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Community Living Integration Club for Women in Recovery from Sex Trafficking

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Community Living Integration Club for Women in Recovery from Sex Trafficking

Capstone Project

Nova Southeastern University

College of Health Care Sciences

Department of Occupational Therapy

Post-Professional Doctor of Occupational Therapy (Dr.OT.) Program

Submitted May 31, 2017 by

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to

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For the Doctor of Occupational Therapy (DrOT) degree

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Community Living Integration Club for Women in Recovery from Sex Trafficking

Abstract

Sex trafficking is one form of human trafficking, a heinous human rights violation that transcends international borders. People who have been trafficked often present with complex neurobehavioral, psychological, emotional, physiological, sensory, and developmental difficulties. The United Nations developed the international 3 p protocol to guide governmental agencies, non-governmental groups, and individuals in developing programs and legal actions of trafficking prevention, protection, and prosecution. Protection encompasses the recovery of trafficking survivors and community integration has been identified as an essential foundation for successful recovery. Measurable components of community integration include safe housing, stable employment, and vocation-focused education. This Capstone describes the organization, implementation, and results of a six-week community integration group experience for five women in a sex trafficking residential recovery program.

Key words: Human trafficking, sex trafficking, recovery, trauma, posttraumatic stress disorder, occupational therapy, childhood sex abuse, protection, protection, prosecution, 3P Paradigm,

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Community Living Integration Club for Women in Recovery from Sex Trafficking

Project Description

The Community Living Integration Club for survivors of sex trafficking (the Club) is designed as a client-driven, interactive group to facilitate community integration for adult female survivors of the 12-month recovery program at Selah Freedom in the Tampa Bay area, Florida. Selah Freedom, a 503(c) non-profit organization, provides comprehensive services, including awareness, prevention, professional education, jail and community outreach, arrest alternative, and aftercare programs (See Appendix A; Selah Freedom, n.d.b). The guiding value of the Community Living Integration Club coordinates with the Selah Freedom core value of unity in that “we are all uniquely different, yet unified in vision and values“ (see Appendix A). “The Selah Freedom agency focuses on a mission to lead “implementation of best practices, programs, and services in the fight against sex trafficking, . . . changing communities and restoring survivors” (Selah Freedom, n.d.a).

The Community Living Integration Club Design

This author completed a contextual needs assessment of the Selah Freedom residential recovery program and residents (Thompson, 2015). The contextual needs assessment determined limitations in three areas of survivors’ social and physical environments in the residential recovery program: lack of housing in a safe community setting, limited employment, and inadequate social media management. Over the past three years, the author interviewed and engaged in formal dialogues with Selah Freedom key stakeholders, including upper

management, residential house staff, other program staff, and residents in the recovery program. The capstone residency, volunteer work, and events at Selah Freedom provided the author diverse opportunities to observe the survivors' daily routines, behavioral presentations, and activities of daily living. These formative experiences provided the foundation to develop the focus and the goals of the Community Living Integration Club. These goals include promoting the survivors' abilities to attain and maintain the two essential, measurable components for successful independent living in recovery: community housing and educational/vocational stability (Cole, Sprang, Lee, & Cohen, 2014; Macy & Johns, 2011; Muraya & Fry, 2016). The Community Living Integration Club will incorporate group activities, setting of individual goals, and standardized assessments of each survivor's skills, behaviors, and attitudes towards community integration skills.

Operational Definitions

Victim. As part of the official language of federal law enforcement agencies, the term victim refers to a person who was or is being trafficked with "legal implications within the criminal justice process and . . . who suffered harm as a result of criminal conduct" (U.S. Department of Justice, Health and Human Services, & Homeland Security, 2014). Within the criminal justice process, the victim retains important specific rights to representation and services.

Survivor. The term survivor "is a term used by many in the services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience" (U.S. Department of Justice, Health and Human Services, & Homeland Security, 2014). In the informal language of service providers and those who have been trafficked, the more positive term *survivor* is often used to respectfully describe a person who is in recovery and victim refers to someone currently being trafficked (C. Rose, personal communication, October

4, 2016). In this work, the use of survivor refers to a person with a history of sexual trafficking. Although legally viewed as victims, the women in the CLIC are simultaneously members, participants, and survivors in this work.

Community integration. The concept of community integration is described in literature dedicated to persons with traumatic brain injury. Within this field, the concept includes the range of “independence in household activities, parenting, community mobility, vocational functioning, and development and maintenance of friendships and intimate relationships” (Sander, Clark, & Pappadis, 2010, p. 122). In 1994, Willer and Corrigan defined community integration as “active participation in a broad range of community involvements” (as cited in Sander et al., 2010, p. 121).

Vocational stability. Vocational stability refers to attaining and maintaining viable employment or the active pursuit of employment via goal-directed education. This employment specifically refers to employment outside of the sex trafficking and sexual industry. Vocational stability will be measured with a yes-no format questionnaire, which will be administered upon program completion and six-months post program.

Procurement and maintenance of safe housing. Procurement and maintenance of safe housing is defined as attaining and continuing to live in secure community housing, such as a house, apartment, or family setting (National Economic and Social Rights Initiative, n.d.). For the population of women who are survivors of sex trafficking, the housing refers to safe shelter outside of the sex trafficking and sexual industry. Maintenance of safe housing will be measured with a yes-no format questionnaire, which will be measured upon program completion and at six-months post program.

Program Evaluation Design

This project will use a prospective cohort approach, also known as purposive sampling, with a closed group to assure that participants are at similar recovery levels, receiving like services, and living in consistent living conditions, which will decrease variability on program outcomes recovery (Gray, 2009; United States Department of State [USDOS], 2013). The closed group offers the advantage of the participants knowing each other and sharing a familiar dynamic interaction pattern in the recovery. Randomized selection of participants to a non-treatment option would not be ethical in this context as participants would question why some were able to attend the Community Living Integration Club and others were not. A blind approach is not possible due to the need for practitioners to know the method that they are utilizing, and due to the small population size. A limitation of the design is the lack of opportunity to generalize findings to other recovery centers and programs. Future studies could randomize by site with participants at some recovery sites receiving the intervention while others do not.

Background, Rationale, and Need

Trafficking of persons into coerced sexual activities comprises an estimated US\$ 32 to US\$120 billion industry and human rights violation that transcends 161 international borders (Alvarez & Alessi, 2012; Bales, 2010; Bryant et al., 2015; Meshkovska, Siegel, Stutterheim, & Bos, 2015; Nawyn, Birdal, & Glogower, 2013; “Statistics,” n.d.). President Obama noted that “human trafficking has emerged as one of the primary injustices facing contemporary society . . . [and] has been referred to as modern slavery” (Hodge, 2014, p. 111). Sex trafficking victims and survivors endure years of restricted opportunities to engage in age-appropriate activities of daily living (ADL), formal education, and social participation throughout adolescent and young adult years (Bryant et al., 2015; Muraya & Fry, 2016). This deprivation results in extensive biopsychosocial impairments, including depression, post-traumatic stress disorder (PTSD),

dissociation, cognitive deficits, effects of forced substance abuse, and pervasive medical ailments (Abas et al., 2013; Macy & Johns, 2011; Trickett, Noll, & Putnam, 2011).

One type of human trafficking, sex trafficking involves coerced sexual activity up to 40 times per day (Alvarez & Alessi, 2012; Bryant et al., 2015; International Labor Organization [ILO], 2012; Meshkovska et al., 2015; World Health Organization [WHO], 2012). Other forms of human trafficking include labor trafficking, forced marriage, organ trafficking, and child soldiers (ILO, 2012). The United Nations (UN) provided the guiding definition, directives, and international legal precedents. The UN Protocol to Prevent, Suppress and Punish Human Trafficking considers sex trafficking as

trafficking in persons, which shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (UN Office on Drugs and Crime [UNODC], 2004, p. 42).

The clandestine nature of trafficking hampers precise statistics of trafficked adults and minors (Dank et al., 2014; Nawyn et al., 2013). Credible estimates suggest that up to 27 million persons are currently being trafficked throughout the world with women and girls comprising 55% to 75% of that amount (Alvarez & Alessi, 2012; Bryant et al., 2015; Hodge, 2014; Meshkovska et al., 2015). Southeast Florida, the Tampa Bay area, and Orlando show the highest incidences of sex trafficking in Florida, which ranks as the third highest state in the US in trafficking incidence (Gulf Coast Partnership, 2013).

Estimated Prevalence, Demographics, and Economic Impact

Human trafficking encompasses sex trafficking, labor trafficking, organ trafficking, and child soldiers (UNODC, 2009). Sex trafficking involves coercion of minors or adults into sex-related activities ranging from pornography to various sexual acts (Abas et al., 2013; Dovydaitis, 2010; Hossain, Zimmerman, Abas, Light, & Watts, 2011; Meshkovska et al, 2015). The clandestine nature of sex trafficking with no defined method to collect and monitor data precludes achieving accurate estimates of its human and economic costs (Macy & Graham, 2012). Based on the estimated international financial gain of US\$ 32B to US\$ 120B over 161 countries, the Justice Policy Center of the Urban Institute approximated the overall economic impact in the US of legal sex work, sex trafficking, and child pornography (Alvarez & Alessi, 2012; Bales, 2010; Bryant et al., 2015; Meshkovska et al., 2015; Molloy, 2016; Nawyn et al., 2013; “Statistics,” n.d.). These estimates range from US\$ 39.9M to US\$ 239M total in just eight major U.S. cities (Dank et al., 2014). Beyond the economic costs, sex trafficking presents an international human rights violation that contributes to personal, familial, and community disorganization and decreased human value that defies measurement (American College of Obstetricians and Gynecologists, 2011; Barrows & Finger, 2008; Konstantopoulos et al., 2013; Schauer & Wheaton, 2006).

Legal Aspects of Human Trafficking

In 2000, the General Assembly of the UN adopted the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, resolution 55/25 as part of the three-prong Palermo Protocol. This universally binding agreement provided the vehicle for UN member nations to develop national policies for international and domestic management of trafficked persons and trafficking conditions (UN Office of High Commission on Human Rights,

n.d.; UNODC, 2016). This international precedent defined basic concepts for nations, regional governmental groups, and aid agencies to guide their legislative efforts.

United States trafficking laws. The 106th U.S. Congress passed and President Bill Clinton signed Public Law 106-386, the Victims of Trafficking and Violence Protection Act of 2000 (TVPA) to establish trafficking in persons as a crime (USDOS, 2000). The U.S. Congress has updated the original elements of trafficker prosecution, victim protection, and service provisions through Trafficking and Violence Protection Reauthorization Acts of 2003, 2005, 2008, and 2013 (Polaris, 2016). The change in legal status of trafficked persons from criminals or prostitutes to victims and survivors continues to present a major paradigm shift in victim management and treatment throughout the process of capture, treatment, and community integration. This change has fueled the need for extensive education for police and law enforcement; agents of the Central Intelligence Agency, U.S. Department of Justice, and related agencies; legal professionals as judges, attorneys, and their staffs; and persons involved in all levels of service provision (Kotrla & Wommack, 2011).

Florida state trafficking statutes. In 2004, the Florida legislature provided the initial trafficking law of Florida State Statute §787.06 to manage prosecution of traffickers. The Florida legislature has updated the statute annually and incorporated additional statutes to expand prevention, treatment provisions for victims, specific approaches for children, expungement (sic) of criminal record for victims erroneously convicted, specialized training for judges and attorneys, enhanced penalties for traffickers and related offenders, and increased victim services (Florida State University, n.d.; Online Sunshine, 2016).

Trafficked Persons' Legal Right to Restitution

In March 2007, the UN developed a model plan with a provision for convicted traffickers to bear financial responsibility for restitution of remedial treatments, including occupational therapy, for trafficked persons (UN Office on Drugs and Crime, 2009). In the US, the TVPA included a complementary provision in Title 18 US Code § 2259(b)(3) dedicated to restitution for victims to be provided by their traffickers that includes provision of occupational therapy and rehabilitation services (National Crime Victim Law Institute, 2013; U.S. House of Representatives, 2016). The difficulty of enacting restitution lies in collection because traffickers are either incarcerated or return to the clandestine trafficking life.

The UN Protocol, national laws, and international agencies continue to provide a foundation for collaborative efforts in the overwhelming range of areas that sex trafficking encompasses. These regulations provide the base for agencies and governments to work together to improve prevention, protection, and prosecution services.

The 3P Paradigm Approach

To organize the diverse topics in the area of sexual trafficking, the United Nations Office on Drugs and Crime (UNODC) and the United States Department of State adopted the 3P paradigm approach to sex trafficking to define three distinct areas of prevention, protection, and prosecution for organizing, executing, and evaluating domestic and international anti-sex trafficking efforts (United Nations Office of High Commission on Human Rights, n.d.; UNODC, 2009, 2016; USDOS, 2016). Prevention includes services and activities designed to avert people from involvement in being trafficked (UNODC, 2009, 2016; USDOS, 2000; USDOS, 2016). Protection encompasses the extensive immediate, short-term, and long-term services for rescue and recovery of victims with repatriation provisions for foreign nationals. Prosecution refers to the complex process of making, updating, enacting, and applying pertinent legal regulations.

The annual *Trafficking in Persons (TIP) Report* provides evaluation of each nation's efforts in the 3P paradigm categories.

Prevention. Prevention includes both organized and informal efforts directed to vulnerable persons for decreasing their recruitment into trafficking activities (USDOS, n.d.). Formal programming includes *My Life, My Choice*, the 10-week program dedicated to at-risk teen girls with promising results, pending program evaluation (Piening & Cross, 2012). Informal prevention efforts include information sessions about trafficking, technical training, educational programs, and micro-lending services (Kaufman & Crawford, 2011). Prevention program components include awareness of traffickers' recruitment techniques, trafficker identification, techniques to avoid entry into trafficking, and methods to enhance self-esteem. Fryda and Hulme (2015) identified 35 studies of prevention programs for children who had been identified as victims of childhood sexual abuse, a similar finding in trafficked persons due to the history of childhood sexual abuse consistently found in survivors. Some programs provided evidence that participants demonstrated improvements in self-esteem and self-protections skills, but also found that participants showed some increases in anxiety, mistrusting adults, and fearfulness with no indication of potential reasons for these negative findings (Fryda & Hulme, 2015).

Protection. The umbrella of victim protection encompasses rescue that transforms victims into survivors, legal process management, recovery services, and community integration (USDOS, n.d.). Rescue opportunities include law enforcement bust, organized victim rescue, informal street outreach services, strip club outreach, and other dedicated outreach programs (USDOS, n.d.). Specific recovery approaches are explored in more depth in later sections of this work.

Prosecution. Both the legal status of sex-related services and the law to facilitate sex-trafficked persons achieving access to exit from trafficking constituted two main foci of sex trafficking literature. In the Netherlands, all prostitution and sexual activities involving people 16 years and older is legal (Huisman & Kleemans, 2014). This open system has not resulted in adequate transparency for victims to seek exit and access to services and, in addition, has failed to separate prostitution from organized crime (Huisman & Kleemans, 2014). On the opposite end of the continuum, abolitionists seek regulations for all forms of paid sexual activity to be illegal with traffickers, purchasers, and sellers subject to criminal charges and with provisions for trafficked persons to receive treatment (Meshkovska et al., 2015). With a distinct regulation approach, Sweden became the initial country to make the purchase of sexual services illegal while decriminalizing the sale of such services, now called the Nordic model (Mathieson, Branam, & Noble, 2016; Stahl, 2015). Since the law came into effect in 1999, street prostitution has decreased 50% (Stahl, 2015).

Within each of those broad classifications, opinions vary widely about how to draw legal delineations for sexual activity. Some persons and religious groups want to mandate all sexual activity outside of marriage as illegal, including strip clubs and restaurant servers wearing revealing clothes (Shih, 2016). Persons on the opposite end of this complex continuum prefer to allow sexual activities involving consenting adults. National laws vary. For example, in June 2014, Japan became one of the last countries to make child pornography illegal, except in animated forms of printed comic books, animated movies, and video games (Umeda, 2014). Proponents of various perspectives, policies, practices, and laws related to sexual behaviors and sex trafficking activities engage in passionate discourses of issues that drive regulations. Some

of these issues include human rights, gender issues, child protection, ethical and moral codes, and social justice.

Based on the guiding UN Protocol, the 3p paradigm offers the foundation for developing prevention, protection, and prosecution legislation (USDOS, n.d.). Program developers, policy makers, service providers, and community members continue to demonstrate a wide range of opinions and directives in the attempts to manage the multiple components of the 3p paradigm.

Migration and Immigration Related to Sex Trafficking

The annual *TIP Report* quantifies the efforts of each nation affiliated with the WHO in the 3P paradigm components of prevention, protection, and prosecution actions within their respective borders and on an international basis (USDOS, 2016; WHO, 2012). Transportation of trafficked persons across national and cultural borders adds the complications of language barriers, ethnic customs, and stigma to the rescue and recovery process. Trafficked persons have the right to receive care in their primary language, requiring service providers to be educated in and skilled in culturally informed care throughout the service process (Macy & Graham, 2012). Foreign nationals who have been trafficked into the US face additional decisions upon rescue, including the choice of repatriation to their home country or of staying in the US to receive services and to choose to testify against traffickers (Johnson, 2012; Meshkovska et al., 2015). The international management of anti-trafficking efforts requires the enactment of 3P paradigm elements within and between all nations.

Voices of Sex Trafficking Survivors

There is a paucity of information in the literature on the perspectives and the voices of trafficked persons. Researchers and practitioners considered that openly discussing trafficking

with survivors can result in re-traumatizing the survivors (Rajaram & Tidball, 2016). In their qualitative study, Rajaram and Tidball included only women who had been away from the trafficking life for more than one year, utilized guided interviews to aid healing and to prevent re-traumatizing. They determined that survivors offered suggestions that contributed to the current criteria for the 3 Ps protocol, including more aggressive education for middle school and high school students on resisting traffickers' techniques, increased penalties for and public shaming of traffickers, rehabilitation program for buyers, increased inter-agency collaboration, decreased stigmatization of survivors, and more distinction between trafficked persons and rape victims.

Some trafficking survivors have utilized their voices to develop novel programs and approaches to meet the needs of other trafficking survivors. Rachel Lloyd established Girls Educational and Mentoring Service (GEMS) in New York City and three other states to improve the lives of commercially trafficked young women (Lloyd, 2011). A survivor of familial sex trafficking, Connie Rose works to expand the Boston-based teen prevention program My Life, My Choice that is led only by persons with a history of some form of sex trafficking (Justice Resource Institute, n.d.). Rose stressed that personal trafficking experience is an integral perspective to adequately understand the voices of young persons who are either at risk of being trafficking or being trafficked (C. Rose, personal communication, October 14, 2015, November 17, 2105, October 4, 2016).

Need for Dedicated Services and for Evidence

“Service providers assert that the needs of trafficking survivors are far greater than those of other marginalized groups . . . because they have lived under the abusive control of others and have been traumatized” (Shigekane, 2007, p. 122). Martinez and Kelle (2013) and Shigekane

(2007) have determined the need for dedicated recovery services, focusing on distinct needs for girls, women, boys, men, and the lesbian, gay, bisexual, and transgender (LGBT) populations. Governmental and private agencies of some nations tend to focus trafficking efforts primarily on women and girls based on cultural beliefs that condone or ignore the trafficking of men, boys, and of the LGBT population (Rafferty, 2016). “Because sexual violence against males is considered taboo in most societies, many male victims are constrained by societal barriers from reporting their ordeals” (Martinez & Kelle, 2013, p. 2). LGBT youth comprise 20% of homeless youth with a rate of 58.7% exploitation in contrast to 33.4% of homeless heterosexual youth being exploited (Martinez & Kelle, 2013). In addition, fewer members of the LGBT population report their exploitation, making data collection and service provision even more challenging. More evidence is needed to develop recovery programs that focus on integration into society, economic conditions, employment, meaningful occupation, and social participation for victims across all gender and age ranges (Abas et al., 2013; de Chesnay, 2013; Jordan, Patel, & Rapp, 2013; Kaufman & Crawford, 2011; Kotrla & Wommack, 2011; Lisborg, 2009; Macy & Graham, 2012; Macy & Johns, 2011; Meshkovska et al., 2015; Miller, 2011; Muraya & Fry, 2106; Okech, Morreau, & Benson, 2011; Skigekane, 2007; Williamson, Dutch, & Clawson, 2008).

Objectives of the Project

The Community Living Integration Club encompasses goals and methods to measure goals to develop the community integration skills of adult female sex trafficking survivors actively involved in the Selah Freedom residential recovery program.

Goal 1. Empower adult female sex trafficking survivors to achieve successful recovery through client-generated community integration activities.

- Objective 1: Increase survivors' sustainable employment and/or education directed to obtaining employment in the community with 75% of survivors attaining employment or relevant education upon completion of the project. Measure: Frequency results of a yes/no scale on attainment of employment and/or employment-directed education upon completion of the six-week Community Living Integration Club (see Appendix D).
- Objective 2: Increase survivors' attainment of community housing with 80% of survivors acquiring community housing upon completion of the program. Measure: Frequency results of a yes/no scale on attainment of safe community housing upon completion of the six-week Community Living Integration Club (see Appendix D).

Goal 2. Improve survivors' community integration on an intermediate-term basis, six months after completion of program.

- Objective 1: Increase survivors' stable employment or relevant educational pursuits with 90% achieving employment or relevant education 6 months after completion of program. Measure: Frequency results of a yes/no scale on attainment of employment and/or employment-directed education 6 months after completion of the six-week Community Living Integration Club (see Appendix D).
- Objective 2: Increase survivors' maintenance living in a safe community with 90% of survivors acquiring and maintaining community housing, measured 6 months after completion of program. Measure: Frequency results of a yes/no scale on attainment of safe community housing 6 months after completion of the six-week Community Living Integration Club (see Appendix D).

Strategies

The main strategies to achieve objectives focus on three interwoven methods:

- Client-generated, occupation-based individual goals to develop community integration skills.
- Client-generated groups to plan and to reflect on group community experiences.
- Client-directed community experiences.

Survey of the Literature

This literature review includes the global scope of sex trafficking literature, the extent of sex trafficking in the Tampa Bay area, a summary of survivor behaviors and symptoms, the emerging role of occupational therapy in sex trafficking intervention, and foundational models for project development. An extensive literature search included the search terms sex trafficking, human trafficking, global trafficking, domestic minor sex trafficking, commercial exploitation of children, and slavery. As a stand-alone term, trafficking produced multiple results related to biological studies, presenting the need to utilize a modifier with the term. Other search terms included recovery in conjunction with the terms sex trafficking and with occupational therapy. The Google Scholar search produced three new journals: *Slavery Today Journal* with quarterly publications begun in 2014, *Journal of Human Trafficking* with quarterly publications begun in 2015, and *Anti-Trafficking Review* with bi-annual publications begun in 2012. To date, these three journals have offered over 100 articles covering various aspects of trafficking, but there was no article providing evidence for recovery programs. Utilizing a technique found in systematic reviews, the Capstone author conducted a Google Scholar search

and a search through the Health Profession Library of Nova Southeastern University for the literary works of the persons comprising the mastheads of those three journals.

Sex trafficking literature also covered the estimated prevalence and economic impact, legal aspects, and demand reduction of trafficking. Topics in the literature related to the victims and survivors included human rights issues, migration and immigration, prevention, recruitment strategies, recidivism, need for dedicated services of specific groups, and need for evidence in all areas. The literature search showed a paucity of literature in evidence for intervention and recovery programs.

The vast field of sex trafficking literature presents the prevalence of trafficking; demographics, economic impact, and legal aspects of trafficking; international, U.S., and Florida regulations; trafficked persons legal right to restitution; the 3p paradigm of prevention, protection, and prosecution; and migration issues. Extensive literature review shows a paucity of evidence on recovery programs and minimal occupational therapy involvement (Bryant et al., 2015; de Chesnay, 2013; Jordan, Patel, & Rapp, 2013; Kaufman & Crawford, 2011; Lisborg, 2009; Macy & Johns, 2011; Miller, 2011; Muraya & Fry, 2106; Okech et al., 2011). Sex trafficking is an international social problem that results in long-term physical, psychological, and developmental impairments in trafficked persons. The UN provides international regulations that interrelate with national laws and provide a vehicle to manage prevention, protection of victims and survivors, and prosecution of offenders.

Sex Trafficking and Occupational Therapy

Leaders in occupational therapy, political principals, and non-profit agencies have developed a base for developing a role for occupational therapy within the diverse aspects of sex trafficking. The UN developed a sex trafficking model with a provision for convicted traffickers

to provide restitution through financial responsibility for remedial treatments, including occupational therapy (UNODC, 2009). The UN statement provided international initiatives for all national law-making bodies to adopt such measures, and the US government has incorporated this provision (Global Rights, 2005; UNODC, 2009). This provision offers options for referral to and reimbursement for occupational therapy services.

Bryant et al. (2015) developed a formative societal statement directed to the American Occupational Therapy Association (AOTA) to encourage the association to take formal action focused on intervention, research, and education on sex trafficking (Bryant et al., 2015). Sex-trafficked persons live for years incurring the “loss of the roles and occupations associated with their ages and typical developmental stages” (Bryant et al., 2015, p. 18). The authors contended that occupational therapists could offer survivors opportunities to enhance performance skills through meaningful occupations.

Gorman and Hatkevich (2016) reviewed the complex neurological, musculoskeletal, cardiovascular, dental, psychiatric, gastrointestinal, and gynecological findings in persons who have been trafficked. “Active participation in meaningful occupations offers a distraction from negative patterns of thinking and promotes feelings of confidence and control while learning new skills” (Gorman & Hatkevich, 2016, p. 3). Using a variety of sensory, musculoskeletal, and other occupation-based approaches, occupational therapy practitioners can provide immediate life skills training in basic self-care, emotional regulation, sleep, and physical stability. On a long-term basis, intervention can focus on improving skills in education, employment, social participation, budgeting, home management, and executive function to assist survivors in achieving constructive personal roles, functional performance patterns, and a positive quality of life. The authors described the potential value of occupational therapy in providing education to

at-risk groups, conducting and publishing additional research on this topic, and advocating for an occupational therapy role with this population.

Cerny (2016) proposed a role for occupational therapy in conjunction with the four main goals of the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the US to (a) align efforts across multiple disciplines, (b) improve understanding of trafficking and of victim needs, (c) expand access to services, and (d) improve outcomes (U.S. Department of Justice, Health and Human Services, & Homeland Security, 2014). “Occupational therapy has a valid role in treating survivors of human trafficking using the profession’s client-centered care and holistic viewpoint” (Cerny, 2016, p. 326) to enhance each person’s occupational performance and develop a meaningful life.

Lisborg (2009) identified one shortcoming in training skills programs in recovery programs that specifically related to occupational therapy. This limitation included the potential misuse of occupational therapy in providing services for survivors by “treating skills training as occupational therapy to address psychosocial trauma, rather than a professional market-oriented activity whose objective is to help returnees get a decent job and their own income” (Lisborg, 2009, p. 5).

Sex Trafficking Recovery and Occupational Therapy

Phongphisutbubpa (2007) provided an organizational case study of the oldest and most extensive of seven government-operated facilities dedicated to shelter for sex trafficking survivors in Thailand. The shelter provided occupational therapy services to over 300 clients “to be concentrated and composed” (Phongphisutbubpa, 2007, p. 20). With no reference to outcomes, the author described a one-size-fits-all approach to education, vocational training, repatriation, and reintegration programs.

Snider (2012) developed a relaxation kit with the goal of managing PTSD symptoms for survivors participating in a sex trafficking residential recovery program, which was the only article on dedicated intervention. The program included a manual and staff training module to enhance sustainability with a focus on facilitating the occupation of rest. Snider (2012) suggested sex trafficking as “an emerging practice area for occupational therapists” (p. 3). Snider’s use of the person-environment-occupation (PEO) model to consider the dynamics of the three components as a guide to project development provides a foundation for occupational therapy involvement in sex trafficking intervention.

Gorman and Hatkevich (2016), Cerny (2016), and Bryant et al. (2015) presented strong perspectives to guide an occupational therapy presence in sex trafficking intervention and research. The societal statement compelled occupational therapists to take action in this service area (Bryant et al., 2015). Service provisions in the occupations of work, vocational training, education, social participation, and rest were delineated in other sources.

Sex Trafficking Recovery Interventions

Macy and Johns (2011) completed a systematic review of 20 articles gleaned from over 185 articles within journals, agencies, and contacts with key researchers. Noting minimal published evidence about treatment for this population, several authors concluded that an important component of effective intervention is comprehensive care with a trauma-focused approach (Heffernan & Blythe, 2014; Hom & Woods, 2013; Johnson, 2012; Konstantopoulos et al., 2013; Macy & Johns, 2011; Williamson et al., 2010). Additionally, these authors concluded that key components for effective long-term recovery include life skills, education and job training, and permanent housing, fundamental focus areas of occupational therapy.

Muraya and Fry (2016) completed an extensive systematic review of 15 international articles to explore trauma-informed service provision across the continuum of care. The authors developed a model with three stages of exit from trafficking progressing from rescue through recovery to reintegration. The model included components of rest, sleep, resiliency, identity, shelter, life skills, education, occupational training, and job placement. The guiding document of the occupational therapy practice framework, theoretical frameworks, and formal education provide key preparation for occupational therapists to address these areas and functions.

De Chesnay (2013) described the role of nursing in conjunction with other medical professionals in treatment of sex trafficking survivors to delineate roles in a team approach to recovery. Peer support emerged as an important tool to achieve individual goals within a client-generated group format. The author surmised that the field of persons with a history of childhood sexual abuse presents with similar behavioral and psychological findings to those who have been sexually trafficked.

Kaufman and Crawford (2011) highlighted the Maiti Nepal Center that provides post-trafficking shelter and prevention services of “formal and nonformal education, life-skills development, . . . job skills, such as farming and horticulture skills or jewelry making . . . to develop economic independence and financial responsibility” (p. 656). Several small non-governmental agencies provide specific services, including targeted prevention and recovery programs. The authors cited several examples of counterproductive outcomes that resulted from treatments that lack evidence, concluding that intervention is best when guided by evidence-based outcome measures.

Zimmerman, Hossain, and Watts (2011) outlined the developmental elements of the trafficking process to define a model for service program elaboration. With a lack of evidence in

sex trafficking recovery programming, the authors recommended incorporating models, programming, and approaches from other vulnerable populations, including populations who incur negative social stigma, such as survivors of domestic violence, persons with a history of childhood sexual abuse, and refugees (Zimmerman et al., 2011).

Diagnoses with Similar Etiologies, Behaviors, and Symptoms

Incorporating evidence from related fields of inquiry, including nursing, social work, medicine, psychology, and education has been recommended to develop recovery programs (de Chesnay, 2013; Hardy, Compton, & McPhatter, 2013; Williamson et al., 2008; Zimmerman et al., 2011). Using evidence from interventions for persons who incurred childhood sexual abuse, researchers can guide the development of interventions for sex trafficking survivors based on similar developmental histories, sexual abuse histories, presentations, and symptoms of the two conditions. In a study of 166 females with history of childhood sexual abuse, Classen et al. (2011) completed a randomized controlled trial study within seven cohorts each with three comparison groups: trauma-focused group psychotherapy, present-focused group psychotherapy, and wait list (no treatment). Those in the trauma-focused groups and present-focused groups decreased negative symptoms of PTSD, impaired self-reference, and related mental health behaviors while those in the waitlist group who received no treatment showed no such changes (Classen et al., 2011). The authors offered credence to incorporate trauma-focused and/or present-focused interventions for clients with a history of childhood sexual abuse and, by extension, to sex trafficking survivors.

Hossain et al (2012) suggested that sex trafficking survivors share similarities with persons who have a history of childhood sexual abuse considering that trafficking often begins during childhood. Trickett, Noll, and Putnam (2011) conducted a 23-year longitudinal study,

which showed that female participants with a history of childhood sexual abuse demonstrated “cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, hypothalamic–pituitary–adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses . . . post-traumatic stress disorder, [and] self-mutilation” compared with non-abused persons (p. 453). They also determined that female participants with childhood sexual abuse histories showed mental health disorders, revictimization, substance abuse, domestic violence, and mal-development in their offspring. These findings showed that sex-trafficked women may demonstrate similar symptoms due to a common history of childhood sexual abuse.

Shigekane (2007) suggested integrating strategies and interventions used with other vulnerable populations, such as domestic violence survivors and refugees. Lewis, Henriksen, and Watts (2015) found that spirituality, peer support, and informal social support positively enhanced recovery for six survivors of domestic violence. They noted that the survivors of domestic violence demonstrated similar symptoms shown by sex trafficking survivors, such as medical problems, mental health conditions, PTSD, and substance abuse. The authors also noted economic insecurity as a main factor that contributes to abused persons returning to dysfunctional relationships and may be a factor for sex-trafficked women returning to the trafficking life.

Conditions that refugees showed in common with survivors of sex trafficking include cumulative trauma symptoms and on-going exposure to physical, sexual, and emotional abuse (Kira & Tummala-Narra, 2014). The authors suggested that individual and ecological recovery models provide a foundation for intervention with refugees through present-focused and trauma-focused cognitive-behavior therapy approaches. Main areas to incorporate in intervention for

refugees include safety skills, problem solving, assertiveness, emotional regulation, coping strategies, identity redefinition, and “personal and collective self-esteem and self-efficacy” (Kira & Tummala-Narra, 2014, p. 359). Conditions, such as childhood sexual abuse, domestic violence survivors, and refugee status, present similar symptoms to those of sex trafficking survivors due to limited evidence in the development of guiding models, strategies, and approaches for intervention with the sex-trafficked population.

Post-Traumatic Stress Disorder and Survivors of Sexual Trafficking

Multiple researchers highlighted PTSD with accompanying depression, anxiety, and dissociation as frequently seen in women with a history of sexual trafficking (Abas et al., 2013; Bass et al., 2013; Briere & Scott, 2006; Cole et al., 2014; Hossain et al., 2011). Persons with conditions as intimate partner and domestic violence, childhood sexual abuse, and refugee trauma often demonstrate PTSD (Classen et al., 2011; Kira & Tummala-Narra, 2014; Shigekane, 2007).

Frequent symptoms of PTSD include the following:

re-experiencing, avoidance, numbing . . . hyperarousal . . . disturbances in self-regulatory capacities that have been grouped into five categories: emotion regulation difficulties, disturbances in relational capacities, alterations in attention and consciousness (e.g., dissociation), adversely affected belief systems, and somatic distress. (Resick et al., 2012, p. 243).

Service providers have utilized multiple intervention strategies to treat PTSD symptoms. Lake (2014) surveyed 170 Veterans Administration programs with a specialization in PTSD to determine effectiveness of complementary and alternative medicine approaches. Interventions included yoga, mindfulness, Omega-3 use, progressive muscle relaxation, guided imagery, relaxation training, meditation, acupuncture, traditional Chinese medicine, eye movement desensitization and reprocessing, virtual reality exposure therapy, biofeedback, lucid dreaming

training, craniosacral therapy, somatoemotional release, emotional freedom techniques, spiritual practices, and energy healing. Lake (2014) reported improvements in symptoms but cautioned about small sample sizes and limited study methods.

An occupation-based, high-intensity surfing activity consisted of 5 four-hour weekly groups for 14 veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The groups served to develop five skills: identity, leadership and trust, community building, problem solving, and transition into healthy living (Rogers, Mallinson, & Peppers, 2014). The authors surmised that therapeutically directed high-intensity activities “may act as a catalyst for veterans to construct an alternative narrative of their life experiences” (Rogers et al., 2014, p. 402).

Incorporating the disciplines of psychotherapy and occupational therapy, Warner, Koomar, Lary, and Cook (2013) developed Sensory Motor Arousal Regulation Treatment (SMART) as an outpatient approach to manage complex trauma in youth and young adults. The SMART sensory room contains large balls, cushy chairs, large inner tubes, and sensory materials for clients to self-direct activities that affect the vestibular, proprioceptive, and tactile systems. The opportunity to select low-input or active-movement sensory activities helps mediate the behavioral and affect dysregulation of the clients who receive therapy in the outpatient settings.

Survivors frequently show an array of PTSD symptoms accompanied by other mental health conditions. Successful interventions to treat these conditions included mindfulness approaches, physical rehabilitation techniques, sensory integrative methods, spiritual approaches, and high-intensity sports. Methods that have shown effective in the treatment of PTSD associated with related mental health conditions and trauma victims offer options for adaption to use with sex trafficking survivors in a program utilizing an occupation-based approach.

Occupation and Recovery

Symptoms previously noted in sex trafficking survivors show similarity to symptoms demonstrated by persons with various stages of mental illness. These symptoms include and depression, dissociation, and anxiety. Gibson, D'Amico, Jaffee, and Arbusman (2011) analyzed 52 of 1,964 articles that identified main themes affecting community integration for adults with severe mental illness. The themes of social participation, life skills and physical activities, instrumental activities of daily living, work and education, neurocognitive training, context, and client-centeredness can be incorporated into intervention to enhance community integration and normative life roles for sex trafficking survivors (Doroud, Fossey, & Fortune, 2015; Gibson et al., 2011). The authors suggested incorporating unique qualities of occupational therapy within a multidisciplinary team for developing programming that maintains an individual focus within a group approach.

In a literature review, Clay (2014) proposed an occupation-based recovery model for diverse populations and conditions. This recovery model incorporates the principles of occupational therapy, International Classification of Functioning, Disability, and Health (ICF) of the WHO, and Substance Abuse and Mental Health Administration (SAMHSA) values (SAMHSA, n.d.; WHO, 2002, 2014). Identifying the importance of social participation, life skills, work and education, and client-centeredness in community integration, Gibson et al. (2011) tied these components to principles of occupational therapy, the ICF, and SAMHSA. These unifying principles also incorporate the fundamental beliefs of the World Federation of Occupational Therapists (WFOT), the AOTA's Centennial Vision, and the goals of the Federal Strategic Action Plan for Victims of Human Trafficking in the (AOTA, 2016; U.S. Department of Justice, Health and Human Services, & Homeland Security, 2014; WFOT, n.d). By incorporating the components of Clay's model into the Community Living Integration Club, the

author developed a program that provides inclusion to persons of various countries and cultures with an occupation-based approach.

Methods

The Community Living Integration Club will incorporate client-directed activities to facilitate the bridge from residential recovery to independent community integration. To provide an individualized and effective approach, the Community Living Integration Club will incorporate and respect each participant's physical and social environments, cultural contexts, values, beliefs, spiritual pursuits, and unique personal elements (AOTA, 2014). The author of this project utilized input from persons experienced in a range of fields and interested community members to enhance the development of the Community Living Integration Club. These experts included psychologists; social workers; legal experts; national and international governmental security agents; a strip club owner; and managers of diverse treatment, outreach, and assessment programs. These specialists offered cultural, personal, professional, and other diverse insights into the world of persons who are being or have been sexually trafficked.

Program Models

After reviewing various models for program development, this author selected the biopsychosocial model, the PEO model, a recovery model based on Erikson's stages, and the Wellness Action Recovery Plan (WRAP).

The biopsychosocial model. Sex trafficking survivors demonstrate maladaptive behaviors across the continuum of neurobehavioral, psychological, emotional, physiological, sensory, and developmental areas, showing the importance of incorporating the comprehensive biopsychosocial model into interventions with this population (Borrell-Carrió, Suchman, & Epstein, 2004; Hemmingsson & Jonsson, 2005; Smith, Fortin, Dwamena, & Frankel, 2013).

This model provides a basis to understand the comprehensive, multi-facteted deficits in biological, psychological, and social functions that result from the trafficking process. The biopsychosocial model coordinates with elements essential to occupational health and recovery as defined in the occupational therapy practice framework, including (a) client factors, (b) performance patterns, and (c) environmental components (AOTA, 2014). The biopsychosocial model provides a link to the ICF in the international scope of sex trafficking (WHO, 2014).

The PEO model. The PEO model provides a guiding occupational therapy model in intervention for sex-trafficked persons (Law, et al., 1996; Snider, 2012; Strong, Rigby, Law, & Letts, 1999). Relevant influences in the development of the PEO model include the Moos' social ecology model of self-concept in persons with mental health difficulties; Kaplan's model of person-environment compatibility, perception, and attention; Baker and Intaglia's work about quality of life incorporating the internal world with the environment; and Bronfenbrenner's work about the interrelated relationship of the individual and social groups (Law et al., 1996; Strong et al., 1999). People who have incurred long-term coercion of person, environment, and occupation factors can benefit from this approach that incorporates the dynamic interplay among the components of person, environment, and occupation.

Recovery model based on Erikson's developmental stages. The recovery process of women with a history of sex trafficking encompasses delayed and impaired development in biological, social, emotional, cognitive, and psychological skills from years of constant coerced occupations, deprived environment, and restricted opportunities in person experiences. This recovery model integrates adaptations of Erikson's stages to recovery levels: acceptance, coping, personal recovery plan development, purposeful work and leisure, separation of identity from difficulty, healthy relationships, altruism, and mentorship with advocacy (Vogel-Scibilia et al.,

2009). These stages follow a developmental yet non-linear progression and can be used to facilitate the incorporation of the unique occupational perspective with an individual, developmental focus encompassing comprehensive, holistic activities (see Appendix E).

Clay developed concepts for an occupational approach to recovery based on principles of occupation and concepts that presented the challenges of illness with resulting changes in “attitudes, beliefs, life roles, and personal goals immersed in psychological symptoms and life stressors” (Clay, 2014, p. 1). The approach incorporated the 10 SAMHSA recovery components in the context of occupation: hope, self-direction, individualized and person-centered recovery, empowerment, holistic care, non-linear progression, strengths-based, peer support, respect, and responsibility (Clay, 2014; SAMHSA, n.d.). Consistent with Erikson’s concepts of human development, SAMHSA recovery components, and occupational therapy principles, this model based on Erikson’s stages provides a method for each individual to progress through recovery process stages on a unique, non-linear path.

Wellness Recovery Action Plan. The WRAP provides a self-managed recovery program, based in self-determination theory with action steps that transcend formal recovery treatment to guide long-term wellness (Cook et al., 2012; Gardner, Dong-Olson, Castronovo, Hess, & Lawless, 2012). In addition to utilizing a personal wellness toolbox, each individual develops a hard copy unique book or computer-based format with five sections: daily maintenance lists, triggers, early warning signs, when things are breaking down, and crisis (Gardner et al., 2012).

These foundational models incorporate the complex physiological, social, and social context of each individual, a distinct occupational therapy approach, and developmental and occupational approaches to recovery. These models provide a basis for a project that

incorporates recovery, occupational therapy, the developmental process, the ICF of the WHO, the OTPF, AOTA's Centennial Vision, and WFOT fundamental beliefs for universal applicability across cultures, nations, and other sex-trafficked populations (AOTA, 2014, 2015, 2016; WFOT, n.d.)

Program and Evaluation Methods

Program and evaluation methods focus on activities and desired outputs guided by three main evaluation questions. Participant measurement tools include the Canadian Occupational Performance Measure (COPM) from the occupational therapy field and the Transition Behavior Scale-3 (TBS-3), an evidence-based assessment of transition utilized in the educational and psychology fields (see Appendices B and C). Combined with the Survey of Vocational and Housing Status (SVHS) and the Satisfaction Survey for Participants (SSP) developed for this project, the measurement tools define the distinct role of occupational therapy in this practice area while simultaneously providing an interdisciplinary element to the project (see Appendices D and F).

Occupational Intervention

The six-week Community Living Integration Club project included occupation-based individual goals and interactive group experiences. In an interactive manner with the occupational therapist project director, each participant initially developed at least one individual goal with options to modify the goals at least one time over the course of the group. Based on individual goals, the participants developed group activities in diverse formats to explore vocational support and living settings/community as well as related components listed in sub-problems above. Weekly group sessions included planning, execution of, and reflection on community experiences.

The Logic Model Approach

The organizational use of the logic model reinforced the value of employment (or employment-directed education) and community housing as indicators of success in community integration (see Appendix G; Knowlton & Phillips, 2009). The categories of problem, objectives, strategies, activities, outputs, and outcomes in the logic model provided the foundation to define the project organization and structure.

Problems. Return to trafficking remains an on-going problem in sex trafficking survivors. Stakeholders and one literature source indicated that sex trafficking survivors require seven to 10 touches with recovery programs and/or personnel before entering recovery (E. Brodsky, personal communication, November 17, 2015; E. Fisher, personal communication, March 1, 2016; Wickham, 2009). However, statistics on survivors who return to trafficking after successful completion of recovery programs are difficult to determine (Nawyn et al., 2013). Lack of safe housing, vocational stability, and life skills are the primary contributing factors to return-to-trafficking. Supporting factors to community integration success included financial management skills, cell and Internet management, leisure activities, and personal safety skills (Macy & Johns, 2011; Muraya & Fry, 2016).

Anticipated outputs and accomplishments. The anticipated Community Living Integration Club outputs and accomplishments include successful community integration into a lifestyle outside of sex trafficking and the sex industry as measured in the two main objective areas of employment and housing. The project incorporates methods for participant evaluation and program evaluation.

Evaluation questions.

1. Does participation in the Community Living Integration Club result in increased vocational stability?
2. Does participation in the Community Living Integration Club result in successful procurement and maintenance of safe housing?
3. What is the extent that participants are satisfied with the Community Living Integration Club?

Outcomes and Outcome Measures

Based on the program evaluation questions, the outcomes are vocational stability (Question 1), procurement and maintenance of housing (Questions 2a and 2b), and Community Living Integration Club program satisfaction. The author developed the Survey of Vocational and Housing Status (SVHS) and participant satisfaction survey (SSP) for this project. The tools will be used to obtain quantitative and qualitative information to measure participant and staff/volunteer perspectives on (a) general program success; (b) positive, neutral, and negative program aspects; and (c) trends and suggestions for program improvement (see Appendices D and F).

Participant measures of occupation. The participant evaluation component includes the specific occupational therapy tool of the client-centered COPM to determine changes in the performance of and the satisfaction in occupations that each participant has identified as important. To build an interprofessional, multi-service, team approach, measures from other professional fields are incorporated. The SVHS, the COPM, and the Transition Behavior Scale-3 (TBS-3) serve as participant progress measures that integrate the distinct occupational approach with educational, psychological service, and vocational fields (see Appendices B, C, and D; COPM, 2015; McCarney & Arthaud, 2012). The SVHS provides measurable, concrete

outcomes of the number of persons who obtain employment and safe housing as indicators of community integration in lieu of returning to sex trafficking (see Appendix D). The COPM provides an objective, occupation-based measure of improvement in specific self-determined skills in three self-care areas of personal care, functional mobility, and community management (COPM, 2015).

Participant Measures of Transition and Integration Skills

Several tools that measure community integration were considered, including the Community Integration Questionnaire-II (CIQ-II) and the Transition Planning Inventory-2 (TPI-2; Dijkers, 2011; Pro-Ed, 2011; Tomaszewski & Mitrushina, 2016). These two tools lacked the versatility of self-report and professional-report features and did not include multiple community integration aspects. The TBS-3 provides a measure of behaviors related to successful work and community integration in three areas: work related skills, interpersonal relations, and social/community expectations. The tool incorporates options with ratings from the participant as well as ratings from educator, work supervisor, and/or other professional. The TBS-3 findings correlate to the Individuals with Disabilities Education Act (IDEA) and the Individualized Education Plan (IEP) for persons aged 14 to 22. Although project participants are often older than 22, they have been abducted into trafficking at the average age of 12 and have not completed high school or even middle school. Participants are often working on acquiring their general education diploma (GED) and seek educational programs that can be measured on the TBS-3. The TBS-3 can be utilized for developing the individual education plan (IEP) in the U.S. public education system and TBS-3 results can be helpful in proving educational and vocational development opportunities for this population.

Using both qualitative and quantitative methods approach, program evaluation tools include a quantitative yes/no questionnaire of vocation/education and safe housing, participant interviews, and a participant satisfaction survey (see Appendix F). Program evaluation measures include a questionnaire with yes/no answers of three questions targeting the following:

- Engagement in gainful employment outside of trafficking and sexual pursuits.
- Engagement in employment-focused education or training.
- Attainment of safe housing in the community (see Appendices D and F).

The satisfaction survey, interviews, and focus groups will be used to obtain quantitative and qualitative information to measure participant and staff/volunteer perspectives on (a) general program success; (b) positive, neutral, and negative program aspects; and (c) trends and suggestions for program improvement.

Parameters of success. Parameters of success of the Community Living Integration Club project encompass the dimensions of the participants achieving community integration goals of vocational and housing stability and objective measurements of the process with participant satisfaction with the program process. Short-term participant success will be determined by engagement in vocational and/or educational pursuits outside of the sex industry and attainment of safe community housing outside of the sex industry. Long-term participant success will be determined by engagement in those same areas of vocational and housing accomplishments, measured six months after completing the program. Appendix H provides a graph of specific outcome and content evaluation methods.

Program evaluation analysis. Guided by participant and program evaluation measures, the six-week long project with individual goals and group-generated community experiences

serves to provide a model for community integration. Program evaluation techniques serve to assess participant success in vocational and/or educational pursuits and acquisition and maintenance of safe community housing to determine that the project activities fit with participants' stage of recovery, guide participants to meet personal goals, and integrate personal goals, discussion groups, and community experiences (see Appendix H). Program evaluation methods will serve to determine that the project meets the standards of Selah Freedom and incorporates occupational therapy professional standards found in the OTPF and the occupational therapy code of ethics (see Appendix I; AOTA, 2014, 2015, Rossi, Lipsey, & Freeman, 2004). Descriptive qualitative and quantitative methods will be used to measure Evaluation Questions 1 to 3. The Community Living Integration Club proposes an innovative occupation-based, multi-disciplinary project to provide evidence and facilitate the community integration of sex trafficked women in recovery.

Participants

Participants fulfill the following inclusion criteria:

- Participants in the 12-month Selah Freedom residential recovery program.
- Women with a history of sexual trafficking.
- Comply with all regulations of the Selah Freedom recovery program.
- Actively participating in completing goals in educational and/or vocational pursuits, group and individual therapies, and personal self-care skills at Selah Freedom.
- Comply with all behavioral guidelines in the Selah Freedom residential program.
- Voluntary participation in the Community Living Integration Club.
- No coercion from staff, volunteers, Community Living Integration Club organizer, stakeholders, or any other person.

Exclusion criterion is anyone who is not actively engaged in the Selah Freedom residential recovery program. The current 6 participants in the Selah Freedom residential recovery program are female, Caucasian or mixed race, aged 19 to 35, Florida residents, have a history of childhood sexual abuse, and had been trafficked for at least 5 years.

Collaborations

The following groups are collaborating to develop and carry out the Club:

- Selah Freedom anti-trafficking agency in Tampa Bay area Florida.
- Nova Southeastern University College of Health Care Sciences.
- Occupational Therapy Department within the Nova Southeastern University College of Health Care Sciences.

Institutional Approvals

The following entities have submitted institutional approval for the Club project:

- The Institutional Review Board (IRB) of Nova Southeastern University.
- Selah Freedom anti-trafficking agency in Tampa Bay area Florida.

Project Results

Community Living Integration Club Demographics

Five female adults of the Selah Freedom residential recovery program participated as active members in the Community Living Integration Club program with the following demographics and Community Living Integration Club attendance records (see Table 1). All five members are currently residents of the state of Florida and range in age from 28 to 35 years of age. Three members attended all six sessions that occurred within an eight-week block from March 11 to April 29, 2017. One member attended four times and one member attended three times due to time constraints of educational program. After initially completing the COPM, the

TBS-3, and the SVHS, each member defined at least one personal community integration goal (see Table 1).

Table 1

Community Living Integration Club Demographics

Identification (ID)	Age	Race	Initial Educational Status	Initial Vocational Status	Attendance	Initial goal
AA	33	Caucasian	GED graduate	Semiskilled textile industry	6/6 sessions	Get a car; More visits with children Long-term: Have a home; have children live with me.
BK	33	Caucasian	GED graduate	none	5/6 sessions	Get a job; Deal with problems and conflicts
CK	29	Caucasian	Nail technician school	none	4/6 sessions	Get a job after completing school; Deal with work conflicts
DM	28	Caucasian	Studying for AA degree in business at community college	none	6/6 sessions	Be more confident in crowds/new situations; Form healthy relationships; Spend more time on hobbies I enjoy
EN	35	Caucasian	GED graduate	Semiskilled textile industry	6/6 sessions	Finish paying off car; Save money; Increase art work, fitness, reading; Build relationships; School; Better job

Client-Generated Discussions

In the initial session, members stated their need to find housing that accepts persons with felony records and to find ways for developing healthy work and social relationships. Due to members' lack of access to Internet, the occupational therapist leader completed searches of felon-friendly housing that members utilized with their caseworkers for housing searches. The occupational therapist leader also performed an Internet search for local activities, groups, clubs, events, and places to develop social contacts, which members utilized to develop an organizational system of short-term and long-term options.

In subsequent sessions, members generated and explored topics of developing healthy relationships, setting healthy boundaries in personal relationships, establishing healthy workplace boundaries, understanding how to utilize non-verbal language effectively, and incorporating subtle social techniques that contribute to success in the workplace. Some of the related activities included open discussions of work and social interactions with suggestions to improve the interactions. The members viewed and discussed the TED Talk *Your Body Shapes Who You Are* (Cuddy, 2012). In later sessions, the members shared their unique experiences incorporating the power poses from the TED Talk and other non-verbal communications in various work and social contexts. Initially, one member told this author in private that she was not comfortable speaking in group settings. In the final session, she committed to seek out a Toastmasters group to improve her speaking abilities, based on her improved confidence that she credited to her experiences in the group. A current theme centered on members stating the need to develop healthy relationships for social and work success, but state lack of skills and opportunities on how to and where to cultivate these relationships. Members shared several

articles on components of healthy relationships and concluded that they needed to have more opportunities and skills to cultivate them.

The time constraints of the members' schedules prevented the opportunity to include community experiences, and members expressed disappointment when the time frame could not accommodate off-site activities. In the final session, all members generated suggestions to develop experiences in low-cost community settings and events for meeting healthy people to develop positive relationships. They stated a desire to continue the community integration format with more hands-on activities. The members elaborated a framework for presenting community-based learning experiences to Selah Freedom programming staff.

General Member Evaluation Results

The Community Living Integration Club included five members living in the Selah Freedom residential setting. This small number of participants precludes the calculation of statistical measures of significance. The results from these objective measurement tools were used in conjunction with subjective findings on open-ended questions on the satisfaction survey to draw conclusions and determine the potential future of this group approach to community integration. Member EN stated the measurement tools are subject to each person's mood, noting that she rated herself lower on the post-project tools due to recent personal and work difficulties (see Appendices D and F).

Standardized Measurement Tool Results

Canadian Occupational Performance Measure Results. Each member identified five problems in one or more areas of personal care, functional mobility, and community

management using the COPM. These problems are identified below in one table for each member (see Tables 2, 3, 4, 5, and 6).

Table 2

Community Living Integration Club COPM Problem Identification for Member AA

ID: AA	Stated Problem	Importance	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂	Comments
Problem #1	Driving car	10	0	0	10	10	
Problem #2	Care for children	10	6	0	4	0	
Problem #3	Listen to music	10	10	10	10	10	
Problem #4	Attend religious services	10	10	10	10	10	
Problem #5	Visit with friends/family	10	3	1	2	0	Has lost visiting privileges
Total Scores			29	21	36	30	
Average scores			5.8	4.2	7.2	6.0	
Score Changes			NA	NA	7	9	

Table 3

Community Living Integration Club COPM Problem Identification for Member BK

ID: BK	Stated Problem	Importance	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂	Comments
Problem #1	Budgeting	10	6	6	8	8	
Problem #2	Job searching	10	2	2	10	10	
Problem #3	Deal w/ problems & conflict	10	5	5	5	5	
Problem #4	Complete homework	10	6	6	8	8	
Problem #5	Note taking	10	6	6	7	7	
Total Scores			25	25	41	41	
Average Scores			5.0	5.0	8.2	8.2	
Score Changes			NA	NA	16	16	

Table 4

Community Living Integration Club COPM Problem Identification for Member CK

ID: CK	Stated Problem	Importance	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂	Comments
Problem #1	Select a job	10	0	0	0	0	
Problem #2	Work expected hours	10	0	0	0	0	
Problem #3	Host parties	10	0	0	7	7	
Problem #4	Deal with conflicts	10	5	2	8	8	
Problem #5	Relate to co-workers	10	6	3	0	0	
Total Scores			11	5	15	15	
Average Scores			2.2	1.0	3.0	3.0	
Score Changes			NA	NA	4	10	

Table 5

Community Living Integration Club COPM Problem Identification for Member DM

ID: DM	Stated Problem	Importance	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂	Comments
Problem #1	Take time for self	10	4	0	10	10	
Problem #2	Budgeting	10	0	0	5	5	
Problem #3	Religious services	10	0	0	5	5	
Problem #4	Attend group functions	10	3	0	10	10	
Problem #5	Remember assignments	10	5	0	10	10	
Total Scores			12	0	40	40	
Average Scores			2.4	0	8.0	8.0	
Score Changes			NA	NA	28	40	

Table 6

Community Living Integration Club COPM Problem Identification for Member EN

ID: EN	Stated Problem	Importance	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂	Comments
Problem #1	Need Schooling	10	0	0	0	0	
Problem #2	Gym	10	2	0	0	0	
Problem #3	Another job	10	0	0	0	0	
Problem #4	Reading	10	0	0	0	0	
Problem #5	Meet healthy people	10	1	0	0	0	
Total Scores			3	0	0	0	
Average Scores			0.6	0	0	0	
Score Changes			NA	NA	-3.0	0	

Table 7

Total Performance and Satisfaction Results of the COPM

ID	Total Performance				Total Satisfaction			
	Pre	Post	Change		Pre	Post	Change	
AA	29	36	7		21	30	9	
BK	25	41	16		25	41	16	
CK	11	15	4		5	15	10	
DM	12	40	28		0	40	40	
EN	3	0	-3		0	0	0	

Table 8

Average Performance and Satisfaction Results of the COPM

ID	Performance				Satisfaction			
	Pre	Post	Change		Pre	Post	Change	
AA	5.8	7.2	1.4		4.2	9.0	4.8	
BK	5.0	8.2	3.2		5.0	8.2	3.2	
CK	2.2	3.0	0.8		1.0	3.0	2.0	
DM	2.4	8.0	5.6		0.0	8.0	8.0	
EN	0.6	0	-0.6		0.0	0	0	

Transition Behavior Scale-3 Results. All results on the TBS-3 were calculated on the highest age range available of 18 years even though members are chronologically older. The tool reflects the educational level of many of the members due to their history of chronic trauma and lack of formal high school or even middle school education upon entering the recovery program. The tool also provides options for self-report, mental health profession or educator-report, and employer-report, which offer methods to track progress. Used as a standard in the individual education plan (IEP) of the U.S. school system, the TBS-3 results will offer potential opportunities for members to access public educational and vocational services.

Table 9

Transition Behavior Scale-3 Raw Scores, Quotient Scores, Quotient %iles

ID	Work-Related Raw Score			Interpersonal Relations Raw Score			Social/Community Expectations Raw Score			Quotient Score/ Quotient %ile*		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
AA	82	85	3	51	49	-2	80	84	4	109/74	110/76	2/2
BK	41	64	21	51	48	-3	63	66	3	75/4	93/33	18/29
CK	90	86	-4	52	54	2	88	96	8	117/87	114/83	-3/-4
DM	84	86	2	53	56	3	86	88	2	111/78	117/87	6/9
EN	83	80	-3	58	58	0	83	78	-5	112/81	110/76	-2/-5

* All quotient scores and quotient %ile scores based on highest scored age of 18 years

Table 10

Transition Behavior Scale-3 Standard Scores*

ID	Work-related Standard Score			Interpersonal Relations Standard Score			Social/Community Expectations Standard Score		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
AA	12	13	1	11	10	-1	12	14	2
BK	1	7	6	11	10	-1	7	8	1
CK	14	13	-1	12	13	1	15	14	-1
DM	12	13	1	12	13	1	14	15	1
EN	12	11	-1	14	14	0	13	12	-1

*All standard scores based on highest scored age of 18 years

Table 11

Transition Behavior Scale-3 Standard Scores SEM*

ID	Work-related Standard Score SEM			Interpersonal Relations Standard Score SEM			Social/Community Expectations Standard Score SEM		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
AA	0.70	0.70	0	1.01	1.01	0	0.73	0.73	0
BK	0.70	0.70	0	1.01	1.01	0	0.73	0.73	0
CK	0.70	0.70	0	1.01	1.01	0	0.73	0.73	0
DM	0.70	0.70	0	1.01	1.01	0	0.73	0.73	0
EN	0.70	0.70	0	1.01	1.01	0	0.73	0.73	0

* All standard scores based on highest scored age of 18 years

Non-Standardized Quantitative Results of Participants' Progress

Evaluation question #1. Does participation in the Community Living Integration Club result in increased vocational stability? Table 1 above lists the educational and vocational status results as stated by members (see Table 1). Results of vocational, education, and housing status surveys of the SVHS show that pre-project two members held jobs, and post-project that three members were engaged in active employment (see Table 12).

For the self-report work-related skills section of the TBS-3, changes from pre- to post-project raw scores ranged from -4 to +21 and standard scores changes ranged from -1 to +6 (see Tables 9 and 10). Another aspect of vocational stability is members' engagement in employment-directed education. Initially, two members were actively pursuing such education and post-project three members were involved in educational programs (see Table 12). This measurement does not accurately reflect the total number of members in employment and/or education because two members began school and one member completed her nail technician program during the project but has not yet secured employment. Failure to capture the completion of an educational program and the interim job search presents a potential area for improving the sensitivity of the measurement tool.

Evaluation question #2. Does participation in the Community Living Integration Club result in successful procurement and maintenance of safe housing? The SVHS question #3 shows that all members resided in the Selah Freedom residential recovery house upon initiation of the project (see Table 12). All members continued to reside in the house upon completion of the project with verbalized plans to remain in the recovery program. The 6-month follow-up evaluation will provide a long-term measure of success in achieving and maintaining safe housing.

Program Evaluation Findings

Evaluation question #3. What is the extent that members are satisfied with the Community Living Integration Club? Program evaluation measures include the non-standardized satisfaction surveys for members (SSP; see Tables 13 and 14). Items 1 through 12 offered Likert-scale options from 5 (strongly agree) to 1 (strongly disagree) in Table 13. Table 14 shows the responses for members' comments, most liked aspect, least liked aspects, and suggestions for program improvement.

Table 12

SSP Pre-Program and Post-Program Findings

ID	Pre-Program	Pre-Program	Pre-Program	Post-Program	Post-Program	Post-Program	Comments Pre	Comments Post
	Question ₁ Job	Question ₂ Education	Question ₃ Housing	Question ₁ Job	Question ₂ Education	Question ₃ Housing		
AA	yes	no	no	yes	yes	no	2. 4.0 GPA 3. temporary housing*	3. temporary housing*
BK	no	yes	yes	yes	yes	yes	3. temporary housing*	3. temporary housing*
CK	no	yes	yes	no	no	yes	3. temporary housing*	1. Waiting on partnership with Selah to be formed with a salon 2. Just graduated 3. temporary housing*

DM	no	yes	yes	no	yes	yes	3. temporary housing*	3. temporary housing*
EN	yes	no	yes	yes	no	yes	3. temporary housing*	3. temporary housing*
Sum	2 yes 3 no	2 yes 3 no	4 yes 1 no	3 yes 2 no	3 yes 2 no	4 yes 1 no		

*temporary housing at Selah Freedom Residential House

Quantitative results of satisfaction survey. Members ranked 8 of the 12 quantitative questions 5 (strongly agree) out of 5 on the scale (see Table 13). These criterion included organization, group skills, activities presented at participants' pace, members' working to get the most out of the group, respectful treatment, leader being flexible to needs, and learning about community integration. Criterion # 4 (met project goals) and criterion #11 (learned skills for the future) were ranked a level 5 (strongly agree) by 4 members and 4 (agree) by 1 member for an average score of 4.8:. Criterion #12 (important part of the recovery program) was ranked 5 (strongly agree) by three members and 4 (agree) by two members with a resulting average score of 4.6. Three members ranked criteria #5 (meeting 1 goal) as level 5 (strongly agree), one member ranked a level 4 (agree), and one member ranked a level 3 (neutral) with an average score of 4.4.

Table 13

SSP Results for Quantitative Items 1 to 12

Criterion	Total Number of 5 Scores (strongly agree)	Total Number of 4 Scores (agree)	Total Number of 3 Scores (neutral)	Total Number of 2 Scores (disagree)	Total Number of 1 Scores (strongly disagree)	Range of Scores	Average of all Scores
1. Well-organized activities	5	0	0	0	0	5	5
2. Staff worked to help members	5	0	0	0	0	5	5
3. Everyone treated with respect	5	0	0	0	0	5	5
4. CLIC met project goals	4	1	0	0	0	4 – 5	4.8
5. Member met 1 goal	3	1	1	0	0	3 – 5	4.4
6. Member learned about	5	0	0	0	0	5	5

community integration							
7. Members learned about working in groups	5	0	0	0	0	5	5
8. Participate at own pace	5	0	0	0	0	5	5
9. Members worked to get most of the activities	5	0	0	0	0	5	5
10. Staff flexible to group & member needs	5	0	0	0	0	5	5
11. Learned skills for future	4	1	0	0	0	4 – 5	4.8
12. Important part of recovery program	3	2	0	0	0	4 – 5	4.6

Qualitative results of satisfaction survey.

Table 14

SSP Qualitative Results of Three Open-Ended Items

Criterion	Response	Response	Response	Response	Response
Comments					
Liked least	4 persons: Saturday at 9 am that delayed weekend passes	All 5: Having only on- site activities			
Liked most	The teacher	Learning how to socialize with other business professionals and where	Learning about power poses & body language	Every bit of information	That we are ourselves
Suggestions	Field trips	Outings	Community experiences	Community outings	

The member provided specific comments for most liked items, including learning to socialize with business professionals, power poses, body language, and the teacher. Important general feedback on most liked areas included that *everyone could be themselves* and *every bit of information* (see Table 14). Least liked elements included the Saturday morning timeframe and the lack of off-site experiences. Suggestions for improvement included community experiences to meet people for healthy relationships and to explore safe community living sites.

Discussion

The Community Living Integration Club offered five women opportunities to generate and discuss topics geared to their perceived needs and interests for community integration while

participating in a sex trafficking residential recovery program. Subjective statements of the club members augmented the qualitative and quantitative assessment measures utilized in this community integration project. These statements reflected the “unique subjective experiences that the individuals have in their own lives” (Pierce, 2014, p. 4). The consistent subjective conclusion of all members is that they know they need to develop healthy work and social relationships as a key to successful recovery. Every member identified that her discomfort and difficulties in where and how to cultivate healthy relationships to achieve successful social participation in personal and work settings (Cole, 2005).

Implications of Canadian Occupational Performance Measure Results

The scores for four of the five members remained the same or showed improvements in their unique five problem areas as delineated in the COPM (see Tables 2, 3, 4, 5, and 6). Two members recorded improvements in managing conflicts (CK and BK) and remembering assignments (DM and BK). Member DM initially stated difficulty participating in and speaking in groups. She showed an increase in attending group functions from pre-project performance score of 3 and satisfaction score of 0 to post-project scores of 10 in both areas. On a subjective level, she shared her feelings of increased comfort for participation in group activities after completing the six-week project. In defining her vocational goals of breeding pit bull puppies and developing an interactive awareness program, she stated that she had achieved enough confidence from club participation to be able to attend Toastmasters for improving her presentation skills (see Table 5). Member AA related her decreased scores in two problem areas of visiting friends and caring for children to her loss of leave privileges based on recent program behavioral violations (see Table 2). Member EN associated her lower scores to recent work and personal difficulties and a resulting negative attitude (see Table 6). Member BK obtained a job

during the course of the group and expressed her desire to continue attending college while she worked. Member CK related her pride in completing her nail technician program, despite an earlier goal of obtaining a bachelors degree. She expressed a minimal level of concern about her abilities to work in a salon with co-workers as she begins a job search with the support of Selah Freedom.

Implications of Transition Behavior Scale-3 Results

Raw scores, quotient scores, quotient percentiles, standard scores, and standard scores standard error of measurement (SEM) on the self-report format of the TBS-3 showed positive changes in all three areas for three members. All participants showed improvements in at least one area of work-related, interpersonal relations and social/community expectations (see Tables 7, 8 9, and 10). Although the participants attended similar concurrent therapies, groups, programs, school, work, and volunteer activities, they receive these services unique to their personal needs. For example, one participant is studying for a general education diploma (GED), another attends a local university, one is actively pursuing a job search after completing training, and two are working at semi-skilled jobs. Despite their individual diversity in levels of education, work skills, psychological needs, the members were able to work together to develop interactive

Member DM demonstrated strong increases in both raw and standard scores of all three areas (see Tables 9 and 10). The measures showed minimal negative changes of -1 point for two members in work-related skills, interpersonal relations, and social/community expectations categories (see Tables 9 and 10). As mentioned above, member EN related that she scored herself lower on the post-group measures due to recent difficulties in work and personal events with a resulting negative attitude on the post-test day. Two members CK and EN showed

minimal decreases in raw scores in work-related skills and in social/community expectations with increases in raw scores in interpersonal relations while two members AA and BK showed increases in raw scores in work-related skills and in social/community expectations with minimal decreases in raw scores in interpersonal relations (see Tables 9 and 10). The two members CK and EN showed decreases on raw scores of -1 and on standard scores of -1 on both work-related skills and social/community expectations. Three other members showed increases in raw scores in a range of 3 to 28 in work-related skills and in a range of 2 to 8 in social/community expectation (see Tables 9 and 10), demonstrating the potential positive effects of the community integration activities.

Members AA and BK showed raw score increases ranging from 1 to 6 points on work-related skills and from 1 to 2 on social/community expectations. These two members also showed standard score increases ranging from 3 to 21 on work-related skills and from 3 to 4 points on social/community expectations (see Tables 9 and 10). Participants generally showed the most positive change in work-related and social/community expectations as compared to interpersonal relations. These findings reinforced the written suggestions of four members and the verbalizations of all five members to include community experiences in future community living integration groups primarily to cultivate healthy relationships for work settings and social participation.

Non-Standardized Quantitative Results

For the self-report work-related skills section of the TBS-3, changes from pre- to post-project raw scores ranged from -4 to +21 and standard scores changes ranged from -1 to +6 (see Tables 9 and 10). Member CK showed decreases of -3 (raw score) and -1 (standard score) in this area that she related to increased concern about potential work place conflicts after completing

her training, obtaining her nail technician license, and initiating job search. As noted above, member EN showed decreases of -4 (raw score) and -1 (standard score) and stated difficulties in her workplace and personal life the past week that affected her mood and attitude during the final evaluation. With a 21-point increase in raw score and 6-point increase in standard score, member BK had acquired an entry-level job during the final two weeks of the project (see Tables 9 and 10). She credited the group activities to enhancing her confidence in her abilities to adjust to the work setting.

Qualitative Evaluation Results

Members provided specific comments for most liked items, including learning to socialize with business professionals, power poses, body language, and the teacher. Important general feedback on most liked areas included that *everyone could be themselves* and *every bit of information* (see Table 14). Setting a tone where members can truly be themselves within a group in a residential recovery setting reflects the importance of a skilled leader who can guide group dynamics with the client-generated approach to facilitate authenticity in expression and in participation. The members verbalized a consistent theme of needing to cultivate healthy relationships in the real world beyond the relationships they are developing with mentors, volunteers, tutors, teachers, employees, and work peers.

Members compared and contrasted their need to establish boundaries on sharing personal information and on helping others in both work, social, and familial contexts. In defining boundaries, members discussed the differences in what information is shared with work colleagues as compared to personal relationships and agreed that they set varying social interaction boundaries with different co-workers. They all agreed that they do not share as much personal information with co-workers as they do with friends and acquaintances. In contrast, all

members defined stricter boundaries with social and familial contacts that present with on-going problematic situations. They agreed that they are more willing to help co-workers who experience troubles at work in order to achieve job site goals than to help a friend or family member who presents with consistent troubling behaviors. In the final session, members generated multiple suggestions for community experiences, related goals, and a rudimentary process for a future community integration group.

Project Limitations

Program weaknesses were the small number of potential participants and lack of comparison groups. The small number of program participants was related to limited number of residential trafficking recovery programs. With limited recovery programs in this emerging area of intervention, even the metropolitan Tampa Bay area did not offer adequate recovery programs to consider implementation of a multi-center study. The limited number of potential programs and programs with low number of participants precluded the option to provide unique interventions to two distinct groups in distinct settings. A small number of potential participants and a potential ethical violation of withholding intervention prevented comparison for a group receiving no treatment with a group receiving the intervention. The time frame of six weeks was implemented to accommodate to the needs of all members as they advanced through the stages of the Selah Freedom program. The Saturday morning format was the time frame that coordinated with the members' schedules of school, work, therapies, medical care, and volunteer work. The potential growth of secular, non-profit, faith-based, and governmental recovery programs will offer occupational therapists the opportunities to participate in program development with an occupation-based approach.

Limitations in Participant and Program Evaluation

The results of this study do not incorporate the effects of participants receiving concurrent therapies and services. The short six-week length of this program does not offer ample opportunity to evaluate extensive changes in vocation, employment-focused education, and housing status. This period of six weeks met the time frame of women in the Selah Freedom recovery program who have attained the phase of initiating community transition. Re-administration of the SVHS six months post-program completion will offer long-term results beyond the time frame of this project.

The SVHS did not incorporate a measurement of the person who was actively studying nail technician at the start of the project and completed her training prior to the end of the project. Initially her score on the second item of the SVHS related to education was yes and upon completion of the project, her score was no, giving the appearance of a lowered score. This information was captured only in the qualitative aspect of evaluation. The use of a more sensitive tool to measure more subtle objective aspects of community integration, such as job applications, job interviews, resume preparations, completion of training/education, and identification of safe housing units can be developed.

Conclusion

Sex trafficking is a serious human rights violation and an international industry that contributes to personal, familial, community, and international disorganization. The UN and the USDOS developed the 3p paradigm to organize efforts for approaching sex trafficking within the three main components of prevention, protection, and prosecution. The area of protection includes dedicated recovery programs for survivors of sex trafficking. With multi-disciplinary approaches, recovery programs serve to offer venues for survivors to improve multiple areas of occupational deficits resulting from comprehensive occupational deprivation from trafficking. A

simultaneous need for and lack of evidence in activities and programs targeted on effective community integration of survivors is pervasive in the literature.

Researchers in sex trafficking recovery consistently highlighted the importance of community integration for persons in recovery from sex trafficking ((Bryant et al., 2015; de Chesnay, 2013; Cole, Sprang, Lee, & Cohen, 2014; Jordan, Patel, & Rapp, 2013; Kaufman & Crawford, 2011; Lisborg, 2009; Macy & Johns, 2011; Miller, 2011; Muraya & Fry, 2106; Okech et al., 2011). Researchers also noted the lack of evidence for successful efforts to facilitate community integration (Macy & Johns, 2011; Miller, 2011; Muraya & Fry, 2106). This Community Living Integration Club was designed as a time-efficient, cost-effective method to affect changes on two main measurable aspects of effective assimilation into society: employment and safe housing. Four guiding models provided the basis for the Community Living Integration Club. The recovery model based on Erikson's developmental stages merged the recovery process with the developmental stages, the biopsychosocial model integrated the comprehensive effects of trauma from trafficking on each person, and the Wellness Recovery Action Plan offered a guide to develop a specific individualized recovery path (Borrell-Carrió et al., 2004; Cook et al., 2012; Gardner et al., 2012 Hemmingsson & Jonsson, 2005; Smith et al., 2013; Vogel-Scibilia et al., 2009). These three models provided the interface with the literature and philosophies of various disciplines as psychology, nursing, education, social work, and medicine. The PEO model advanced the unique components of occupation, occupational performance, individual skills, barriers, and demands in the dynamic transaction of person, environment, and occupation within the multidisciplinary approach to recovery (Law et al., 1996; Strong et al., 1999).

Suggested Enhancements for Future Community Integration Programs

The participants suggested expanding the group on an on-going basis rather than limited to six weeks. The six-week time frame does not allow adequate time to affect actual changes in job acquisition and finding felon-friendly housing. Follow-up on vocational and housing status six months after completion of the group will offer information on potential long-term benefits of the group. Participants stated that they want more time to discuss social participation and housing concerns and to explore housing and socialization skills through community experiences. The occupational therapist leader of the group must consider the overall time frame of the recovery program to assure that expansion fits with the Selah Freedom stages. Another consideration is the expansion to an open group format that allows survivors to enter and exit the group based on individual progress.

Participants also requested longer sessions and options to engage in community activities, such as visiting an apartment setting, learning to use public library computers, and attending Club Rebo's sober dance nightclub. This project incorporated 60-minute group discussions based on the demanding schedules of the participants. Based on the success of this project, the occupational therapist leader will work with Selah Freedom staff to consider expansion of the number of sessions and the length and scope of sessions using a client-generated format.

Survivors advance through the stages of the Selah Freedom recovery program on an individual timetable, which means that a woman may become eligible for the Community Living Integration Club after the club has already begun. The closed group format does not allow for those who become candidates for community integration to enter after start of the first group session. An open group format would allow participants to enter upon becoming candidates, according to the behavioral standards and stages of the Selah Freedom recovery program.

Replication of the Community Living Integration Club

The Community Living Integration Club offers a design for application to a variety of settings and populations. This project was carried out in a long-term residential recovery program for women due to limited options for residential programs dedicated to recovery for girls, boys, men, and members of the LGBT population. The Community Living Integration Club structure utilizes two standardized tools that have been shown to be effective and reliable in various settings and with diverse individuals and populations. The structure of the group encompasses opportunities to generate activities relevant to each member's unique goals, vocational and housing needs, emotional level, and cognitive level in community integration using an occupational approach within a multidisciplinary setting.

This model can be modified to be utilized in other settings, including non-residential programs, outreach programs, transitional or half way house treatment setting, and prison alternative programs. With the opportunity for members to generate activities within a community integration perspective, the Community Living Integration Club model can be adapted to the specific needs of males, of the LGBT community, of persons of diverse cultures and backgrounds.

Dissemination of the Community Living Integration Club Results

Selah Freedom program staff will review a project report to determine the next course of action for the Community Living Integration Club. For consistency with the Centennial Vision of the AOTA and the ICF of the WHO, this author has submitted proposals for presentations at the 2018 WFOT congress, the 2017 AOTA conference, and the 2017 Florida Occupational Therapy Association conference. Additional plans include development of a continuing education module for AOTA and a position statement on trafficking for WFOT to increase

awareness of trafficking. In 2015, four occupational therapists developed the Facebook page Occupational Therapy Human Trafficking Network (<https://www.facebook.com/groups/950124891711186/>) as a forum for education, awareness, and networking. The results and suggestions from this project will be shared with the Facebook page members. The Community Living Integration Club findings will be disseminated to various other professionals through submission of an article to one of the three journals dedicated to human trafficking and by a proposal for presentation at a sex trafficking conference. This Community Living Integration Club offers an occupation-based, client-centered group setting for participants to explore, target, and determine a course action in several of the community integration components defined by Muraya and Fry (2016): rest, sleep, resiliency, identity, shelter, life skills, education, occupational training, and job placement.

References

- Abas, M., Ostrovski, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *BMC Psychiatry, 13*, 1-11. doi:10.1186/1471-244X-13-204
- Alvarez, M. B., & Alessi, E. J. (2012). Human trafficking is more than sex trafficking and prostitution: Implications for social work. *Affilia: Journal of Women and Social Work, 27*(2), 142-152. doi:10.1177/0886109912443763
- American College of Obstetricians and Gynecologists. (2011). Committee opinion no. 507: Human trafficking. *Obstetrics & Gynecology, 118*(3), 767-770.

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domains and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi: 10.5014/ajot.2014.682006
- American Occupational Therapy Association. (2015). Occupational therapy code of ethics. *American Journal of Occupational Therapy*, 69(Suppl. 3), 1-8. doi: 10.5014/ajot.2015.696S03
- American Occupational Therapy Association. (2016). The road to the centennial vision. Retrieved from <http://www.aota.org/aboutaota/centennial-vision.aspx>
- Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., . . . Bolton, P. A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, 368(23), 2182-2191. doi:10.1056/NEJMoa1211853
- Bales, K. (2010, February). *Kevin Bales: How to combat modern slavery*. Retrieved from http://www.ted.com/talks/kevin_bales_how_to_combat_modern_slavery?language=en
- Barrows, J., & Finger, R. (2008). Human trafficking and the healthcare professional. *Southern Medical Journal*, 101(5), 521–524. doi:10.1097/SMJ.0b013e31816c017d
- Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine*, 2(6), 576-582. doi:10.1370/afm.245
- Briere, J. N., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks CA: SAGE Publications.
- Bryant, C., Freeman, L., Granata, M., He, A., Hough, H., Patel, S., . . . Tran, M.-L. (2105). Societal statement on the role of occupational therapy with survivors of human sex trafficking in the United States. *OCCUPATION: A Medium of Inquiry for Students*,

- Faculty & Other Practitioners Advocating for Health through Occupational Studies*, 1(1). Retrieved from http://nsuworks.nova.edu/do/search/?q=author_lname%3A%22Freeman%22%20author_firstname%3A%22Lillian%22&start=0&context=3894661
- Canadian Occupational Performance Measure. (2015). COPM. Retrieved from <https://www.caot.ca/copm/description.html>
- Cerny, S. (2016). The role of occupational therapy within the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States. *Occupational Therapy In Mental Health*, 32(4), 317-328. doi: 10.1080/0164212X.2016.1172998
- Classen, C. C., Palesh, O. G., Cavanaugh, C. E., Koopman, C., Kaupp, J. W., Kraemer, H. C., . . . Spiegel, D. (2011). A comparison of trauma-focused and present-focused group therapy for survivors of childhood sexual abuse: A randomized controlled trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(1), 84-93. doi:10.1037/a0020096
- Clay, P. (2014). Shared principles: The recovery model and occupational therapy. *Special Interest Section Quarterly Mental Health*, 36(4), 1-3.
- Cole, J., Sprang, G., Lee, R., & Cohen, J. (2014). The trauma of commercial sexual exploitation of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence*. doi:10.1177/0886260514555133
- Cole, M. B. (2005). Group dynamics in occupational therapy: The theoretical basis and practice application of group intervention (3rd ed.). Thorofare, NJ: Slack Incorporated.
- Cuddy, A. (2012). *Your body language shapes who you are*. [Video file]. Retrieved from https://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are

- Dank, M., Khan, B., Downey, P., Kotonias, C., Mayer, D., Owens, C, Pacifici, L., & Yu, L. (2014). *Estimating the size and structure of underground commercial sex economy in eight major U.S. cities*. Washington, DC: The Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/413047-Estimating-the-Size-and-Structure-of-the-Underground-Commercial-Sex-Economy-in-Eight-Major-US-Cities.PDF>
- de Chesnay, M. (2013). Psychiatric-mental health nurses and the sex trafficking pandemic. *Issues in Mental Health Nursing, 34*(12), 901-907. doi:10.3109/01612840.2013.85720
- Dijkers, M. (2011). Community Integration Questionnaire. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.). *Encyclopedia of clinical neuropsychology* (pp. 651-654). doi: 10.1007/978-0-387-79948-3_1799
- Doroud, N., Fossey, E., & Fortune, T. (2015). Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues. *Australian Occupational Therapy Journal, 62*(6), 378-392. doi:10.1111/1440-1630.12238
- Dovydaitis, T. (2010). Human trafficking: The role of the health care provider. *Journal of Midwifery and Women's Health, 55*(5), 462-467. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3125713/>
- Florida State University. (n.d.). Florida anti-trafficking laws. Retrieved from http://www.cahr.fsu.edu/sub_category/floridaantitraffickinglaws.pdf
- Fryda, C. M., & Hulme, P. A. (2015). School-based childhood sexual abuse prevention programs: An integrative review. *Journal of School Nursing, 31*(3), 167-182. doi: 10.1177/1059840514544125

- Gardner, J., Dong-Olson, V., Castronovo, A., Hess, M., & Lawless, K. (2012). Using wellness recovery action plan and sensory-based intervention: A case example. *Occupational Therapy in Health Care* 26(2-3), 163-173. doi: 10.3109/0738057.2012.693650
- Gibson, R. W., D'Amico, M., Jaffe, L., & Arbesman, M. (2011). Occupational therapy interventions for recovery in the areas of community integration and normative life roles for adults with serious mental illness: A systematic review. *American Journal of Occupational Therapy*, 65(3), 247-256. doi:10.5014/ajot.2011.001297
- Gorman, K. W., & Hatkevich, B.A. (2016). Role of occupational therapy in combating human trafficking. *American Journal of Occupational Therapy*. 70(6), 7006360010p1-7006360010p6. doi: 10.5014/ajot.2016.016782.
- Gray, M. (2009). *Evidence-based healthcare and public health: How to make decisions about health services and public health* (3rd ed.). London, UK: Churchill Livingstone Elsevier.
- Gulf Coast Partnership. (2013). Human trafficking. Retrieved from <http://gulfcoastpartnership.org/florida-ranks-third-in-human-trafficking-complaints/>
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia: Journal of Women and Social Work*, 28(1), 8-18. doi: 10.1177/0886109912475172
- Heffernan, K., & Blythe, B. (2014). Evidence-based practice: Developing a trauma-informed lens to case management for victims of human trafficking. *Global Social Welfare*, 1, 169–177. doi:10.1007/s40609-014-0007-8
- Hemmingsson, H., & Jonsson, H. (2005). The issue is—An occupational perspective on the concept of participation in the International Classification of Functioning, Disability and Health—Some critical remarks. *American Journal of Occupational Therapy*, 59,

569–576.

- Hodge, D. R. (2014). Assisting victims of human trafficking: Strategies to facilitate identification, exit from trafficking, and the restoration of wellness. *Social Work, 59*(2), 111-118. doi:10.1093/sw/swu002
- Hom, K. A., & Woods, S. J. (2013). Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers. *Issues in Mental Health Nursing, 34*(2), 75–81. doi:10.3109/01612840.2012.723300
- Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2011). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health, 100*(12), 2442-2449. doi:10.2105/AJPH.2009.173229
- Huisman, W., & Kleemans, E. R. (2014). The challenges of fighting sex trafficking in the legalized prostitution market of the Netherlands. *Crime, Law and Social Change, 61*(2) 215-228.
- International Labor Organization. (2012). *ILO global estimate of forced labour*. Geneva, Switzerland: International Labour Organization. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_182004.pdf
- Johnson, B. (2012). Aftercare for survivors of human trafficking. *Social Work & Christianity, 39*(4), 370-389.
- Jordan, J., Patel, B., & Rapp, L. (2013). Domestic minor sex trafficking: A social work perspective on misidentification, victims, buyers, traffickers, treatment, and reform of

- current practice. *Journal of Human Behavior in the Social Environment*, 23(3), 356-369.
doi:10.1080/10911359.2013.764198
- Justice Resource Institute. (n.d.). My life my choice. Retrieved from
<http://www.fightingexploitation.org>
- Kaufman, M. R., & Crawford, M. (2011). Sex trafficking in Nepal: A review of intervention and prevention programs. *Violence Against Women*, 17(5), 651-665.
doi:10.1177/1077801211407431
- Kira, I. A., & Tummala-Narra, P. (2014). Psychotherapy with refugees: Emerging paradigm. *Journal of Loss and Trauma*, 20(5), 449-467. doi:10.1080/15325024.2014.949145
- Knowlton, L., & Phillips, C. (2009). *The logic model guidebook: Better strategies for great results*. Los Angeles, CA: SAGE.
- Konstantopoulos, W., Ahn, R., Alpert, E. J., Cafferty, E., McGahan, A., Williams, T. P., . . . Burke, T. F. (2013). An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response. *Journal of Urban Health*, 90(6), 1194–1204. doi:10.1007/s11524-013-9837-4
- Kotrla, K., & Wommack, B. A. (2011). Sex trafficking of minors in the U.S.: Implications for policy, prevention, and research. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 2(1), 1-14.
- Lake, J. (2014). A review of select CAM modalities for the prevention and treatment of PTSD. *Psychiatric Times*, 31(7), 29.
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.

- Lewis, S. D., Henriksen, R. C., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy, 38*(3-4), 377-394. doi:10.1080/02703149.2015.1059223
- Lisborg, A. (2009). *Re-thinking reintegration: What do returning victims really want and need? Evidence from Thailand and the Philippines*. Bangkok, Thailand: United Nations Inter-Agency Project on Human Trafficking. Retrieved from http://www.no-trafficking.org/reports_docs/siren//GMS-07_rethinking_reintegration.pdf
- Lloyd, R. (2011). *Girls like us: Fighting for a world where girls are not for sale, an activist finds her calling and heals herself*. New York, NY: HarperCollins.
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence, & Abuse, 13*(2), 59-76. doi:10.1177/1524838012440340
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence, & Abuse, 12*(2), 87-98. doi:10.1177/1524838010390709
- Martinez, O., & Kelle, G. (2013). Sex trafficking of LGBT individuals: A call for service provision, research, and action. *International Law News, 42*(4), 1-6.
- Mathieson, A., Branam, E., & Noble, A. (2016). Prostitution policy: Legalization, decriminalization, and the Nordic model. *Seattle Journal for Social Justice, 14*(2), 367-428. <http://digitalcommons.law.sea leu.edu/sjsj/vol14/iss2/10>
- McCarney, S. B., & Arthaud, T. J. (2012). Transition behavior scale (3rd ed.). Retrieved from <http://www.hawthorne-ed.com/pages/transition/t2.html>

- Meshkovska, B., Siegel, M., Stutterheim, S. E., & Bos, A. E. (2015). Female sex trafficking: Conceptual issues, current debates, and future directions. *Journal of Sex Research, 52*(4), 380-395. doi:10.1080/00224499.2014.1002126
- Miller, A. (2011). Empowering medical professionals to help victims of trafficking. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 2*(1), 1-5.
- Molloy, B. (2016, April 12). Institute for Faith, Work, and Economics. Retrieved from tifwe.org/the-economics-of-human-trafficking/
- Muraya, D. N., & Fry, D. (2016). Aftercare services for child victims of sex trafficking: A systematic review of policy and practice. *Trauma, Violence, & Abuse, 17*(2), 204-220. doi:10.1177/1524838015584356
- National Crime Victim Law Institute. (November 2013). Ensuring full restitution for trafficking victims: An overview of mandatory restitution awards under the Trafficking Victims Protection Act. Retrieved from <https://law.lclark.edu/live/files/16054-ncvli-ensuring-full-restitution-for-trafficking>.
- National Economic and Social Rights Initiative. (n.d.). What is the human right to housing? <https://www.nesri.org/programs/what-is-the-human-right-to-housing>
- Nawyn, S. J., Birdal, N. B. K., & Glogower, N. (2013). Estimating the extent of sex trafficking. *International Journal of Sociology, 43*(3), 55-71. doi:10.2753/ij0020-7659430303
- Okech, D., Morreau, W., & Benson, K. (2011). Human trafficking: Improving victim identification and service provision. *International Social Work, 55*(4), 488-503. doi:10.1177/0020872811425805

Online Sunshine. (2016, July 19). The 2016 Florida statutes. Retrieved from

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0700-0799/0787/Sections/0787.06.html

Phongphisutbubpa, P. (2007). *A "new life" for trafficked victims through protection and occupational development*. (Master's thesis). Lunds Universitet, Centre for East and South-East Asian Studies. Retrieved from <http://www.essays.se/essay/d6794107ed>

Piening, S., & Cross, T. (2012). From "the life" to my life: Sexually exploited children reclaiming their futures. Retrieved from http://www.suffolkcac.org/assets/pdf/From_the_Life_to_My_Life_Suffolk_Countys_Response_to_CSEC_June_2012.pdf.

Pierce, D. (2014). Occupational science: A powerful disciplinary knowledge base for occupational therapy. In D. Pierce (Ed.). *Occupational science for occupational therapy* (pp. 1- 10). Thorofare, NJ: Slack Incorporated.

Polaris. (2016). Current federal laws. Retrieved from <http://polarisproject.org/current-federal-laws>

Pro-Ed. (n.d.). Transition Planning Inventory–Second edition (TPI-2). Retrieved from <http://www.proedinc.com/customer/productView.aspx?ID=6063>

Rafferty, Y. (2016). Challenges to the rapid identification of children who have been trafficked for commercial sexual exploitation. *Child Abuse and Neglect*, 52, 158-168.
doi:10.1016/j.chiabu.2015.11.015

Rajaram, S. S., & Tidball, S. (2016). *Nebraska sex trafficking survivors speak: A qualitative research study*. Retrieved from www.omahawomensfund.org/wp.../Nebraska-Sex-Trafficking-Survivors-Speak.pdf

Resick, P. A., Bovin, M. J., Calloway, A. L., Dick, A. M., King, M. W., Mitchell, K. S., . . .

Wolf, E. J. (2012). A critical evaluation of the complex PTSD literature: Implications for DSM-5. *Journal of Traumatic Stress, 25*(3), 241-251. doi:10.1002/jts.21699

Rogers, C. M., Mallinson, T., & Peppers, D. (2014). High-intensity sports for post-traumatic stress disorder and depression: feasibility study of ocean therapy with veterans of Operation Enduring Freedom and Operation Iraqi Freedom. *American Journal of Occupational Therapy, 68*(4), 395-404. doi:10.5014/ajot.2014.011221

Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation a systematic approach* (7th ed.). Thousand Oaks, CA: Sage Publications.

Sander, A. M., Clark, A., & Pappadis, M. R. (2010). What is community integration anyway?: Defining meaning following traumatic brain injury. *Journal of Head Trauma Rehabilitation, 25*(2), 121–127.

Schauer, E. J., & Wheaton, E. M. (2006). Sex trafficking into the United States: A literature review. *Criminal Justice Review, 31*, 146-169. doi: 10.1177/0734016806290136

Selah Freedom. (n.d.a). Residential. Retrieved from www.selahfreedom.com/#!/residential/cn5p

Selah Freedom. (n.d.b). Selah Freedom. Retrieved from www.selahfreedom.com

Shigekane, R. (2007). Rehabilitation and community integration of trafficking survivors in the United States. *Human Rights Quarterly, 29*(1), 112-126.

Shih, E. (2016). Not in my "backyard abolitionism": Vigilante rescue against American sex trafficking. *Sociological Perspectives, 59*(1), 66-90. doi:10.1177/0731121416628551

Smith, R. C., Fortin, A. H., Dwamena, F., & Frankel, R. M. (2013). An evidence-based patient-centered method makes the biopsychosocial model scientific. *Patient Education and Counseling, 91*(3), 265-270. doi:10.1016/j.pec.2012.12.010

- Snider, J. (2012, May). *Facilitating rest for victims of sex trafficking at Genesis Project Safe House* (Master's thesis). University of Puget Sound, WA, Department of Occupational Therapy.
- Stahl, K. (2015). *Addressing demand for sex trafficking in Sweden and the United Kingdom: An interpretive policy analysis of demand reduction policies, in consideration of the principles of deterrence theory*. (Master's thesis). Retrieved from <http://scholarworks.gvsu.edu/theses>. (Paper 754).
- Statistics. (n.d.). Retrieved from <http://www.trafficking.org/learn/statistics.aspx>
- Strong, S., Rigby, P., Law, M., & , & Letts, L. J. (1999). Application of the person-environment-occupation model: A practical tool. *Canadian Journal of Occupational Therapy*, 66(3), 122-133
- Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA. Retrieved from <http://www.samhsa.gov/>
- Thompson, T. (2015). Contextual enhancement plan: Selah Freedom recovery house. Unpublished manuscript, Nova Southeastern University, Fort Lauderdale, FL.
- Tomaszewski, R., & Mitrushina, M. (2016). Utility of the Community Integration Questionnaire in a sample of adults with neurological and neuropsychiatric disorders receiving prevocational training. *Disability and Rehabilitation*, 38(10), 1016-1022. doi.org/10.3109/09638288.2015.1070296
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Developmental Psychopathology*, 23(2), 453-476. doi:10.1017/s09545794110000174

Umeda, S. (2014). Global legal monitor. Library of Congress. Retrieved from

<http://www.loc.gov/law/foreign-news/article/japan-possession-of-child-pornography-finally-punishable/>

United Nations Office of High Commission on Human Rights. (n.d.). Protocol to prevent, suppress and punish trafficking in persons. Retrieved from

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickingInPersons.aspx>

United Nations Office on Drugs and Crime. (2009). *Model law against trafficking in persons*.

Vienna, Austria: United Nations Press. Retrieved from

https://www.unodc.org/documents/human-trafficking/Model_Law_against_TIP.pdf

ISBN:978-92-1-133674-0.

United Nations Office on Drugs and Crime. (2016). United Nations convention against transnational organized crime and the protocols thereto.

Retrieved from <https://www.unodc.org/unodc/en/treaties/CTOC/index.html>

U.S. Department of Justice, Health and Human Services, & Homeland Security. (2014). *Federal strategic action plan on services for victims of human trafficking 2013–2017*. Washington, DC: Global Publishing Services.

United States Department of State. (n.d.). 3ps: Prevention, Protection, and Prosecution.

Retrieved from <https://www.state.gov/j/tip/3p/index.htm>

United States Department of State. (October 28, 2000). Victims of Trafficking and Violence Protection Act of 2000. Retrieved from <http://www.state.gov/j/tip/laws/61124.htm>

United States Department of State. (2013). *Evaluation: Some tools, methods & approaches*,

Version 2.0. Arlington, VA: Social Impact. Retrieved from <http://www.social impact.com>

United States Department of State. (2016). *Trafficking in persons (TIP) report 2016*. Arlington,

VA: Author. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2016/index.htm>

United States House of Representatives. (2016). 18 USC 2259: Mandatory restitution.

Retrieved from

[http://uscode.house.gov/view.xhtml?req=18+USC+2259%28b%29%283%29&f=treesort
&fq=true&num=7&hl=true&edition=prelim&granuleId=USC-prelim-title18-section2259](http://uscode.house.gov/view.xhtml?req=18+USC+2259%28b%29%283%29&f=treesort&fq=true&num=7&hl=true&edition=prelim&granuleId=USC-prelim-title18-section2259)

Vogel-Scibilia, S. E., McNulty, K. C., Baxter, B., Miller, S., Dine, M., & Frese, F. J., 3rd.

(2009). The recovery process utilizing Erikson's stages of human development.

Community Mental Health Journal, 45(6), 405-414. doi:10.1007/s10597-009-9189-4

Warner, E., Koomar, J., Lary, B., & Cook, A. (2013). Can the body change the score?

Application of sensory modulation principles in the treatment of traumatized adolescents in residential settings. *Journal of Family Violence*. doi:10.1007/s10896-013-9535-8

Wickham, L. (2009). The rehabilitation and reintegration process for women and children

recovering from the sex trade. Practicum. Retrieved from [http://docplayer.net/845739-](http://docplayer.net/845739-Leah-wickham-the-rehabilitation-and-reintegration-process-for-women-and-children-recovering-from-the-sex-trade.html)

[Leah-wickham-the-rehabilitation-and-reintegration-process-for-women-and-children-recovering-from-the-sex-trade.html](http://docplayer.net/845739-Leah-wickham-the-rehabilitation-and-reintegration-process-for-women-and-children-recovering-from-the-sex-trade.html)

Williamson, E., Dutch, N., & Clawson, H. (2008). *Evidence-based mental health treatment for*

victims of human trafficking. Washington DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

World Federation of Occupational Therapists. (n.d.). Fundamental beliefs. Retrieved from

<http://www.wfot.org/aboutus/fundamentalbeliefs.aspx>

- World Health Organization. (2002). *Towards a common language for functioning, disability and health: ICF*. Retrieved from <http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1>
- World Health Organization. (2012). *Understanding and addressing violence against women: Human trafficking*. Geneva, Switzerland: International Labour Organization.
- World Health Organization. (2014). *International classification of functioning, disability and health (ICF)*. Retrieved from <http://www.who.int/classifications/icf/en/>
- Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science and Medicine*, 73(2), 327-335. doi:10.1016/j.socscimed.2011.05.028

Appendix A

Selah Freedom's Core Values



Selah Freedom's Core Values

CARE - Out of our belief in human dignity and hope for an abundant future, we provide excellence in care to accomplish exceptional outcomes. We do this through qualified staff, evidenced based practices, and personalized care.

COMMUNITY - We believe growth best happens in community while collaborating with other organizations that have complimentary services. Each community volunteer, donor or collaborative partner becomes an integral component of accomplishing our mission. Transparency and honesty are central to authentic community.

COMPASSION - We value each survivor as they are. We desire to be an organization providing abundant healing and healthy living for each individual. We are committed to serve each with excellence.

"Do for the one, what you wish you could do for everyone."

LEADERSHIP - We strive to model leadership in love with authenticity, humility, integrity and sacrificial attitude, while being committed to working through conflict to healthy resolution..

PROCESS - We provide comprehensive care, encompassing body, mind and spirit. We believe each survivor has purpose and can reach their full potential. We recognize that a person's destiny is a life long journey and recovery is a process. We are committed to the journey and the process.

STEWARDSHIP - We are diligent in protecting and caring for the gifts that have been entrusted to us. We believe integrity, accountability and transparency are the keys to an ethical environment.

TRAINING - In order to see survivors restored from sexual exploitation on a worldwide level, Selah Freedom is committed to using our experiences to train other leaders and organizations. We are highly invested in our own staff's ongoing training through physical, emotional and spiritual development and education.

TRANSFORMATION - Selah Freedom's heart is for survivors to see truth in their transformation, as we guide them to healing and pave the way for them to step into the purpose for which they were created. However, we will not impose our beliefs on any survivors as it will always be their choice.

UNITY- The sex trade is an industry where individuals are required to be in competition. Therefore, unity is a powerful antidote. Selah Freedom believes we are all uniquely different, yet unified in vision and values.

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Appendix B

Canadian Occupational Performance Measure



Canadian Occupational
Performance Measure

The **Canadian Occupational Performance Measure (COPM)** supports high-quality, client-centred, occupation-based practice. The COPM is an individualized measure designed to detect change in a client's self-perception of occupational performance over time. The COPM is intended for use as an outcome measure. As such, it should be administered at the beginning of service to establish intervention goals, and again at an appropriate interval thereafter to determine progress and outcome.

The COPM is used to:

- identify problem areas in occupational performance;
- provide a rating of the client's priorities in occupational performance;
- evaluate performance and satisfaction relative to those problem areas;
- provide the basis for goal-setting; and,
- measure changes in a client's perception of his/her occupational performance over the course of occupational therapy intervention.

CLIENT INFORMATION

Client name: _____

Client date of birth: ____/____/____

Initial assessment: ____/____/____ Re-assessment: ____/____/____

Therapist name: _____

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Appendix B (continued)

Canadian Occupational Performance Measure

COPM
Canadian Occupational
Performance Measure

The COPM is completed in 5 steps:

1. Identify occupational performance problems.
The definition of a problem is:
An occupation that a person **WANTS TO DO, NEEDS TO DO or IS EXPECTED TO DO, BUT CAN'T DO, DOESN'T DO or ISN'T SATISFIED WITH THE WAY THEY DO.**
2. Once specific *occupational performance* problems have been identified, the client is asked to rate each one in terms of its **IMPORTANCE** in his or her life. Importance is rated on a ten-point scale.
1 = not important at all 10 = extremely important
3. Ask the client to choose up to five problems that seem most pressing or important, using the ratings just done.
4. Rate: **PERFORMANCE** (How would you rate the way you do this activity now?) and **SATISFACTION** (How satisfied are you with the way you do this activity now?)
5. Establish date for re-assessment.

SELF CARE

Self care includes occupations aimed at getting ready for the day and getting around. In the COPM, we measure three aspects of self-care: personal care, functional mobility, and community management.

Personal care

Functional mobility

Community management

IMPORTANCE

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PRODUCTIVITY	
<p>Productivity includes occupations aimed at earning a living, maintaining home and family, providing service to others and/or developing one's capabilities. The COPM measures three types of productive activity: paid or unpaid work, household management, and school/play.</p>	
<p>Paid or unpaid work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>IMPORTANCE</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Household management</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>School and/or play</p> <p>_____</p> <p>_____</p> <p>_____</p>	
LEISURE	
<p>Leisure includes the occupations performed by an individual when freed from the obligation to be productive. The COPM includes quiet recreation, active recreation, and socialization.</p>	
<p>Quiet recreation</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>IMPORTANCE</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Active recreation</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Socialization</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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Appendix B (continued)

Canadian Occupational Performance Measure

SCORING					
PERFORMANCE (How would you rate the way you do this activity now?) 1 = not able to do it at all 10 = able to do it extremely well					
SATISFACTION (How satisfied are you with the way you do this activity now?) 1 = not satisfied at all 10 = extremely satisfied					
TIME 1: / / TIME 2: / /					
OP Problems	Impt	Performance T ₁	Satisfaction T ₁	Performance T ₂	Satisfaction T ₂
1.					
2.					
3.					
4.					
5.					
		Total Performance T ₁	Total Satisfaction T ₁	Total Performance T ₂	Total Satisfaction T ₂
TOTAL SCORES					
		Average Performance T ₁	Average Satisfaction T ₁	Average Performance T ₂	Average Satisfaction T ₂
AVERAGE SCORES (Total score / number of problems)					
				Change in Performance	Change in Satisfaction
CHANGE SCORES (T ₂ - T ₁)					
NOTES AND OBSERVATIONS					
Initial Assessment					
Re-assessment					

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Appendix C

Transition Behavior Scale-3

TRANSITION BEHAVIOR SCALE THIRD EDITION (TBS-3)

Stephen B. McCarney, Ed.D.
Tamara J. Arthaud, Ph.D.
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The *Transition Behavior Scale-Third Edition (TBS-3)* is a standardized, educationally relevant measure of predicted success in employment and independent living. Areas of concern identified by the TBS-3 can be incorporated in the development of the individualized transition plan.

The TBS-3 measures behavioral characteristics in the areas of

- Work Related,
- Interpersonal Relations, and
- Social/Community Expectations.

During the initial development, the TBS-3 item pool received meticulous review by educational diagnosticians, guidance counselors, educational personnel, and employers which resulted in the 62 items included on the scale. The TBS-3 is available in two versions: School Version, a reporting form for educators, and Self-Report Version, a reporting form for students 12-18 years of age.


The *Transition Behavior Scale-Third Edition School Version (TBS-3 SV)* was standardized on 1,967 students. Demographic characteristics of the standardization population closely approximated national percentages for gender, ethnicity, residence, geographic area, and parental occupation.

Internal consistency of the TBS-3 SV, utilizing the coefficient *alpha* formula (Cronbach, 1951), was .94 for the total score. Test-retest reliability yielded correlation coefficients exceeding .72 for each of the three subscales. Inter-rater reliability was .75 for the total score. Content validity was established through the initial development process. The TBS-3 SV was compared to the *Adaptive Behavior Evaluation Scale-Revised Second Edition: 13-18 Years* (McCarney & Arthaud, 2006), and the *Adaptive Behavior Scale-School Second Edition (ABSS-2)* (Lambert, Nihira, & Leland, 1993) as measures of criterion-related validity. All correlations were significant at the $p < .001$ level.

Both versions of the TBS-3 use frequency-referenced quantifiers. Each item on the School Version is rated on a six-point scale of (0) Is Not Developmentally Appropriate For the Student's Age Group, (1) Does Not Demonstrate the Behavior or Skill, (2) Developing the Behavior or Skill, (3) Demonstrates the Behavior or Skill Inconsistently, (4) Demonstrates the Behavior or Skill Most of the Time, and (5) Demonstrates the Behavior or Skill at All times (Consistently). Following administration, six types of scores are obtained: frequency rating for each item (reflecting the frequency and severity of the behavior), subscale raw score (the sum of the frequency ratings), subscale standard score (a consistent basis for comparing students), total score quotient (a global index of predicted success in employment and societal transition), and a total score percentile (another global index of predicted success). The TBS-3 takes approximately 15 to 20 minutes to complete and can be completed by anyone familiar with the student: the classroom teacher, clinical personnel, other school personnel, or the parent/guardian.

The TBS-3 complete kit consists of the *Transition Behavior Scale-Third Edition School and Self-Report Version Rating Forms*, *Transition Behavior Scale-Third Edition School Version Technical Manual*, *Transition Behavior Scale-Third Edition Self-Report Version Technical Manual*, and the *Transition Behavior Scale IEP and Intervention Manual*. The *Transition Behavior Scale IEP and Intervention Manual* includes goals, objectives, and intervention strategies for the behaviors on the scale. By carefully following assessment results with intervention, the likelihood of student success in employment and independent living is maximized.

Research has proven that behavior exhibited in school/educational situations is the most reliable source of information in predicting success in employment and societal transition. The *Transition Behavior Scale-Third Edition* is a valid and reliable resource for screening students involved in transition.



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Appendix C

Transition Behavior Scale-3 (continued)

SELF-REPORT VERSION RATING FORM

Stephen B. McCarney

RATING GUIDELINES

- The rater should rate his/her behavior as the behavior/skill occurs naturally in the home and school environments.
- The rater should rate himself/herself using the quantifiers (0-4) provided. Do not leave any boxes blank.
- Adults in the school setting can assist the rater with reading items and understanding quantifiers. However, they should not try to influence a rater's ratings.
- It is not necessary for the rater to complete the rating in one day. Several days may elapse before the rating is completed.
- It is recommended that the rater read each quantifier with the item before rating the item. Using item 1 as an example, the rater would first read, "I do not try to do work that is new to me," then "I am developing trying to do work that is new to me," "I try inconsistently to do work that is new to me," "I try most of the time to do work that is new to me," and finally "I try at all times to do work that is new to me (consistently)."
- If the behavior or skill is not developed or is not displayed, the rating should be

- If the behavior or skill is developing but has not yet been mastered, the rating should be

0

I DO NOT DISPLAY THE BEHAVIOR OR SKILL.

1

I AM DEVELOPING THE BEHAVIOR OR SKILL.

2

I DISPLAY THE BEHAVIOR OR SKILL INCONSISTENTLY.

- If the behavior or skill has been developed but is not displayed on a regular basis, the rating should be

3

I DISPLAY THE BEHAVIOR OR SKILL MOST OF THE TIME.

- If the behavior or skill has been developed and is displayed successfully except in a few instances, the rating should be

4

I DISPLAY THE BEHAVIOR OR SKILL AT ALL TIMES (CONSISTENTLY).


- If the behavior or skill is displayed consistently and successfully, the rating should be

IMPORTANT *** PLEASE NOTE: *** IMPORTANT

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Page 1

Appendix C

Transition Behavior Scale-3 (continued)

TO RATER: Rate yourself using the quantifiers (0-4) provided. Every item must be rated. Do not leave any boxes blank.				
I DO NOT DISPLAY THE BEHAVIOR OR SKILL	I AM DEVELOPING THE BEHAVIOR OR SKILL	I DISPLAY THE BEHAVIOR OR SKILL INCONSISTENTLY	I DISPLAY THE BEHAVIOR OR SKILL MOST OF THE TIME	I DISPLAY THE BEHAVIOR OR SKILL AT ALL TIMES (CONSISTENTLY)
0	1	2	3	4
WORK RELATED				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. I try to do work that is new to me				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I start working on assignments after I have been given directions, instructions, etc.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My work is finished when it is supposed to be done				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get a passing grade on the work I finish				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can do my work when I have other people close to me (e.g., work at a table with several peers, work at a desk with peers nearby, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I do not waste my time when I am not in class (e.g., do homework, study, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I do not get upset when I am told/asked to change something in school (e.g., correct errors on an assignment)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do not waste time when I can choose what I want to do				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I follow directions that have been written down (e.g., from teachers, principals, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I make sure I have everything I need for all my activities				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I keep working until it is time to stop				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can stop one activity and start another one without a problem (e.g., can stop one activity and begin another, put materials away and get ready for another activity, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I can follow two or three-step directions without asking for the directions to be repeated				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I follow directions without needing them to be repeated, explained, etc.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I make good choices by myself (e.g., use common sense, logic, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am organized (e.g., have a place for materials, do not waste time, have good work habits, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I do the things I am supposed to do when I am supposed to do them (e.g., in attendance, on time, prepared, ready to work, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I get started on things I am supposed to do without someone telling me to begin (e.g., get busy rather than doing nothing, make good choices, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can work by myself (e.g., can work on own without supervision, with limited encouragement, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I figure out ways to solve problems (e.g., find different ways to deal with situations, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I pay attention				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I will keep working on a task or activity until I have finished it successfully				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I do not blame others for things I have done (e.g., learn from mistakes, accept consequences, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am willing to take on extra responsibilities, tasks, etc.				
Raw Score _____				
INTERPERSONAL RELATIONS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I do not get upset or angry when others accidentally bump, touch, or brush against me				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I do not get upset or angry at friendly teasing (e.g., jokes, sarcastic remarks, name calling, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I care about the way I look (e.g., comb hair, wear clean clothing, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I figure out ways for others to get along when they are upset (e.g., discuss, reason, compromise, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I join in activities outside the classroom (e.g., sports, clubs, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I get along well with others in classroom/work activities (e.g., get involved in discussions, projects, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I keep friends by talking kindly to them				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I keep myself clean (e.g., clean hands, face, and hair; free of body odor; change clothing when appropriate; etc.)				

I DO NOT DISPLAY THE BEHAVIOR OR SKILL	I AM DEVELOPING THE BEHAVIOR OR SKILL	I DISPLAY THE BEHAVIOR OR SKILL INCONSISTENTLY	I DISPLAY THE BEHAVIOR OR SKILL MOST OF THE TIME	I DISPLAY THE BEHAVIOR OR SKILL AT ALL TIMES (CONSISTENTLY)
0	1	2	3	4
<input type="checkbox"/> 33. My friends/classmates know I am easy to work with in the classroom (e.g., share materials, help a friend, etc.)				<input type="checkbox"/> 46. I do not act up when the person in charge is not around
<input type="checkbox"/> 34. I get along with others outside of the classroom (e.g., free time, cafeteria, etc.)				<input type="checkbox"/> 47. I do not get upset when I am told/asked to change my behavior outside the classroom (e.g., be quiet, move on to class, etc.)
<input type="checkbox"/> 35. I am a good sport in competitive activities				<input type="checkbox"/> 48. I do what I am told to do
<input type="checkbox"/> 36. I speak respectfully when talking to teachers and other adults				<input type="checkbox"/> 49. I am not late
<input type="checkbox"/> 37. I do not get upset in new situations (e.g., work with individuals I do not know, adjust to new surroundings, etc.)				<input type="checkbox"/> 50. I do not play hooky from school or work
<input type="checkbox"/> 38. I am well-behaved and not easily upset by others				<input type="checkbox"/> 51. I wait quietly for help from my teacher or supervisor
<input type="checkbox"/> 39. I am a loyal friend and group member (e.g., am dependable, participate, take responsibility, etc.)				<input type="checkbox"/> 52. I do not act up when there is a substitute teacher, supervisor, etc.
_____ Raw Score				<input type="checkbox"/> 53. I can follow a routine or schedule
SOCIAL/COMMUNITY EXPECTATIONS				<input type="checkbox"/> 54. I do not get upset when my schedule changes
<input type="checkbox"/> 40. I take care of things that belong to me (e.g., bike, car, phone, etc.)				<input type="checkbox"/> 55. I take care of school materials (e.g., supplies and equipment)
<input type="checkbox"/> 41. I follow rules/directions given by signs or sounds, (e.g., bells, sirens, "Don't Walk," etc.)				<input type="checkbox"/> 56. I take good care of things that belong to other people.
<input type="checkbox"/> 42. I stay where I have been told to stay until it is time to leave (e.g., classroom, building, school grounds, etc.)				<input type="checkbox"/> 57. I can change my behavior for different situations (e.g., classroom/job, assembly, cafeteria, church, etc.)
<input type="checkbox"/> 43. I follow the rules of the classroom				<input type="checkbox"/> 58. I am honest (e.g., do not cheat or steal)
<input type="checkbox"/> 44. I am well-behaved outside the classroom (e.g., hallway, restroom, cafeteria, library, etc.)				<input type="checkbox"/> 59. I am careful when using supplies or equipment (i.e., safe)
<input type="checkbox"/> 45. I behave when I am in a group during school activities				<input type="checkbox"/> 60. I do not have or use drugs or alcohol at school
				<input type="checkbox"/> 61. I can control my temper (e.g., do not use hurtful words or harm others when frustrated, angry, etc.)
				_____ Raw Score

Appendix C

Transition Behavior Scale-3 (continued)

SELF-REPORT VERSION RATING FORM

Stephen B. McCarney

PROFILE SHEET

Name: _____ Gender: _____

School: _____ Grade: _____

City: _____ State: _____

Date of rating: _____
(year) (month) (day)

Date of birth: _____
(year) (month) (day)

Age at rating: _____
(years) (months) (days)

SUMMARY OF SCORES

Subscales	Raw Score	Standard Score (Appendix A)	Standard Score SEM (Appendix C)
Work Related			
Interpersonal Relations			
Social/Community Expectations			

TOTAL SCORE

Sum of Subscale SS	Quotient (Appendix B)	Percentile (Appendix B)	Quotient SEM (Appendix C)	Confidence Interval (Chapter 2)
				%

Standard Scores	SUBSCALES			Quotients	Quotient	Percentiles	Percentile Rank
	Work Related	Interpersonal Relations	Social/Community Expectations				
20	•	•	•	150	•	≥99	•
19	•	•	•	145	•	95	•
18	•	•	•	140	•	90	•
17	•	•	•	135	•	85	•
16	•	•	•	130	•	80	•
15	•	•	•	125	•	75	•
14	•	•	•	120	•	70	•
13	•	•	•	115	•	65	•
12	•	•	•	110	•	60	•
11	•	•	•	105	•	55	•
10	•	•	•	100	•	50	•
9	•	•	•	95	•	45	•
8	•	•	•	90	•	40	•
7	•	•	•	85	•	35	•
6	•	•	•	80	•	30	•
5	•	•	•	75	•	25	•
4	•	•	•	70	•	20	•
3	•	•	•	65	•	15	•
2	•	•	•	60	•	10	•
1	•	•	•	55	•	5	•
				50	•	≤1	•

Important: Before using this scale, read the section titled *Rating Guidelines* on page one.

TBS-3 S-RV

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Appendix D

Survey of Vocational and Housing Status (SVHS)

Please answer these questions.		Comments
1. Are you employed?	Yes_____ No_____	
2. Are you actively involved in education that will lead to a job?	Yes_____ No_____	
3. Do you live in a secure house, apartment, or family environment?	Yes_____ No_____	

Appendix E

Comparison of Recovery Stages, Group Activities, and Agency Core Values

Adapted Recovery Stages (Vogel-Scibilia et al, 2009)	SAMHSA Principles SAMHSA, n.d.	Integration Group Activity	Occupational Concepts (Clay, 2014)	Selah Freedom Core Values (Selah Freedom)
Trust vs. doubt	Respect	Admit that group is potentially beneficial	Self-acceptance	Compassion
Hope vs. shame	Hope	Define meaning of self	Self-concept	Care
Empowerment vs. guilt	Empowerment; Non-linear	Define personal goals	Personal recovery plan	Process
Action vs. inaction	Individualized and person-centered	Participate in group activities	Purposeful activity; Participation	Training
New self vs. “past“ self*	Holistic; Self-direction	Recognize improvements	Self defined separate from trauma	Transformation; Unity
Intimacy vs. isolation	Peer support	Plan and execute group activities	Social interaction skills; Sharing	Community; Compassion
Purpose vs. passivity	Self-direction	Complete/update personal goal(s)	Self-advocacy; Search for meaningfulness	Stewardship
Integrity vs. despair	Responsibility for self, group, cause	Assist other group members	Mentorship	Unity; Leadership; Community

Developed by Toni Thompson, 2016.

Sources: Clay, 2014; Selah Freedom, n.d.b., Substance Abuse and Mental Health Administration (SAMHSA), n.d.; Vogel-Scibilia et al., 2009.

Appendix F

The Community Living Integration Club Satisfaction Survey for Participants (SSP)

<p>Thank you for participating in The Community Living Integration Club.</p> <p>Please rate the statements from 5 to 1:</p> <p>5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree.</p> <p>Please complete the comment section below.</p>					
1. The group activities were well organized.	5	4	3	2	1
2. The staff and volunteers worked together to help me and other members.	5	4	3	2	1
3. I was treated with respect.	5	4	3	2	1
4. The activities met the goals of The Community Living Integration Club.	5	4	3	2	1
5. I was able to make and complete at least one personal goal.	5	4	3	2	1
6. I learned about many aspects of community integration.	5	4	3	2	1
7. I learned about working with groups and group members.	5	4	3	2	1
8. I was able to participate in the activities at my own pace.	5	4	3	2	1
9. I played an active part to get the most out of the activities.	5	4	3	2	1
10. The staff and volunteers were flexible to needs of the group and members	5	4	3	2	1
11. I learned skills that will help me in the future.	5	4	3	2	1
12. The Community Living Integration Club is an important part of the recovery program.	5	4	3	2	1
Comments:					
What I liked least about The Community Living Integration Club:					

What I liked best about The Community Living Integration Club:					

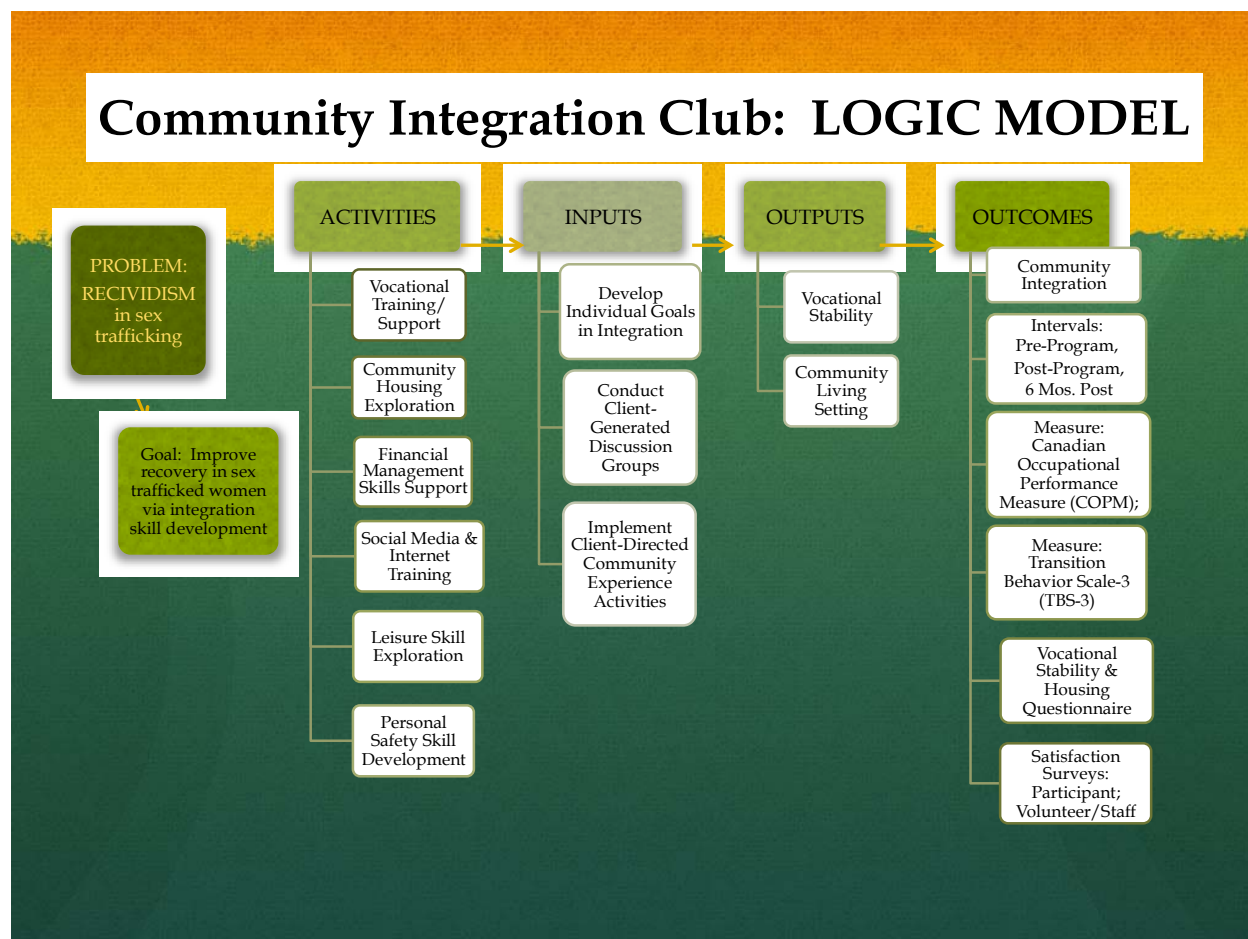
Please make one suggestion to change or improve The Community Living Integration Club:					

Thank you!					

Developed by Toni Thompson, 2016.

Appendix G

Logic Model of Community Living Integration Club



Appendix H

Project Evaluation Components

Type of Evaluation	Specific Criteria	Evidence Foundation	Program Evaluation Use	Comments
Outcome Evaluation	Activities fit with participants' stage of recovery	1. Literature Review 2. Survey of vocational & housing status (SVHS; Appendix B), Participant satisfaction survey (SSP; see Appendix D) 3. Focus groups with participants, program staff 4. Expert opinion & review*	2. Quantitative data & 3. Qualitative data to assure client outcomes and program improvement 4. Augment program processes	1. Review of literature in related fields** 2, 3, & 4. Data for program improvement
Outcome Evaluation	Activities guide participants to meet personal goals	1. SVHS, SSP (Appendices D & F) 2..Focus groups with participants and staff/volunteers 3. Informal feedback	1, Quantitative data & 2. Qualitative data from participant and volunteer/staff perspectives to assure client outcomes & program improvement;	1. & 2. Formal and informal data for program improvement
Outcome Evaluation	Activities integrate personal goals, discussion groups, and community experiences	1. Literature review 2. SVHS, SSP (see Appendices D & F) 3. Focus groups with participants and staff/volunteers	2. Quantitative & 3. Qualitative data from participant and volunteer/staff perspectives for program improvement	1. Review of literature in related fields** 2 & 3. Data for program improvement
Content Evaluation	Project meets standards of Selah Freedom agency	1. Selah Freedom core values (see Appendix A) 2. Expert opinion of Selah Freedom staff, management and boards*	Agency core values align with program values	
Content Evaluation	Project incorporates with occupational therapy professional standards	1. American Occupational Therapy Association (AOTA) Occupational Therapy Practice Framework (AOTA, 2014; AOTA 2015; see Appendix I)	Code of ethics core values and principles align with program values	

Notes:

* Experts from Selah Freedom include Connie and Kindsey Pentecost. A long-term familial sex trafficking survivor, Rose leads an evidence-based teen prevention program throughout the United States. A criminal justice expert, Pentecost has developed extensive training for law enforcement, directs a prison alternative program, and manages a sex industry outreach program.

**Due to a paucity of evidence in sex trafficking recovery, especially in community integration, literature for related fields of childhood sexual abuse, post-traumatic stress disorder, long-term trauma, and recovery has been incorporated.

Appendix I

Criteria Values Comparison

Criteria Value	Selah Freedom core values	Occupational therapy code of ethics core values	Occupational therapy principles	Community Living Integration Club value and standards
Client-focused care	Compassion, Process of comprehensive care	Dignity, Freedom	Autonomy, Justice	Personal individualized goals, Utility of evaluation
Clients needs met	Transformation without judgment	Justice, Altruism	Fidelity	Community integration, recovery, Utility of evaluation
Positive impact on participants	Care with personalized care & exceptional outcomes	Prudence	Beneficence, Nonmaleficence	Community integration, group activities, recovery
Evaluation results free of bias	Care with evidence-based practices	Quality, Prudence	Veracity	Program outcomes, Improvement methods, Accuracy
Positive impact on agency reputation	Leadership	Unity of values,	Fidelity	Measurable outcomes
Program content, methods, delivery based on scientific principles	Training of others and of staff	Truth, Quality, Prudence	Veracity, Justice, Quality	Measurable outcomes, Quantitative & qualitative data, Propriety
Optimal use of physical & material resources	Stewardship of gifts	Truth, Quality, Prudence	Veracity, Justice	Cost analysis. Feasibility
Optimal use of participant, staff, and volunteer time	Stewardship of gifts	Truth, Prudence	Beneficence, Veracity	Feasibility, Qualitative and quantitative data from satisfaction survey
Positive impact on community	Community of collaboration, Unity of vision and values	Altruism, Freedom	Fidelity, Justice	Dissemination of findings, export findings to other genders, age groups, and cultures

Developed by Toni Thompson, 2016