this client.	
	Well, I think mostly with her, it was, you know, you didn't have to badger anything out of her. Once she started talking about it, she wanted to talk about it.
Uh-huh.	
	So it wasn't like I knew from paperwork she had been sexually abused and I thought it would be very positive for her to…that…it was a different situation. And once she trusted me enough, first thing I'm one of these Carl Rogers people, old-fashioned maybe, of trust and rapport…
Uh-huh.	
	…before I do any cognitive behavioral therapy. So, you know, we had had good trust, good rapport all the relationship of the sessions. And, you know, I'm the one that…that she chose to tell this to. So, my part was easy then and it was totally talk therapy.
Okay.	
	And letting her talk and discuss and, of course, you know, I would…I would add that, you know, you…you know that time has passed now, you know, yes you probably should have reported it to help your own psyche, but you didn't...

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
Uh-huh.	
	…and we're here in…here in the now. So, you know, there was no magic pill. She was glad to discuss it and it was just totally uh…talk therapy with her. Yeah.
Sounds like it made your job a lot easier.	
	A lot easier.
Okay. Why do you think you were inconsistent or consistent with your application of this approach?	
	Well, with this approach, you know, I think I was as…as consistent as I could be because I was not digging for something. So this is real…was easy for me and I'm not trained in sexual abuse. So it…it's…it's peaked my interest to learn more.
Right.	
	Because I started lucky I guess, you know…
Uh-huh.	
	…it was handed to me. But once I knew…I felt like there could have been an existing problem. My shock was that it was the bio father.
Uh-huh.	
	I had suspicions of the brother.
Oh. Okay.	
	But I didn't want to offend with it being the brother and she always denied any sexual abuse of any sort.
Uh-huh.	
	Uh…so I feel like I was rather consistent. I didn't keep beating that drum and then when she was ready to tell me uh…both, you know, it came out about both individuals and then, you know, she kinda took the fall and I was there to…to be by her side. And then she even wanted to go into the house and share it with the family that had loved her. So I feel like I was consistent. Now, if I hadn't had it so easy, I can't say that (chuckles) there might have been some inconsistencies.
(Chuckles) Okay. Alright. Uh…let's see. Describe symptoms and issues that were addressed in	

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
treatment. You touched on it, but…	
	Yeah. I, you know, I even asked her, you know, she was talking about, you know, the guilt she felt was that she didn't bring it up or go to a school counselor. And…and I did ask her why.
Uh-huh.	
	And…and she brought up that, you know, she was…she really felt that the mother would…would tell the father, that the mother would not be on her side. So, you know, we talked about guilt. We talked about trust and who to trust.
Uh-huh.	
	And uh…so that…I'm just trying to think if there was anything…the other issues 'cause I knew she, you know, would probably have some guilt with the depression. There had to have been the guilt.
Right.	
	But I don't think it was…it was so much at all that she felt she brought it on herself because, I mean, you treat her horrible, you know. It was that the delay in…in notifying someone.
Plus she should have spoke up sooner.	
	Uh-huh.
Okay. Discuss cultural issues in your assessment of this client if there were any.	
	Well, you know, there really uh…were not any cultural issues with her whatsoever.
Okay. Discuss if you considered risk and protective factors with this client.	
	You know, I did. I…I even asked at this point in time if she went out into, you know, regular foster care. That's a good question for her uh…because going back to foster care, I…I will need to be assured that when she went to an opposite coast from my own…
Uh-huh.	
	…that she was not…not necessarily the father who was out of the picture because he was out of the state,

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
	but…and then the mother was in prison and who knows. The father might have been too. His whereabouts was unknown. My issue was the biological brother…
Uh-huh.	
	…that it had come out that she'd also been forced into sexual relations with him. My problem was where was he? And I had heard that, you know, possibly a group home setting. And I did want to make certain with the people on that coast and the agency that in no way form would even the foster home be in close proximity of where her brother…'cause they had been very close…
Uh-huh.	
	…but just a little over a year apart in age, of where her brother would be located.
Yeah. So that's (unintelligible).	
	That was my main concern and I did follow up on that.
Okay. Um…discuss about your intervention prevention techniques utilized with this client.	
	(Pause) Well, tell me a little bit more of what…
Did you do like journaling or anything like that?	
	Oh, we did. Uh…as a matter of fact, even though she was as old as she was, uh…she loved to draw.
Uh-huh.	
	And she did do some art therapy. It was sort of abstract from the issue, but loved to journal. Matter of fact, I bought her a journal as a kind of a going away gift. So, what was great for her was being able to tell the other foster girl that she was, you know, living with um…tell the parents, the foster parent and the…and the foster dad. And then, she loved to draw which I think just more eased her than anything. But I think the therapeutic point was uh…she loved to uh…to journal.
Yeah. Okay. This is typical with these kids I'm finding. Yeah.	
	Uh-huh.

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
Discuss if your work on this case included interactions with outside agencies.	
	Well, it…it did in the sense that uh…you know, of course, I, you know, of course I was real close in working with her foster. She had a courtesy because it was the other coast. Of course, with the agency that she had come from across the state. But then I did follow up with that agency and their placement…
Uh-huh.	
	…to make sure again, you know, that she…like I mentioned before, was not in any proximity. It's a small town and she was going back to that area.
Wow.	
	And I wanted to make sure there was no proximity and kept in touch with them for uh…several months and the guardian ad litem.
Okay.	
	To make sure.
What about school?	
	Uh…at the time, they were having a difficult time really getting her into a school and she wanted to go where uh…culinary arts and a VOTEC was offered. So, I did not uh…keep, you know, in touch with the school, but from her guardian ad litem I did mention so strongly that she was just superb in…
Uh-huh.	
	…culinary arts. So, through her caseworker and her guardian ad litem, I had my recommendations about the school she needed to go to. But, you know, she was gone then discharged from me once they got her in a school which I understand was appropriate for her. I never talked with the new school.
Okay. …what form of treatment do you feel was effective with her and how do you know it was effective?	
	Well, with her, basically, I started out, you know, like I say with just, you know, the good old Carl Rogers trust and rapport. And with her, that was, you know, it took a while because she was very quiet, very inward

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
	to herself.
Uh-huh.	
	Depressive Disorder, low self-esteem. Uh…I wanted her to trust me first. Never forced her to talk. And uh…you know, we…we talked about school issues, we talked about getting her in social programs. She got very interested, like I say, in the VOTEC. Very interested working with the DARE program, uh…volunteering at a nursing home. And all of a sudden, it just seemed like her self-esteem just started, you know, blossoming.
Uh-huh.	
	So we used different cognitive behavioral strategies uh…regarding…she did have…she wasn't impulsive, but, you know, she had pent-up anger issues. So we did work through her anger and worked through her depression. And then she got to the point to where she felt like, you know, through…through talk therapy, art therapy, journaling that she could disclose the sexual abuse. But I think through cognitive behavioral approaches, we…we…I say we…I had well the whole unit, the foster parents and myself, had to get her to have some self-esteem and believe in herself.
Uh-huh.	
	And I don't know that she would have ever mentioned this even when something occurred that…close to her that upset her if she hadn't have been more right with herself, with her self-esteem, no longer being depressed. To quote her, she told me one day before she was about to leave, she said, "I'm awesome."
(Chuckles)	
	And I said yes you are. And that was very, very different from the depressed, inward, you know, girl I had seen.
Yeah. You don't hear that that much.	
	You do not. You do not.
Okay. Talk about the training you've had that paid…made you pay attention to developmental needs and then discuss your	

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
understanding of those…those approaches.	
	The trainings I've had I'm…I'm trying to think. Uh…well I have, you know, I have been to seminars and trainings on…on cognitive behavioral…
Uh-huh.	
	…approaches because that seems to be what works the best. Uh…I have also…I know a little bit about…she was too young for play therapy, but for art therapy. So I have been to self-esteem, two or three courses on self-esteem, uh…time management, stress management. And I try to not necessarily time management, but the self-esteem and stress management I try to tie in. I've been to oppositional defiant children. She was not really oppositional defiant.
Uh-huh.	
	But in that, the…the anger management strategies and techniques. And she would, you know, become really angry. Not daily, maybe not weekly, but it would be big blowups when she was pushed. Maybe once or twice a month.
Did you have any training in developmental um…training?	
	You know, other than graduate school…
That's it.	
	…uh…I did in graduate school (unintelligible) and the stages and the…and developmental training that…but it was all in graduate school, not since I've been out.
Which is required for us.	
	Uh-huh.
Okay. Alright. So those…that's it for my questions, but I wanted to talk to you about some of the things that we've been seeing through these interviews is that either the consistency of...of support person or specific um…approach or the therapist being there on an ongoing basis or just empowering the client or all of	

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	Hannah
them play a part in the way the client moves through treatment. Given on what you've said on this case, do you think that applies?	
	Yes. I think the large…I think what weighed very, very large in this case were the foster parents themselves.
Okay.	
	I think that was the major…I'd love to take credit for all this, but uh…and it was me she did come to and not the foster parent, but nevertheless, I think the credit goes strongly to that home…
Uh-huh.	
	…with a comfortable setting of always defending her if she was correct.
Okay.	
	If things would happen at school or whatever. Sometimes she would in her past home, she wouldn't even speak up because she would believe that foster parent wouldn't believe her.
Right.	
	But actually having the two parents and it doesn't necessarily have to be two, but it was in this case, stand behind her when she was correct, correct her when she was wrong, uh…be there for her, you know, kinda to push and…and nudge her along with me, the therapist, to get active, you know, in the community, socially at school.
	So I think it was real joint with the foster parents being number one. I think the foster parents and the therapist being there for her was…was the real, real thing that gave her the self-esteem and the trust to be open and, you know, kinda get rid of this cancer outside of (unintelligible).
And you didn't say the word, but is sounds like you…all of you empowered her to do things outside, to experience life and to grow.	
	I do feel we did.

Interview of Hannah on 03-18-2008: Verbatim Transcript

Investigator	**Hannah**
Yeah. So that…that's another thing that…	
	Yeah.
…that was seen. Okay. Well, then you just confirmed it. So…	
	(Laughs)
Thank you. But that's it for my questions unless you want to add something.	
	No. It was a, you know, it was a…a good case. It was an…an easy case, but again, you look at a, you know, getting that rapport and that trust and…and feeling that safety at home and feeling you belong. It's a…it…it's a lot more likely that that person will open up the truth and not a lie.
Right.	
	So it was a…it was a really good experience.
Great. Okay, thank you.	
	You're welcome.

End of interview.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	**Christina**
Okay. It's March 19th and this is the interview of Christina. Discuss a case in which you feel the client made significant progress in treatment.	
	Okay. I had …14 year…she was 14 when she came in, female Caucasian. …you need specific details…
Uh-huh.	
	…of…of the case?
Right.	
	Okay. …she was removed from the biological mother's custody for uh…allegations of sexual abuse and failure to protect. …and the allegations were against mom's paramour and there was another uh…male (unintelligible) also that was a friend of moms. Uh…this was a case where the abuse described was so significant that they terminated rights immediately. Mom didn't even get the case file. It was egregious abuse. Uh…the reason she actually came in was because mom had …when the abuse was disclosed by the child, mom took her to a friend who convinced the mother to pierce the child's labia and shave her head so that, you know, she would prevent the child from being sexually active. So obviously the focus was on the child (unintelligible) the people that abused her. …so the child was removed. She bounced around to like nine foster homes in a really short amount of time. …she was in a couple of uh…runaway shelters, group homes. Uh…then she was finally placed in uh…one of our homes in 2005 and she continues to stay there at this point. …and her sibling also (unintelligible). Uh…initially the main abuser started abusing her when she was like 11 years old.
Uh-huh.	
	…she had uh…he was married, had some of his own kids, probably in his 50's. …and also his mom's paramour, at some point, she became pregnant with his baby and lost the baby. So there's a whole (unintelligible). …the mom was arrested for (unintelligible) and the piercing and holding the child

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	down, shaving her head, all that. …and she was subsequently found not guilty actually when it was all said and done. …as far as the child goes, um…initially she romanticized the relationships with the abusers. Uh…one of the abusers was the son of a woman that helped pierce her labia and held her down (unintelligible). …he was in jail. I believe he plea bargained. (Unintelligible) also was in jail a plea bargain to testify against the mother. And the main abuser's actually still on the run.
Uh-huh.	
	Yeah. They don't know. I believe he's probably…I think he's probably (unintelligible). Uh…but initially she would romanticize these relationships. Even though she would talk about the...the man accused the older man uh…with like (unintelligible). She drank, try to strangle her. He used drugs in front of her. …that kind of thing. But, she…she did that initially. …you know, and DCF has been involved with the family on and off for years and years and years. Kids not going to school. …you know, (unintelligible) running around the park…trailer park where they lived, you know, no shoes, that kind of thing on and off. …family dynamic was basically it's not my fault (chuckles). You know, the big bad government took the kids from me, that kind of thing. No responsibility (unintelligible). The child was the same way.
Okay. Okay. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	Basically, initially, I had to be very careful and tread lightly because apparently she had rejected any kind of treatment, felt she had no issues, no problems. I was told that she probably wouldn't even talk to me. So initially it was just developing a rapport. We did, you know, a lot of like uh…play therapy which (unintelligible) most of the time was, you know, playing games or I tried to get her to draw. Uh…tried to get her to journal.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	You know, we would discuss some of that. So that was to build her self-esteem 'cause her self-esteem was pretty low. …then I developed with her to…the cognitive restructuring because she definitely had all or nothing…
Uh-huh.	
	…attitude. …you know, basically it was constant wording was, you know, *all of you pick on me all the time*, you know. I…but she couldn't give me specific situations.
Right.	
	You know. …and she had a lot of uh…skewed thinking patterns. I mean, she, you know, she'd dream about being a singer or an actress or…and she couldn't…she didn't have that talent. …and I think she knew it, but she was constantly set herself off.
Uh-huh.	
	…so she had a lot of issues with self-esteem, skewed thought patterns. So we tried to do a lot of cognitive restructuring, tried to do some behavior management uh…because a lot of the problem with her was she had a lot of trouble with authority. Mom never set any boundaries. So the teacher would tell her she needed to go to her seat and she'd shoot her mouth off and get in more and more trouble.
Uh-huh.	
	So we tried to figure out ways to stop her from doing that. (Unintelligible) her biggest issue was to come out. She was a teenager um…and, of course, she would fight us every step of the way. Well, that won't work and that won't work. And I tried to get her to come up with her own solutions, you know. …at one point one of the solutions was put a rubber band on your wrist and…
Uh-huh.	
	…snap it if you need to, you know. Uh…but she always came up with an excuse to try not to…to change her behavior. She was comfortable. She was

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	in her comfort zone.
Uh-huh.	
	…she, you know, some days she would talk more freely with…when we did a lot of uh…play therapy. Like we'd play games. She seemed to be more at ease and we'd just start talking.
Uh-huh.	
	Sometimes I'd do worksheets with her and she would actually contribute with that. …occasionally role play. …that was a little difficult, but she actually would participate. …and she's gotten to the point…she had gotten to the point of admitting that what these men did to her was not right. It was inappropriate and she agreed they should be in jail.
Right.	
	Yeah. She did. She got to that point.
Why do you think you were either inconsistent or consistent with your application of the approach?	
	Uh…the foster mother had to work a lot together with her. But my thing with her was that you had to be extremely careful with how you approached things because if she felt like she was being threatened or her perception was that you were picking on her, she would shut down immediately.
Uh-huh.	
	And she would basically react like a three-year-old. I…I mean mom she was 14 with (unintelligible). I had seen her literally throw herself on the floor (unintelligible). And she did not feel that that was inappropriate. I would try to work with her on, you know, what's appropriate for your age and explain to her that she's needed to relearn a lot of coping skills. …so a lot of the time it seemed inconsistent, but we, you know, we…we pretty much…the foster mother and I, the only way we actually moved forward with her is if we called it tag team. We had to stick together and (unintelligible). She would try everything (unintelligible).
Uh-huh.	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	Fought us every step of the way. She would participate, but she would definitely use our manipulation in attention seeking.
Uh-huh.	
	Whether good or bad. But, we would definitely have to team up together to keep on track with her.
(Unintelligible).	
	Oh yeah. Yeah. She…she's very, very patient woman. Of all patients that I've gotten. Well no, I mean this…this isn't typical (unintelligible). She included her and the sibling in everything. They went on trips. She took 'em to California. Nothing was ever enough.
Uh-huh.	
	And these are children that never had anything. So, it's got to be kind of frustrating that, you know, nothing was ever enough. She even would take 'em every week to their church. She was Catholic. (Chuckles)
Go ahead.	
	She was Catholic and they were Baptist so she would actually drive them to their church on Wednesdays and Sundays for all their extra activities.
Uh-huh.	
	And she would go to her church.
(Unintelligible)	
	That's okay. She had a lot (unintelligible) and like I said, we did tread lightly for a while there to establish the rapport.
Uh-huh.	
	We wanted to shut down immediately what, you know, after a while, we kind of confronted her about it and said, you know, we've been trying to, you know, tread lightly here, but we really need to move forward. It's like she just wanted to stay where she was at and had no desire to move forward.
(Unintelligible) she respond right away or did it still take a while?	
	…she would…she would acknowledge things and then she would shut down. It was all on how she perceived it.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	But, you know, in the beginning, you know, mom didn't do anything wrong. It was everybody else's fault. The abusers weren't abusers. So by the time we got done, you know, mom made mistakes, mom didn't do what was right, you know. She set goals. She's like, when I'm a mom, you know, I'm…I'm not gonna be doing these kind of things. I know better. And, you know, she…she finally acknowledged that she didn't come from the best family and it was dysfunctional and there were a lot of issues…
Uh-huh.	
	You know. So she still loved her family, but she was able to finally acknowledge. She never wanted her mother to go to jail. She wanted her to be found guilty so that she could at least acknowledge responsibi…(unintelligible) responsibility and, so that the mother could…might be court ordered to counseling. Because my understanding is the mother is a victim of sexual abuse also and it was incestuous.
Uh-huh.	
	Apparently, it's a family thing from what I've been told.
Right.	
	I think it was (unintelligible) it was at the hands of her family members. So it's gone highly down the line. …
(Unintelligible)	
	Yeah, it has. And I think the reality set in with the mother when the mother basically (unintelligible) repressed and everything, but the mother, you know, allowed her attorney to badmouth my client and I had to, you know, immediately directed it towards, you know, the lawyer – he's a liar, he's this and I had to explain to her that the lawyer represents the mother and the mother tells him basically what he should and shouldn't say.
Uh-huh.	
	So basically this information's coming from your mom. And that was a rude awakening for her.
Right. Okay. Um…describe	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
symptoms and issues that were addressed in treatment.	
	Uh…well…the (unintelligible) definitely oppositional defiant, problems with authority figures, relationship issues. …low self-esteem, low self-image.
Uh-huh.	
	It was skewed self-image. You know, she was overweight, but she had a problem when the foster parent would tell her what was appropriate to wear and what wasn't. Like she picked the tightest things or she'd try…want to wear a bikini.
Right.	
	So it was like she'd set herself off (unintelligible). …even in school, she would get in trouble. She'd say the kids are picking on her. Come to find out, she was egging them on in the first place, you know.
	…she had some bizarre behaviors (unintelligible) she was in high school and all of a sudden, she would pull out a hairbrush and start brushing her hair in the middle of class or doing something else in the middle of class. It was just…it was just real bizarre behaviors here and there. …let me just try to address each one and try to address the, you know, interacting with adults.
Uh-huh.	
	…she had (unintelligible) with women than men 'cause the ROTC instructors were men and it didn't seem like she got into much trouble with them. But, women, female teachers, she definitely had some issues.
(Unintelligible)	
	Yeah. Yeah. I think so. …a woman, anybody who got close to her I think as she got closer to the foster mom and realized um…she would never (unintelligible), I think she pushed harder.
Uh-huh.	
	Probably to see if…if…if the foster mother is going to abandon her basically like the father did.
Right.	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	You know. (Unintelligible)
Uh.huh.	
	…so a lot of hers was, you know, behavior issues. Realistically addressing her relationship with biological family. …and that's what she did. I think her hygiene was okay. I know a lot of the kids have hygiene issues. …one of them was probably with…with chores and directives from the foster parent. …I'm trying to think what other specific (unintelligible). …she was also a follower. I believe they had a foster child there one time for like one night and the other child ran off and she ran away with her which she had never done before. Well, she…I take that back. When she was (unintelligible) placements, that's another thing. When she was in all these other places, she ran away. Like, she was in Fort Myers and she ran away and got to Naples. But, when she got into this home, she'd never done that except for that one time. …the other issue (unintelligible). Are you at a loss? Constantly, always had to have the last word.
Uh-huh.	
	Talked to her about that, tried to figure out what was driving her. I feel it's definitely (unintelligible) control.
Uh-huh.	
	But always, always had to have the last word. And that's usually what got her in trouble at school too. It got to the point where they were gonna staff her again for ESE, EH.
That's what they did?	
	They did initially. …the foster mom's an EH teacher so I think she kinda talked her down a little and said she'd work with her.
Uh-huh.	
	And so she, I guess, was able to deter that for a little while and it worked, but then it got to the point now where she was acting out on the bus and they'd have to pull the bus over. Things like that. …because of her behavior.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	Which took a lot of responsibility from her.
Of course not.	
	…and just…just bizarre behaviors that you would see in a grade-school child, not a high school kid.
Uh-huh.	
	So we explained to her that, you know, we (unintelligible) as much as we could and now, unfortunately, she's pretty much made these choices and there's nothing we could do at this point.
Right.	
	Because, you know, promises were made, the changes would happen, and even she made these, you know, changes since she (unintelligible). …she was like (unintelligible) I have my own plan and we're like, oh let's see what she does. Nothin' ever changed as far as her choices and behaviors.
Uh-huh.	
	You know. …I kinda felt sorry for her. (Chuckles) I really did. …
However, at some point she changed.	
	Well, she changed as far as she would grudgingly acknowledge that she made bad choices. She wouldn't voluntarily say that, but eventually she would acknowledge it, but then it would be the yeah I did go ahead and scream at the teacher, but.
Uh-huh.	
	It was always the but and, again it was always the last word thing with her, you know.
Describe any cultural aspects or issues in your assessment of this client.	
	This was Caucasian so…
There really weren't any.	
	Right.
Discuss if considered risk and protective factors with this client.	
	There's, oh yeah. Risk factors?
Uh-huh.	
	Yeah. We …she was watched very carefully.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	…obviously, through no fault of her own, you know, she was sexually active at a very young age so like the achievement plan actually did address boundary issues, particularly with males.
Uh-huh.	
	…when she did get her uh…boyfriend from (chuckles) the youth group, she was very upset with us because she felt like she should be able to go out alone, date this boy and, you know, she would try to pit me and the foster home against each other.
Uh-huh.	
	Very, very creatively, though.
(Chuckles)	
	You know, what do you think? How old…how old do you think uh…people should be when they should be allowed to date and go to the movies by themselves? And I knew…I knew she had already um…(unintelligible) (chuckles) and usually I was harsher than the foster parent. …so she went through that period of, you know, she just didn't understand. I tried to explain to her, you know, be…because you were exposed at such a young age, it doesn't take a whole lot for your body to react at this point and it's just…it's a safety issue as far as, you know, you may go too far and not want to. You may not realize it, you know, and it'd be too late. So we talked a lot about, you know, it's okay to be in group situations. I mean, even the foster had told me she'd had the boy come to the house. I mean, and that's, you know, boundaries are like (unintelligible) and she got to, you know, help.
Right.	
	And it was mostly her, not the boy. …(unintelligible) discuss the issue of her telling her story to just anybody. I mean, she would give us a hard time, but she would go ahead and (unintelligible) about anybody what had happened.
Uh-huh.	
	…and not realize that that had a backlash when, you know, her name was never mentioned in the paper, but it doesn't take much to put two and two together.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Right.	
	And we think that that's what led up to the breakup with the boyfriend 'cause the parents, I think, read it in the paper um…about this piercing case and this child was perceived in a very negative light like she was very promiscuous and the mom was at wits end and didn't know what else to do and that's why she did this. So, of course, if you're the parents of a teenage boy and you're aware of this young lady's history…
Right.	
	…you're thinkin' that you're, you know, your son's going out with this promiscuous girl. Of course, you're gonna end that pretty quick at this young age.
Right. Exactly.	
	So we think that's what led to it and…and she…she finally admitted that she felt that that was part of it too.
Uh-huh.	
	…you know, she would threaten sometimes to run away or she'd get so upset, she'd be like I…I want…I want to go (unintelligible) and I want…and I, you know, I have to talk her through it say okay, what would happen? What do you mean? What, you know, that kind of… She refused to take any medication and she definitely had a mood problem. She refused to take any meds. She won't take them. …and the mom has mental health issues.
Okay.	
	…we found that she was diagnosed (unintelligible) Bipolar Disorder. …she, you know, I would talk to her about these erratic things she wanted to do. (Unintelligible) if you run away, what's gonna happen?
Uh-huh.	
	You know, the police is gonna have to be called. You know, somebody could just pick you up and, you know, and I think times she would fight as far as boundaries. Why can't I go to the movies by myself? Why can't I go to the mall? It's like, you know what, as long as your foster mom's at the mall, if you're

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	with your friend and you…you can meet her at a certain time…
Uh-huh.	
	And she knows you can, that's okay, but these…these (unintelligible). These boundaries have to be set…
Right.	
	…to protect you because kids disappear left and right, you know. And we all, you know, and that's how we…we were able to try to reinforce the…why the foster mom would pick her up at church or whatever, she made her be on time. She was very passive aggressive.
Uh-huh.	
	She would come out five minutes late, ten minutes and it was on purpose.
Uh-huh.	
	And we tried to show her that so she can prove that she can be ready for school on time or, you know, at that age, they should be able to get on and get ready and get to the bus on time and it was constantly (unintelligible) she'd be late and she'd…the foster mom would have to take her to the bus stop (unintelligible). So we were trying to show her that she could get more privileges if she could just go ahead and accomplish (unintelligible).
Right.	
	But there was always an excuse. So it's…
Is it still an issue or is she…?	
	Some weeks yes, some weeks no. It's just…
Whatever her mood is, right?	
	Yeah. Whatever her mood is. Yeah. And again, she…we, you know, I'm sure the abuse started even younger, but if you look at the coping skills from (unintelligible) like, you know, other abuse and I'm sure she was neglected and everything else. The coping skills were consistent with probably a five- or five- or six-year-old.
Uh-huh.	
	She would um…have no qualms about getting into it with a (unintelligible). She got into it with uh…the foster mom's niece when they were on vacation who

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	was like five.
Uh-huh.	
	She's like 15 or 16 at that point. Or if she'd get extremely jealous of the foster parents' two-year-old grandkid. I mean, you know, it's very, you know, definitely coping skills that we have and we've tried to work…work with her on it. She'd swear up and down she wasn't jealous and she wasn't insecure and she had a hard time admitting these things.
Right. (Unintelligible) You had your work cut out for you.	
	Oh yeah.
Yeah. Okay. Tell me about the intervention prevention techniques utilized with this client.	
	Want to clarify that one for me (chuckles).
(Unintelligible) you've talked about it. You know, you did journaling, the art, play therapy, you know. …prevention techniques, you've set some sort of boundaries?	
	We talked about boundary issues. …a lot of her thing was people are picking on me, people are bullying me. So we talked about what you need to do. You need to go talk to an adult calmly. Yeah, I tried to get her to role play uh…you know, because I know for her to go talk to an adult was like, you know, if you're not listening to me, I'm gonna scream my head off and I'm like, you know, I tried to work with that. You need to call me girl without an attitude, 'cause there's always an attitude. And say look this is what's happening.
Uh-huh.	
	This is what's bothering me and go from there. Then you…then come to find out we were getting school reports that were saying that she was the one doing the bullying.
Right.	
	You know. And…and one of the issues that we had

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	that was effective, foster mom was a teacher and she…not the same school, but the teachers all knew her, she's a great teacher. …she's nominated for like the Golden (unintelligible). So we were (unintelligible) and we are very upset with that because what was happening was it was backfiring.
Uh-huh.	
	I mean, the kid gets the message on her (unintelligible) and guess what? I could pretty much do XYZ. It finally got to the point where it was like if any other child was bullying a kid or was disruptive (unintelligible) to the point where they had to stop the bus, what (unintelligible). That's like, oh we would have got suspended or expelled. So none of that was happening. It was not…it was not benefiting her.
Uh-huh.	
	And we finally told her this was gonna stop and I think she even talked to the school about it that she needs to have the consequences.
Uh-huh.	
	Like any other kid does.
Right.	
	…you know, and…and...I tried to talk to her (unintelligible) about telling her story, being careful who she told it to, …her motivation behind telling it.
Uh-huh.	
	So a lot of bad things are attention seeking. A lot of times with like the newspaper articles, we would not show them to her because they were just so negative and detrimental. They got us extremely upset and her foster mother was concerned that actually she might have gone around and said *hey this is me*, not realizing the consequences.
Right.	
	…and again, I want to just to work with her on, you know, if you treat people like dirt, what's gonna happen?
Right.	
	They're gonna probably treat you the same way.
Okay.	
	She had a hard time getting her act, but she was

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	(unintelligible). She had a very high (unintelligible) authority figures.
Uh…discuss if your work on this case included interactions with outside agencies.	
	I worked with DCF.
Uh-huh.	
	And uh…guardian ad litem.
Did you ever go to court through…	
	No I didn't have to go to court.
School?	
	Let me think. Schools, uh…yeah. I mean I would pick her up at school, but see, the foster parent was a teacher so she would get all that information for me so she kind of get a lot of that, uh…you know. So yeah, I guess schools because…
Uh-huh.	
	…she…she would go ahead and get that. Boys and Girls Club where she was at, they would keep tabs for me.
Okay. What form of treatment do you feel was effective with her and how do you know it was effective? What specific thing?	
	Let me think what was effective. I think the play therapy was effective with her because she would actually let her guard down.
Uh-huh.	
	…and she…and it would build up her self-esteem. And she also knew like, especially when we played games and then this is a little thing, but she also knew that I don't let the kids win. I don't feel it's beneficial because it's not a real win, so then they know that when they beat me…
Uh-huh.	
	…most of the time (laughs). When they beat me, it's an actual win, you know. And…and they, you know, we built up their self-esteem and they know when they lose, it's not…I try to teach 'em, you know, as long as you're having a good time, your having fun um…you know, it's…it's okay that you don't win all the time.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
	So, you know, that would let her guard down and she would talk a little more. …so that seemed to be effective. Actually, the work she tore up got picked too which surprised me. And they could all just keep doing that.
I know.	
	…and I would try to do worksheets where…where it would be like what was your best memory, Christmas memory, or…
Okay.	
	…with your family. That kind of thing. …you know, she had pictures and sometimes I would try to get her to tell me what was going on in the pictures. Those kind of things. But, you know, (unintelligible) the worksheets we did, you know. She was very…initially, she wanted to do sexual abuse workbook, but then she kinda begged off on that so I, you know, I'm like we're not gonna do it. I'm just gonna take it out.
Uh-huh.	
	…but as far as like just generalized worksheets, you know, what was the best thing in your family, what was the worst, how could things be different? She actually answered those questions. It surprised me because, in other words, she just…she won't just out and tell you.
Uh-huh.	
	…so that…that was probably pretty effective.
Okay. …let's see, tell me about the training you've had that made you pay attention to developmental needs.	
	Well, I mean I, you know, I've read the book on (unintelligible) psychology. …and just I think all the years and experience I've had.
Uh-huh.	
	You know, I've done this for six years, but then I was a worker, DCF worker for almost six years, and then worked with um…autistic kids and developmentally disabled kids on and off for like 10, 15 years. You know, it's been a (unintelligible) so…

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
They get a lot of (unintelligible).	
	Yeah. It just comes naturally. I mean…
Right.	
	…you know. I just know when you talk to little kids, you just get down on your knees so that you're at the same level and it's just…I didn't realize that wasn't automatic to most people. I just assumed it is 'cause I just do it automatically.
Right. Okay. Discuss your understanding of the…the approaches, the developmental approaches.	
	Hmmm. Like…
You know, Erickson.	
	(Unintelligible) (Laughs)
Everybody brings that one up.	
	Yeah. …I don't know. I just use a hodgepodge. I don't subscribe to one…
Uh-huh.	
	…general, you know, developmental…I mean uh…what I do see is was like the oral and the anal stage and all those…
Uh-huh.	
	…different stages. I know this looked like kids that, as they start getting in adolescence…
Uh-huh.	
	…they're not as literal, but if you look at their behaviors, they knew (unintelligible) they were (unintelligible) like horrible. I mean, they're…they're always on the fringe.
Right.	
	You know. I mean and they, you know, (unintelligible) toilet training, but then you think when they're older, I see good grooming and they're here all the time or, you know, constant. So, I see a lot of uh…overlapping as they get older.
Right.	
	…but then, of course, I see a lot of uh…you know, the milestones they're supposed to hit. And you can see where they've missed.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	Because I see a lot of the coping skills, you know, a way back down like (unintelligible) you know, those beginning stages like three-, four-, five- six-year-olds and I'm dealing with 14-year-olds and 15-year-olds.
Right.	
	(Unintelligible)
(Unintelligible)	
	Well yeah. I mean I really believe that basically it pretty much emotionally, your growth gets stunted at that point where if your boundaries are violated and you've been abused.
Uh-huh.	
	Because, I mean they've just been cut off pretty much. They've been stunted and then you just…you start dealing with things with what you've done and if you were six or seven, you know, pretty much the rest…unless you start getting treatment later on (unintelligible), that's how you deal with stuff. You pitch fits, you throw things, you (unintelligible).
Uh-huh.	
	I wouldn't have believed it until I saw this kid doin' this kind of stuff. He curled up on the couch with a blanket and just kicked the blanket apart.
Right.	
	You know. That kind of thing or twisting, you know, the skin and that kind of deal.
Uh-huh.	
	Picking at themselves.
Okay. Okay, well that's it for my questions, but now that, you know, at the end uh…I've done quite a few interviews now and we're like confirming what the patterns and the themes that we're picking up of previous (unintelligible) with the therapists (unintelligible). And one of the things they're picking up on is that clients do well when you either empower them or there's consistency either with the	

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
therapist being there…	
	Right.
…or the support person or approach or all three, whatever. What do you find?	
	I find the (unintelligible) with this one particular kid. I think the fact that I was allowed to stay with her for so long and that she's been in the same home that we started with, I think has made a huge difference because I think she's just used to people just abandoning her left and right.
Uh-huh.	
	I think that was part of the problem is it freaked her out that we were still there and we had…we actually would discuss that with her. …and honestly, given her history…
Uh-huh.	
	…the foster care and I had this conversation a couple times. Given her history and the fact that she romanticized these relationships in the beginning, um…you know, she probably should've run off and probably (unintelligible) have a couple kids by now if you really think about it. They're very promiscuous and 'cause we've had her…she's nothing like that and I think it's because there's been a consistency with the boundaries and with the treatment provided. She also had the same caseworker pretty much…
Uh-huh.	
	…throughout this too. So I think you had the same guardian ad litem so she's had all that. I don't think she was used to having people around consistently like that.
(Unintelligible) you think that this consistency with you and all the other people…	
	Yeah.
Okay.	
	Yeah. Because she…believe me, she shoved as hard as she could to push us away. She really, really tried very hard and a lot of times we had to remind her that we were all still here.

Interview of Christina on 03-19-2008: Verbatim Transcript

Investigator	Christina
Uh-huh.	
	And that was difficult for her to accept. She could not…I…I think she couldn't understand why we were still here.
Uh-huh. That's it. Thank you.	
	Hope that helped.

End of interview.

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	**Nina**
Okay. It's March 20th and this is the interview of Nina. Discuss a case in which you feel the client made significant progress in treatment.	
	The case that I'm going to talk about is a 13-year-old, African American …girl who was sexually abused by her biological father…from the ages of 10 'til…to 13.
…tell me about your thera…therapeutic approach that defines your intervention techniques with this client.	
	The therapeutic approach that I used with her was basically, I mean, what I used with her is more reality therapy because the…she was placed in foster care when she was nine and she had not had any contact with her mother since she was nine years old. And then she was in foster care and then this father came out of nowhere and they …ChildNet or foster care services placed her with her father in a relative care. And that's when the abuse occurred. So, when I received her in treatment at Sexual Assault Treatment Center, she was just leaving father and, you know, and trying to get a grips of everything. So why I used that approach is because she…her more concern was the fact that she hated foster care and why couldn't she go back to her mother and why couldn't she go to her mother's sister's. So, …that's what I dealt with what she was doing was right now and today. I dealt with what was she feeling today and at that particular day was…she was upset because she thought she was going to …change schools and she had been in this school since she was in first grade. So that's the approach I used, you know, what was going on in her life right then and there and then as time went on, 'cause I saw her over a year, that's when we dealt with like six or seven months later, we dealt with the abuse because so much was going in…on in her life. When I first saw her, that I could not just dismiss that. So that's…
Uh-huh.	
	…where I started. On what was the here and now for

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	her.
Okay. …why do you think you were consistent or inconsistent with your approach?	
	I think I was consistent because everybody …was focusing on the …you know, the abuse of her father, …the fact that she was gonna go back into foster care, and the fact that um…her mother was…had just been released from jail and the mother was trying to fight for visitation. And that's what everybody was focused on, but what I…what I thought was productive in…successful in our sessions was the fact that I dealt with school and I…
Uh-huh.	
	…and I was…I would say what can we do to let ChildNet or let your foster care know…the school know the importance of you returning 'cause that was the only stable thing in her life. So that's what we were able to do. Uh…we had a meeting with the foster care and ChildNet worker and ChildNet set up a bus for her to be able to catch a bus in her area and be transported to her regular school. So that's why I think…and at that point in time, you know, everything just kinda followed in place as far as the treatment.
(Unintelligible) Uh…discuss symptoms and issues that were addressed in treatment.	
	…we were dealing with the grief and the loss of her mother because she had not seen her mother since she was nine. So that was, you know, that was four or five years. And …and the fact that she had five brothers and sisters that she had not seen since she was nine and she was the eldest. So, therefore, she had baby brothers that she had not seen all this time. So …we dealt with the grief and the loss of her mother and we dealt with the betrayal and the um…and the violation with her father. …the father was a piece of work. Father basically was a pedophile in a neighborhood and not only was he abusing his daughter, other little young girls her age and went to school with her or even younger, he would pay them to come over to their house. So this man was a

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	very sick man. The man that she had never known before. So we dealt with a lot of issues and she just felt that she was just, you know, she described her…her being in life is uh…uh…a leaf that was just on the ground that…
Uh-huh.	
	…people just, you know, it didn't matter which direction, wherever the wind blew, that's where she would go. That's where her direction in life would go. So we dealt with a lot of self-esteem issues, we had work issues, body awareness that nobody had really even taught her as she grows. She we had a lot of …issues that we dealt with along with the sexual abuse. So sexual abuse work was part of it, but it was so many other things. And…and…and that's what working in sexual abuse and sexual assault and incest and rape what you find out is that the fact that the rape issues' one part of this person's life and usually you have to get through all the other things before you can even deal with the …the rape or the incest or the abuse. …so that's…so…so…some of the things that we worked on with that client.
Okay. Uh…discuss any cultural issues in your assessment of this client.	
	…the …by her being um…African American, she was placed into …Caucasian …foster home, white foster home and that was a major adjustment for her because this was, you know, that only dealings basically she had was …with, you know, white people was in…was in school. And very little at that point 'cause she was going to a…a predominately black school at the time. So …that was an adjustment and also too, it was an adjustment for them to, you know, to integrate her into their lifestyle and their culture. So it was an adjustment period …for her, but …the foster mother was very engaging and very engaged in what would be in the best interest of this child. So, you know, with everybody working together, the foster mother and the child really

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	developed a close relationship. So, you know, that was the only issue, the culture issues in the beginning was the difference in the, you know, background and …what she was used to and what she had no idea about.
Discuss if you considered risk and protective factors with this client.	
	…the risk factors that …that I was concerned in…in regards was the fact that she, at times, appeared very depressed and hopeless.
Uh-huh.	
	…in regards to her future, she just had no hope then that anything would, you know, work out and for her to be reunited back…reunified with her family. …so the risk (unintelligible) things that I was…I was concerned about that as she was made like, you know, very depressed that she maybe, you know, suicide ideation or some things like that.
	So I was, you know, concerned about that in regards to her safety. …but as far as any protective uh…issues, I didn't feel any that there were anything that I was majorly concerned about.
Okay. Tell me about the intervention and prevention techniques utilized with this client.	
	A lot of …intervention of things that I did was her …like sometimes it was like a lot of crisis intervention like what, you know, what happened within the last 74 hours that we need to deal with. …sometimes when she would come in here, it would be like a blowup or something going on. …so a lot of things we did …you know, we came up with safety plans and we came up with …you know, ways that she can express herself …so people can understand where she was …coming from and what she needed from them. A lot of …things happened in regards to …being a voice for her in…in reference to ChildNet. …organize things with ChildNet to help them understand where she was coming from. So a lot of things that I did was empowering her to know that she had a voice, that she has a right and so she …through treatment, she decided to write a letter to

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	the judge in regards to the importance of her having some kind of verbal or, you know, verbal or communication with her mother which the judge basically really listened to her and …and allowed her to have phone conferences with her mother which was a…a blessing for her. You could, saw the change in her demeanor, personality, and her self-esteem immediately the fact that she has some kind of connection with her mother.
That's great.	
	Uh-huh.
…discuss if your work on this case included interact…interactions with outside agencies.	
	We worked very, very closely with …ChildNet worker. …she was very …and it's, you know, yeah, I've had a lot of …interaction with ChildNet workers. Some do the bare minimum and some go beyond the call of duty. And this ChildNet worker was very committed to …this client. So a lot of, you know, scheduling, a lot of staffing with this …ChildNet worker. And even the guardian ad litem that was appointed in this case was very involved…
Uh-huh.	
	…..in the child. So those were the two agencies that I worked with a lot …was the ChildNet and …and guardian ad litem isn't an agency, but those were the only services that was pretty much involved. And then we …were able to get her into the Boys and Girls Club in her area after school to give her some social activities and some, you know, afterschool activities…
Right.	
	…and things. So the um…ChildNet and…was basically the only program or agency that I worked with directly with this client.
You didn't have any involvement in her school or…?	
	…we met with a counselor at the school when we were doing the transportation thing. So I talked to the counselor maybe …twice and met with her once. So the school and ChildNet was basically the only two

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	agencies that I had any contact with, with this client. I'm just thinking to make sure.
Okay. What form of treatment do you feel was effective with her and how do you know it was effective?	
	Hmmm…(long pause). I'm thinking what…I'm thinking when we…when we talked like forms of treatment, I always think about, okay like…like what different forms that I used in regards to her and I'm…I'm…and it's not really like a…a particular thing that I used. I …you know, we did a lot of therapeutic. …we did a lot of …play therapy. We did a lot of art therapy because she wasn't a child who just kind of sit and talk so when we're playing a game…
Uh-huh.	
	…she would, you know, we could get into a wonderful conversation if we're draw…like she's coloring and drawing a picture…
Right.	
	…'cause she loved to do things like that. I could have a great conversation with her. …but for her just to sit and talk. So we did a lot of different things, a…a lot of different therapeutic approaches with her. …we like…watched a lot of different videos …in regards to self-esteem and being assertive and, you know, it's okay to express your feelings. So we did a lot of different things, but in regards to therapeutic …therapy approach, I…
It would be a little bit of everything.	
	It would be a little bit of everything.
Okay. Um…talk about the training you've had that made you pay attention to developmental needs.	
	…hmmm. (Pause) I…in…in…in regards to developmental needs, …some of the training that I went through was the different …oh goodness. What were…I'm trying to think of this training I went to recently that was really, really good. …the training that we dealt with …uh…PTSD with children.
Uh-huh.	

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
	…children that were raised in alcoholic … you know, substance abuse families, mother and father. Children that were raised in …uh…homes with depressed parents.
Uh-huh.	
	So those were some of the …uh……children are more of my specialty area, children between the ages like 13 to 18. So a lot of different training I worked with in regards to seeing the stage of development and where a child should be and that who lived in a normal…so-called normal household environment compared to a child that was lived in a…a…lived with a mother who was depressed or parents who had substance abuse or who lived in foster care the majority of their life. So…and that the training that I went to that focused on that kinda gave me a scale to determine developmentally where those children might be differently than uh…than a family or child that was raised in a house with her mother and father, you know, working-class, you know, (unintelligible).
You sort of answered the…the next question. Discuss your understanding of these approaches.	
	Oh, okay.
(Unintelligible) Okay. That's it for my questions.	
	Okay.
But, you know, I've interviewed 17 therapists now and…	
	Uh-huh.
…and the themes and the patterns that are coming out and I'm just (unintelligible) future interviews is there seems to be uh…if you empower the client…	
	Uh-huh.
…and if there's consistency with either the therapist or a support person…	
	Uh-huh.

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
…that there seems to be more progress with the client. Do you find that to be true?	
	Oh, I definitely find that to be true. One thing about therapy, the only way therapy really works is if it's consistent.
Uh-huh.	
	And that…so usually when I start seeing a client when I do an assessment with the parents and background history, that's one thing if a parent cannot commit to bringing that child every week …or whoever is involved like if, for instance, if ChildNet is doing transportation, …transporting kids, I make sure that…that there is consistency with their transporter here.
Uh-huh.	
	So like every day if the child is supposed to have an appointment here at four o'clock, that every day at 3:30 she doesn't see a stranger come pick her up because, at that point in time, it just kinda, you know, makes her feel like okay well what's going on. So I make sure that consistency is from the transportation and its scheduling of appointments so I can make sure she understands that every Wednesday at three o'clock, she has appointment with, you know, Mrs. Jamie. And this is what…she…this is her safe haven and this is something that's going to be consistent and stable. Probably the only thing that's stabilized, you know, it gives her stability in her life. So that's definitely true.

Interview of Nina on 03-20-2008: Verbatim Transcript

Investigator	Nina
Great. Well, that's it. Thank you.	Okay

End of interview.

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
Okay. Today is March 28th and this is the interview of Elizabeth. Please discuss a case in which you feel the client made significant progress in treatment.	
	Well, I am seeing a uh…12-year-old female uh…originally from Mexico. and the allegations are that her biological father attempted to sexually assault her. …it was…the allegations were that it was a one-time attempt and two of her siblings uh…a 17-year-old brother and a 19-year-old sister walked in on it. So they…they took father and they grabbed him and took him away from …got him off of her…
(Unintelligible)	
	…my client and then they called the police. …he was arrested and …they were removed from the home.
Uh-huh.	
	And they were …rather than going to foster care, they were able to go to older siblings' homes. …and this was in Homestead so they were able to…they had to come down to…up to Hollywood. …
That's a drive.	
	Yeah. So, well they…they removed them and now they're…they're living there.
Okay.	
	…mom came with them initially, but then mom was never quite supportive of the allegations. She didn't believe them and within a couple of weeks of being with the…with the…because it's a 12-year-old and actually, I see the 17-year-old daughter as well. …uh…she was there and then she just, you know, eventually decided she wants to go back to her husband in Homestead and that's when everything changed. …both the court and Broward County got involved. …'cause remember this was initially a Dade County…
Right.	
	….case. Once they got involved, they realized that …they needed to…they were in the process of removing uh……TPR, uh…termination of parental rights.

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
Okay.	
	…because mom, you know, they have nobody right now. But these kids, except for the…for the …one of the older sisters because she's 36…32…32, I think. …she's the one in charge, their guardian. But all the siblings are living together actually.
Oh, that's good.	
	Yeah.
(Unintelligible)	
	Yeah.
All right. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	Well, with my…as far as my therapeutical uh…approach, …I tend to go back and forth. I mean, once uh…uh…would be cognitive behavioral solution focus. …but I do go back and forth between uh…approaches. Uh…with her, it was mainly um… (unintelligible) (chuckles). …she was tough in the sense that she was very guarded.
Uh-huh.	
	…I'm gonna end up answering (unintelligible) (chuckles). …she was very guarded and a lot of it was culturally. …she didn't want to discuss anything, you know, with anyone she thought…it has to be within the same …you can only discuss things with your family. So, she would come here and I would just start off by just building rapport.
Uh-huh.	
	That was my main thing. …building rapport lasted for about five months with her because she just wouldn't……she was very sweet, very nice, but just very guarded. She wouldn't tell me anything. Everything was fine. Everything was wonderful and now the…the…the whole family like four of the other siblings are receiving counseling here as well. So I…through the other therapists, I would get more information as to what was happening with my client. And it was nothing that…that she was reporting. You

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	know, she was going through all this turmoil outside of care, but yet she wasn't…everything was fine, everything was wonderful every time she came. …so it took a while with doing that and then eventually she started opening up. …you know, probably two months ago I see a huge change in her, especially here and at home and we…and …so it's been a lot of …grounding techniques with her…
Uh-huh.	
	…with uh…the cognitive behavioral. …whatever she comes in with as far as uh…you know, it's…it's more of a solution focus. You know, try to figure out what's happening here and empowering her. …I guess at the beginning, it was a lot of Rogerian just…just being here with her and listening to her and…
Uh-huh.	
	…trying to just …establish that rapport and realize that she's in a safe environment. That everything now…
Uh-huh.	
	…is okay. I think a lot of it interfered also with having …she knew her other siblings were being seen.
Right.	
	So, a lot of kids, especially teens, have sometimes this idea, you know, *are you telling her this, are you telling him that?* Which we are (laughs)…
(Laughs)	
	…but we try not to, you know, let them realize that that's what's happening. And…and, you know, pose it in that this is, you know, I'm only hearing things to…that we…that can help you.
Right.	
	…but I'd rather…and that's how I got her eventually to…to start opening up. I said, you know, look, you know, I'm constantly getting things from somebody else and I…I…and that makes me uncomfortable and I would love to be able to get it from you, you know. Because when you come here, you're telling me everything is great and wonderful, but then I find out

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	you're being…you're suicidal. You know, and when you come back the next week, you…you don't mention that. So, …you know, and…and I'm sure you don't like that they're telling me everything. Wouldn't you rather, you know, beat them to it and tell me …and then…and then the following week, total complete difference. You know, she…now she tells me everything and stuff I don't even want to hear. She just opens up and she's a little chatterbox now. …so that's been the significant change with her, you know. And…and she's been able to implement all of the…the things that we talk about here.
Okay. And how long did you say you worked with her?	
	I've been seeing her since…it's gonna be almost a year now. So, I've been seeing her since May I think of last year.
Uh-huh. So, would you consider yourself to be consistent or inconsistent with your application of your approach?	
	With um…consistent. Because …with, you know, she…with…especially with teenagers …routine and…and just stability knowing that there is gonna be consistency …helps in…in moving the progress forward and…
Right.	
	…and for her to be able to trust me.
Uh-huh.	
	And building that rapport.
Okay. Describe symptoms and issues that were addressed in treatment.	
	Well, she was depressed …at one point. Like I said, she was uh……she was having suicidal ideations. …not necessarily she was gonna do anything. And, well she told me. She didn't tell the other people 'cause they never reported this to me. She was plan…she was thinking of running away at one point. That was her suicidal ideation, to disappear.
Uh-huh.	

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	And it wasn't per se to…to hurt herself, but she just wanted to disappear somewhere. …a lot of uh…the symptoms of self-blame which is very typical for…
Uh-huh.	
	…sexually abused children. …and that feeling of uh…that sense of abandonment from her…from her mom, you know, that sense of betrayal from first her father and then…and then eventually her mom. …a sense of hopelessness in her and…and actually I saw her yesterday and to this day she says she still is not hopeful that…that her mom will …eventually uh…kinda come to the side, you know, to her side.
Right.	
	…there's been supervised visitations and that took a while. They were seeing each other. ChildNet was supervising visitations, but there was just too many things …(unintelligible).
That's okay.	
	…(unintelligible) those were the symptoms.
Okay.	
	A lot of sadness and confusion.
Discuss cultural issues in your assessment of this client. I know you said she was Mexican.	
	She's Mexican and they're very…they are a very close-knit …united family. …some of the issues with this particular case was that her family, the rest of the ex…extended family, were against her and her immediate family for pressing charges against the father because, you know, you…this is your father, you can't do this. When he was there for a couple of weeks.
That's right. Keep going.	
	(Chuckles) When he was in…in jail for a couple of weeks um…the whole ex…extended family kinda went against 'em.
Uh-huh.	
	You know, they said how can you do this to your dad, you can't abandon him. …we can work this out within the family. Why do we have to uh…involve the uh…law enforcement. So that was a big cultural

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	issue. …the mom, she thinks that she needs to be with her husband.
Right.	
	Uh…the…the dad was a very controlling man. Mom, very passive woman. …and she just believed that her place was by her…by her husband's side no matter what had happened. …so that was a big issue. Uh…a positive cultural issue was that they were a united family within siblings so they stuck together. They're very supportive. …they're almost better off with, you know, now that they're not with their parents, they become so much more healthier.
Uh-huh.	
	…and then there's a…a little bit of uh…uh…but, like I said, uh…another issue was that you don't discuss things outside of the family. …
Right.	
	…I was a stranger to them and, you know, …we don't open up and it stays within the past. …tied with the cultural was the religious parts too that uh…you know, the…the…the father claims that he's a changed man from when he assaulted her to the…when he was arrested because he found God. And so, he's a changed man and he would never do that and so mom kinda fit into that and…and she knew that he could feed, you know, that he could tell her this and eventually …this is what, you know, this is what's been holding mom with…with him. And so whenever they did the visitations at our house, she would always…my client would say yeah, she's always bringing up God and, you know, that daddy's changed and, you know, we just have to put it off and, you know, give it to God and everything's gonna be fine. …
Uh-huh.	
	…and both kids were (unintelligible). That's fine for her, but, you know, we don't want to be near him anymore.
Right. It's understandable.	
	Right.
Discuss if you considered risk and	

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
protective factors with this client.	
	Definitely. …since especially uh…remember when I was seeing my client, …they were still under the custody of mom.
Uh-huh.	
	And when I met with mom, …I had a, you know, from what she was reporting, not really knowing whether this was true or not, one of my main concerns was well how can she protect her kids against this man if she's not really thinking this may have taken place?
Right.	
	…even though there were witnesses, you know. And her daughter was one of the witnesses who was sitting here. Mom was very …she said she was very confused …because her husband was denying it. So that was already a red flag there to keep an eye out and then after a couple of weeks of that, …you know, she had left. She had decided to go back to her husband. So in the…in the uh…interim while uh…Broward County had not and ChildNet had not been part of this yet, there was that…that factor of, you know, are these people gonna come and…and take them and so there was a moment when mom left, she took the…the child's passport. She took …they had planned…they had bought tickets to go to Mexico for her, my client so that's when the police got involved because they started school again in August here at Broward County and everyone got involved and then they were able to…to um…implement everything which was a…uh….restraining order against…no-contact order with the parents and …making official papers that the older sibling was the one in charge. Yeah, legal guardianship. And the court got involved. So, but there was always that risk factor for a while with …communication, you know…
Uh-huh.	
	…what was being said to my client and…and it was consistently …to both my clients that, you know, you gotta let this go, you know, daddy's a changed man. You know, trying to pressure them into dropping these charges.

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
Right.	
	…so I had to step in with ChildNet and…and kinda um…just tell them, you know, no more super….no more visitations, nothing, until it's supervised by Our House by somebody who knows what they're doing, you know, who's listening in on the conversations. …not that ChildNet doesn't know what they're doing, but somebody therapeutic. You know…
Right.	
	…somebody who can…who can be there and kinda cut them, you know, whenever that starts, you know, and …intervene. …so…so that can happen. …uh…we stopped phone calls. We stopped everything just…just to make sure. But then there are still siblings that are…other siblings that are not uh…there's two siblings that are not …in agreement with this. They're also uh…protecting their dad and saying, you know, and they…they'll throw here and there, you know, little comments of, you know, you…you…you've gotta think about what you're doing. You can't do this to your dad anymore. …and again, blaming them.
The older siblings?	
	Older siblings, yeah.
Okay. Um…tell me about your intervention prevention techniques utilized with this client.	
	Well, …we do a lot of grounding techniques. …whenever they're get…having intrusive thoughts um…which is actually I didn't tell you. That's part of the symptoms too that she was having. …grounding techniques. A lot of uh…positive self-talk. A lot of um…teaching them communication skills. A lot of psychoeducation by showing them videos that they're not alone, that there are other children who have gone through this.
Uh-huh.	
	…uh…perpetrator patterns just for them to realize that they're not to self-blame. You know, that…that this is …actually, you know, (unintelligible) just quickly

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	going back to the other one about risk factors. Part of me also thinks…I'm hesitant to think that this was the only…first and only time this man has done anything to her.
Uh-huh.	
	So…and, you know, I do a lot of safety planning with her. You know, if he should come around, if he should do this. You know, if he should call you. So that, you know, that's one of our interventions that…that…
Right.	
	….I'm always doing with her. …and…and open communication because she, even though she wasn't…she wasn't talking to me, but she really wasn't talking to her family as well and what her family was reporting, her siblings, um…they're all older. She's the youngest, a 12-year-old.
Okay.	
	…so it's been a lot of that, role playing. …(pause) with the…as far as the therapeutic stuff, we do a lot of games. That helps them. Therapeutic games that helps them, you know, open up and asks a lot of questions for them to…to get more into their thoughts.
Discuss if your work on this case included interactions with outside agencies.	
	ChildNet. …they have a guardian ad litem so the guardian ad litem. Uh…a psychologist for the uh…for the father. I talked to her 'cause they wanted my client to do a psychosexual at one point and um…I didn't recommend that. …so those were the…really the only. Yeah, those were the only ones.
You don't…you're not involved in the courts at all?	
	I am…I haven't had to go to anything, but I…I do get there…there for the courts …hearing copy which is to see what's going on and …I have direct reports to the court …and that was part of that recommendation that I said to see me that they have to do supervised visitations through Our House. So we do get involved …like I said, uh…I got involved in…with…when the

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	psychologist was requesting …recommending …a psychosexual for my client, I…once I talked to her and realized why she wanted it, …it was really, you know, a moot point because we were doing that already. You know, I was already, you know, didn't want her …expose her to anything else there.
Right. (Unintelligible) What form of treatment do you feel was effective with her and how do you know it was effective?	
	Well, giving her constant feedback. You know, being open with her. You know, if somebody came to tell me something, I would let her know what was happening.
Uh-huh.	
	You know, this is what's happened. This is what may happen. You know, kind of being very open …and letting her know that she…trying to get her to see that she…she can trust me. …and I think that's one of the main things that worked with her. You know, this is what I've been hearing, but I want to hear it from you.
Right.	
	You know, this is what, you know, …and I would prefer to hear it from you rather than always, you know, hearing it from somebody else and then …I just always asked her, well how's it going? Do you…do you want to keep doing this? Do you…what do you think about this?
	…she was mandated to be here, but so…but I gave her the illusion that, you know, that this can be her choice and…and um…and as far as her choice as how she wants…what she wants to do and get out of this. …so I'd say that…that worked a lot with her.
Okay. Uh…talk about the training you've had that made you pay attention to developmental needs.	
	…that question I'm a little…What exactly do you mean?
Uh…for instance, most counselors have received uh…training in	

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
developmental uh…in school.	
	Right. Well that I did in my graduate studies.
Right.	
	I did a lot of the developmental (unintelligible).
Sometimes people get additional outside the college.	
	I've gotten some (unintelligible). You know, anything as far as developmental needs with autism, Asperger's, things like that.
Okay.	
	…I guess I…I…I…nothing has stood out that she needs anything as far as developmentally.
Discuss your understanding of these approaches like there's Erikson and…	
	Uh-huh.
(Unintelligible)	
	The different stages that she's in …the brothers knew all the stages (unintelligible). With her, she's going, you know, she's got that …that sense…that…that part of the sense of identity. You know, they're the…I keep thinking of her brother. …she is trying to develop a sense of self.
Uh-huh.	
	…and so she's particularly in that stage um…and that……where I'm trying to work with her with that would be through self-esteem things. …any self-esteem um…education that I can give her so that she can hopefully develop a sense of self separate from what has happened to her.
Right.	
	You know, she's still a whole person, …that she's still a positive person, that things can still go well. And her…and…and her family is amazing in that sense. They're all, you know, that can mean it…that…that um…unitedness that they all have, that support that they have. They're like one most of the supportive families I've ever worked with. You know…
Right.	
	…since…with each other. They're all attending counseling. …they're all on top of everything that's

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	happening so she knows she's a very well-loved child regardless of…of her parents. …
That's (unintelligible)	
	Yeah. Okay.
That's good.	
	So …as far as developmental, you know, I guess, yes. I mean I…I definitely know there's always…you always have to be aware of that.
Right.	
	I mean you always have to see where…what their environment made you to affect those different stages of…of development. …because she is also going through different…she's a preadolescent. She'll be 13 actually next week. …so she's still as far as one development…developmental thing I guess would be uh…she thinks boys are gross. You know, she doesn't want…and…and at 13 you start not thinking that way. You start thinking they're kinda cute and, you know, you start…
Right.	
	…but part of it, you know, I'm afraid…I'm thinking there's more dis… disclosure here that she's not telling anybody.
Uh-huh.	
	And so, you know, as she's been sexually abused as a child, …more than that (unintelligible) attempt, …you know, could that be interfering with this…with her developmental (unintelligible). (Chuckles).
Okay. Um…that's it for my questions, but now that, you know, I'm towards the end of collecting my data…	
	Uh-huh.
…I've been noticing patterns and themes…	
	Uh-huh. Uh-huh.
…and run it by the therapists that I'm interviewing now.	
	Uh-huh.
And the patterns and the themes	

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
that I've been picking up on is that the consistency of either the therapist or the support person or the um…empowering the client, those all seem to be more important than say the…the specific approach.	
	Right. Right.
…did you find that in your case with your work with her?	
	Oh, definitely. Definitely. …kinda…leading…letting the client kinda lead you in a way.
Uh-huh.	
	You know, whatever they bring to you that particular week. …if solution focus seems to be the…the…the…what is gonna work that particular day and that particular, you know, when she was having an issue where one of her little friends who …well it was a big issue that…that she disclosed her allegations to the class.
Uh-huh.	
	…and so…and so did the teacher actually because the…it was a social worker involved and then the teacher had let it out that she had a social worker. So that right there, you know…you know, it was a…a betrayal to her.
Right.	
	…so we…we did some solution focus – well what do you need to do to…to let the teacher know that that's not acceptable? That that's not, you know, that that hurt you? You know, so for her to be able to communicate better. …we would role play exactly what she would word it to her. …her sisters were, in their support and in everything, they were very …uh…overly protective and overly, you know, awkward and they'll treat you awkward. You know, and (chuckles) she would say if you (unintelligible). You know, then she would…she would notice that they were just stifling her. So, you know, we talked about how to talk to her and …and she did and…and…cause then she would tell…her sibling

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	would tell her therapist. You know, you're not gonna believe what, you know, my sister did. She talked to us. That was wonderful. That was beautiful the way she worded it and, you know, we had worked on that and she…she was able to implement specifically like that that same day that they went home from after here she said I told you everything (unintelligible). So that…she…and she said it helped, you know. She's off my back. She's not, you know, she's realizing that I…I can…I can, you know. I know how to breathe. I can do this. (Chuckles)
(Unintelligible)	
	…so, you know, it changes from week to week. You know, one day I may not…I'll just sit and listen. You know, she just…one day she just wants to play. You know, we'll play and we'll talk about, you know, kinda like her girl talk and she wants to know what…she wants to tell me, you know, what happened with her…with her …with her friends and, you know, my friend's jealous. And (unintelligible) you know, they all want me to be with them and she seems like she's a little…a little bit of a popular kid.
Uh-huh.	
	…uh…she's a very pretty girl. …so yeah, it's all…like it's always different. You know, one day we'll do art. You know, one day we'll…yesterday we actually…we saw a video. …she was uncomfortable watching it (chuckles) 'cause it…it brought up things and that's when I think, you know, could more have happened?
So she actually has control there.	
	She has a lot of control, yeah. But she doesn't like taking control.
No.	
	I notice. So sometimes she'll sit there and she'll be like oh I don't know. I don't know. So sometimes…so then sometimes it has to be a more directive approach, you know.
Uh-huh.	
	…and there are days when she does. She'll say I don't want to (unintelligible) today so (unintelligible).

Interview of Elizabeth on 03-28-2008: Verbatim Transcript

Investigator	Elizabeth
	But then I'll, you know, go in there with it and…
Okay. Well that's it. Thank you.	
	You're welcome.

End of interview.

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
(Coughs) Okay. It's April 8th and this is the interview of Laura. Please discuss a case in which you feel the client made significant progress in treatment.	
	Uh…let's see. This would be a case from about two years ago. Uh…the client was in foster care, therapeutic foster care. At the time, she was 15 years old. A victim of severe sexual abuse. Uh…we had her in a foster home. She was a runner.
Uh-huh.	
	Uh…and has a very severe history. A lot of interesting details with her. But we put her in a home in Arcadia which is very rural.
Uh-huh.	
	Not a lot of places to run. And she was there for over a year until she aged over…didn't age out of care, but her funding level changed and she went into a lower level of care. So…so she was fairly as successful as she could be given her diagnoses. Her diagnosis was Bipolar Disorder and PTSD.
…definitely a challenge.	
	Yeah. Yeah.
Okay. Tell me about your therapeutic approach that defines your intervention technique with this client.	
	Uh…with her, I used mostly the uh…cognitive behavioral approach. Uh…with a lot of maybe I guess some rational emotive…
Uh-huh.	
	……reality testing as well. I had to do a lot of reality uh…t…t…testing with her. She was the kind of kid…well just for information…she believed…there was a singer back at the time. He was a teenager. I don't remember his name anymore. She believed she was pregnant with his child.
Oh.	
	And she had actually run from her home in Tampa to…He had a home in Tampa and she knew where it

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	was and so she camped out in his front lawn. Um…he was…they were going to be together and they were gonna…she had this whole story. They…she was pregnant with his child. Of course, she never met him.
Uh-huh.	
	And that was not physically possible. Uh…they were gonna move to England.
Uh-huh.	
	And have a wonderful life together as soon as she could get out of therapeutic foster care. So, a lot of uh…kind of rational interventions with her. A lot of cognitive behavioral interventions with her. And that was…that's pretty much what I used. She was an interesting young girl.
She sounds interesting.	
	Yeah.
Okay. Uh…do you think you were inconsistent or consistent with your application of this approach?	
	Oh, I think I was pretty consistent.
Okay.	
	Yeah. Yeah. I mean a lot of what you do in therapeutic foster care is you're dealing with whatever crisis of the moment is. Uh…and so you do pretty much whatever deescalates the child…
Uh-huh.	
	…at that time, but the overlay always was her thought process…processes, her cognitions. So I think I did stay fairly consistent with her.
Okay. Dis…uh…describe symptoms and issues that were addressed in treatment.	
	Uh…we addressed her…we addressed a lot of her PTSD symptoms. …she had been severely sexually abused by several adult males as a child uh…and had a lot of fear responses still…
Uh-huh.	
	…to those kinds of things. …so she uh…she really benefited from the foster father in the home. He was very careful never to be alone with her and never to put himself or her in situations where either one would

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	be very…would be uncomfortable or unsafe. But um…(clears throat) she was able to see through that intervention. A man who could treat her kindly and care…
Right.	
	…for her and not abuse her. And that was the first male role model she had had that did that. Um…but then in terms of treatment issues, we talked about, you know, the usual um…issues of sexual abuse, her feelings of guilt and…
Uh-huh.	
	…so forth over allowing these…allowing, you know, in quotations, these things to happen to her over time. Her anger. …she did a lot of journaling and …we were really able to…her goal was reunification with her mother and …her mother was amazingly dedicated to family therapy.
Really?	
	Yeah.
That's unusual.	
	Very unusual. I mean, would drive from Tampa to Arcadia to meet in a park to meet with her daughter. so we did a lot of journaling and they did journaling together. They each would have a topic.
Uh-huh.	
	And read their topic to each other during the counseling sessions and talk about their different views of things that had happened...
Wow.	
	…in…in their lives and so forth. So it was…that…I was always impressed with the mom that she tried so hard with this…with this child.
Um…	
	I don't know if that answered your question, but…
Yeah.	
	…okay.
Okay. Discuss cultural issues in your assessment of this client.	
	…well the client was uh…a mix actually of Caucasian

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	on her mom's side and Hispanic on her father's side. Uh…because her father had molested her and all his brothers…
Uh-huh.	
	…she had a very negative idea of Hispanic men…
Right.	
	…of course, and wasn't real in touch with her…that part of her cultural heritage. And, over time, she kinda as…as the…as she became less traumatized or, you know, was revisiting the trauma less frequently, she became more interested in who she was…
Uh-huh.	
	…from that side of her family. And so we talked about some is…some cultural heritage issues and…and that we talked about (unintelligible) holidays and…and women's role in society and…and American culture and Hispanic culture and so we did…we did address those issues.
That's good. Discuss if you considered risk and protective factors with this client.	
	Absolutely. All the time. Every day. (Laughs) She was the kind of girl that if you left her alone in a public place, she would find a man…
Uh-huh.	
	…to …follow around. Uh…she would…and driving…she's very overt…she was very highly sexualized…
Uh-huh.	
	…as a result of her…her trauma issues. And …was the kind of girl if she saw a cute guy on the side of the road, if they were driving in a car, would pull up her shirt…
Oh goodness.	
	…and flash him and scream and yell. And it was always Hispanic men.
Really?	
	Yeah.
Interesting.	
	Yeah. Very interesting. …except for her fantasy about this very, you know, blonde hair and blue-eyed

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	singer that she was pregnant with…by …and so she had to be watched. She could never be alone.
Uh-huh.	
	She could never…we even had to…the parents had to monitor…she always wanted to be on the internet 'cause she was trying to do internet hookups.
Right.	
	So we even had to have plans for that. Plan…safety plans in school. …she…she…we had…she had to be monitored 24/7.
…(unintelligible). …tell me about the intervention and prevention techniques utilized with this client.	
	Okay. (Unintelligible) I mentioned the…the journaling…
Right.	
	…which was very helpful to her. Uh…and to her mother so like they…they did some co-journalizing. They would decide on a topic.
Uh-huh.	
	And then they would both write about it and then read that to each other during a family therapy session.
	And that was very healing for them in terms of uh…recreating their relationship which had been very badly damaged. …I did a lot of…we did a lot of stuff about safety like we just talked about before in terms of her learning to create and maintain safety for herself…
Uh-huh.	
	…out in the world. Uh…
Right.	
	…because of her…her habits I guess of…of finding very dangerous men to…to want to be hooked up with. …so we worked on that. We did just a lot of…a lot of just cognitive interventions, a lot of sitting and talking, a lot of just, you know, what was…finding out what was going on with her in her head at that day, what was bothering her. …and we'd work through those things. She had to have extensive medication intervention as well.

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
Like what kind of medication was she on?	
	(Unintelligible) on everything. …she took… at one point, she was on Geodon. …(unintelligible) she was on ADHD meds. She was on…I can't remember what she was on for the Bipolar Disorder, you know, the mood…
Uh-huh.	
	…some sort of a mood stabilizer and I don't remember what it was. But she was at one point taking four different medications…
Wow.	
	…that were fairly…
Yeah.	
	…heavy hitting…hitting meds. …and she did finally kinda taper off…
Uh-huh.	
	…towards the end of treatment.
Okay. …discuss if your work on this case included interactions with outside agencies.	
	It did because um…just by the nature of therapeutic foster care, we worked with the uh…CBC's, the case management…
Uh-huh.	
	…agencies and she was a Tampa child so we worked with um…Hillsboro Kids, Inc. uh…for her. She had a guardian ad litem for a while so…
Uh-huh.	
	…We…I interfaced with the guardian ad litem who was…
Uh-huh.	
	…very interested in her case and…and…and pretty active. Uh…I believe she also did some specialized sexual abuse counseling for a while and that was with the SATP, Sexual Abuse Treatment Program, in Sarasota.
Okay.	
	So there was a lot of involvement with uh…and, of course, with the schools.
The schools.	

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	Yeah. Always involved with the schools.
Okay. …what form of treatment do you feel was effective with her?	
	I think the combination. (Coughs) The cognitive behavioral approach was d…definite…'cause her IQ was high enough, you know. She could…she could deal with some insight-oriented um…interventions, but also just the…the reality testing…
Okay.	
	…as well was very helpful for her. She fought it all the way.
Did she?	
	Yeah. Yeah. But it was…it was helpful.
…so how do you know it was effective?	
	Her…her runaway behavior stopped.
Okay.	
	(Coughs) Excuse me. Her need for medication decreased. Her acting out behaviors in the home…
Uh-huh.	
	…decreased. …she stayed in school while she was with us. Would go to school which had been a big issue before in terms of refusal to attend school. Uh…her just reports of enjoying her life…
That's great.	
	…more increased. I mean, she did…her affect was much brighter as…as we went along.
Uh-huh.	
	…oh, and she had been a cutter…
Oh.	
	…as well and the…the cutting behavior, would…it would kind of go up and down, but it did decrease in its frequency as well.
That's good. Uh…talk about the training you've had that made you pay attention to developmental needs.	
	I remember looking at that when I was reading the sheet and I thought ah…that's an interesting question.

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	Laura
	…and again I can't tell you about a particular training, but any training I would recommend. Any kind of training that deals with normal adolescent behavior.
Uh-huh.	
	…especially when you're dealing with foster parents because it's so easy with these kids because they have diagnoses that are fairly severe. It's easy with therapeutic foster kids to just think all their behavior is diagnosis driven.
Uh-huh.	
	And probably half of it is just because they're teenagers and the hormones are raging and they're half crazy anyway just from being teenagers.
Uh-huh.	
	And so…so anything that would stress what is normal behavior in an adolescent helps to balance all the…the…the training we get on the pathology…
Right.	
	…the psychopathology of these…these things, but…so that I think provided a good balance.
Okay. …so you basically touched on that. The next question was discuss your understanding of these approaches.	
	Yeah.
So, yeah. You did touch on that.	
	Okay.
…what's not on here and you're coming in at the end of the um…interviews…	
	Okay.
…so some of the patterns that I've been picking up on and I'm confirming this with the…the interviews I'm doing now is that what I'm seeing is if there's consistency either with the therapist or…or a support person in the…in the home, um…that these kids seem to progress…	
	Yes.

Interview of Laura on 04-08-2008: Verbatim Transcript

Investigator	**Laura**
…faster than just the approach.	
	Yes.
Not necessarily the approach (unintelligible).	
	That is so true. It is the relationship more than anything. And with this particular client, we had her in our Sarasota program for a year and then she went to residential treatment…
Uh-huh.	
	…for about six months and then she came back and went in the same foster home. And I made sure that I…I was her therapist…
Uh-huh.	
	…again…
Uh-huh.	
	…to have the same…
The consistency.	
	…to the consistency. So she had the consistency of foster home and…and therapist to come back to.
That's good.	
	It does make a huge difference.
Okay. Well, that's it for my questions unless you want to add something.	
	No, not at all.
Okay.	
	That was short and sweet.
Yeah. (Laughs) Thank you.	
	Okay.

End of interview.

CURRICULUM VITAE

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Education:

Ph.D. Candidate, Counseling Psychology
Walden University, Minneapolis, MN, November 2008 (anticipated graduation).

MS Human Services, track in Community Psychology, May 1998
Springfield College, Manchester, NH

BA Paralegal Studies, May 1994
Notre Dame College, Manchester, NH

Honors:

PSI CHI National Honor Society, 1999-current

Professional Involvement:

Student Affiliate of American Psychological Association, since 1998
Student Affiliate of New Hampshire Psychological Association, since 1998
Student Affiliate of Florida Psychological Association, since 2007
American Mental Health Counselor Association, since 2008

Professional Experience:

2007-2008 *Forensic Therapist*, Agape Criminal Justice Program, Cutler Bay, Florida

Working with adult female forensic population with characterological and emotional disorders such as chizophrenia, major affective disorders and antisocial personality disorders. Providing competency training, individual and group therapy.

2004-2008 *Program Therapist* and *Group Home Clinician*, The Mentor Network, Fort Myers & Plantation Florida

Responsible for therapeutic services to children in foster care. The development and implementation of treatment plans, providing progress reports for professionals and attendance at court hearings and staffing as part of multidisciplinary team in coordination of care for clients. Providing in-service, pre-service and MAPP training for foster parents, completion of initial home studies on potential foster parents.

2006-2007 *Group Facilitator*, Family of Humanity, Inc., Hollywood, Florida

Facilitating social skills group to children and parent education groups to adults and teens

2004-2006 *PRN Clinician*, Ruth Cooper Behavioral Health Center, Fort Myers, Florida

Discharge planning of children and adolescent on the crisis stabilization unit. Responsible for providing individual, family, and group therapy.

2004- 2005 *Pre-doctoral Intern*, South Florida Evaluation & Treatment Center, Miami, Florida

Working with forensic adult population with characterological and emotional disorders such as chizophrenia, major affective disorders and antisocial personality disorders. Responsibilities included competency training, individual and group therapy, administration and scoring of the Minnesota Multiphasic Personality Inventory (MMPI 2) and Test of Memory Malingering (TOMM).

2001- 2004 *Families Intensive Treatment Team (FITT) Case Manager & Therapist,* The Mental Health Center of Greater Manchester, Manchester, New Hampshire

Responsible for family and individual treatment to children with severe emotional disturbance, crisis stabilization, intensive case management, Outreach Services, and utilization of Dialectical Behavior Therapy (DBT) with suicidal adolescents individually and within group settings.

1995-2001 *Guardian ad Litem*, State of New Hampshire Superior Court

Representing the best of children in custody cases within the superior court. Investigative interviewing, preparation and filing of court reports and other related documents.

2000- 2001 *Practicum Student*
Wediko Children Services
Windsor, NH

Responsible for the direct care in the activities of daily living to emotionally disturbed children and adolescents, supporting clinical supervisor during daily group therapy sessions, crisis intervention. Also, working closely with the assistant clinical supervisor overseeing the management of dorm life, providing individual therapy, collaborating with the treatment team on the writing and implementation of Individual Treatment Plans, and assisting lead teachers and the educational staff in implementing Individual Educational Plans.

Training Experience:

- How to be a Skills Trainer in Dialectical Behavior Therapy November 2006
- Advanced Topics in Dialectical Behavior Therapy, March 2003
- Dialectical Behavior Therapy Intensive Training Part II, September 2002
- Dialectical Behavior Therapy Intensive Training Part I, May 2002

Community Involvement:

1995- 2004: CASA Guardian ad Litem
CASA of New Hampshire
Manchester, New Hampshire

Court appointed advocate to represent the best interests of children in abuse and neglect cases, secure services for families, investigative interviewing, court reports and other related documents. Participated with interviewing and hiring of perspective volunteers, assist at trainings of new volunteers; appear in preliminary hearings in place of supervisor.

Presentations:

Cultural Aspects of Malingering in a State Forensic Hospital, Forensic Nursing: A Global Response to Crime, Violence and Trauma, 14th Annual International Association of Forensic Nursing, Vancouver, BC,CA, September 2006.