Program Evaluation of a Curriculum for Increasing Empathy, Self-awareness, Personal Healing, and Knowledge of Abuse and Sex-trafficking

Haley H. Crowl
George Fox University

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Program Evaluation of a Curriculum for Increasing Empathy, Self-awareness, Personal Healing, and Knowledge of Abuse and Sex-trafficking

by

Haley H. Crowl

Presented to the Faculty of the Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment of the requirements for the degree of Doctor of Psychology

in Clinical Psychology

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Program Evaluation of a Curriculum for Increasing Empathy, Self-awareness, Personal Healing, and Knowledge of Abuse and Sex-trafficking

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has been approved

at the

Graduate School of Clinical Psychology

George Fox University

As a Dissertation for the Psy.D. degree

Approval

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Date: 10.19.12
Program Evaluation of a Curriculum for Increasing Empathy, Self-awareness, Personal Healing, and Knowledge of Abuse and Sex-trafficking

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Abstract

To date, there is little research on how caregivers of those who have been sexually abused are being trained, making it important to evaluate the effectiveness of current training curricula. The purpose of the current study is to provide a program evaluation of one such curriculum offered by Mending the Soul (MTS). Participants in Portland and Mexico City engaged in an MTS training workshop. Evaluation instruments included the Interpersonal Reactivity Index and an MTS Knowledge Test that were given to participants pre and post workshop. Participants were also drawn from MTS workbook groups, and the effects of the workbook groups were measured with the Trauma Symptom Inventory (TSI; Briere, n.d.) and Outcome Rating Scale (ORS; Miller, Duncan, Brown, Sparks, & Claud, 2003). Results indicated MTS training significantly increased the Mexico City participants’ empathy regarding taking others’ perspective. Results also showed Portland trainees scored significantly higher on the knowledge test when compared to Mexico City’s trainees.
Concerning the workbook groups, significant changes were found on 4 of the clinical scales and on all 3 summary scales of the TSI, and significant improvements were found on the ORS. Implications include the apparent effectiveness of MTS' current training model and workbook and the worthiness of further use and evaluation of MTS' workshops and materials. Recommendations for future MTS development are offered.
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Chapter 1
Introduction

When women and children find their way to a safe house to help them deal with the trauma of sexual trafficking and abuse, they are presumably looking for a place that lives up to its title—a place of refuge and safety. But the degree of safety in sexual trauma recovery depends a good deal on the caregivers staffing the facility, which often consists of a blend of professional and paraprofessional helpers. Caregivers may themselves be survivors of abuse, or have little personal experience with abuse, making their training a critical issue for the quality of so-called safe facilities. To date, there is little research on how caregivers are being trained, making it important to evaluate the effectiveness of current training curricula. The purpose of the current study is to provide a program evaluation of one such curriculum offered by Mending the Soul (MTS).

Consequences of Abuse

Adults who were abused as children are likely to struggle with the long-term effects of such psychological trauma. These effects are displayed in a variety of ways, including physical and mental symptoms severe enough to cause impairment in physical functioning (Springer, Sheridan, Kuo, & Carnes, 2003). Draper et al. (2008) found that adults who experienced both physical and sexual abuse as children were at a higher risk of suffering from three or more medical diseases. Even witnessing intimate partner violence as a child
can adversely affect one’s health into adulthood (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010).

Psychological impairment caused from childhood abuse can also be substantial. Though not all sexually abused children struggle with mental health problems into adulthood (O'Leary, Coohey, & Easton, 2010), those who survive childhood sexual abuse have a significantly higher chance of developing depression, anxiety, and interpersonal sensitivity (Callahan, Price & Hilsenroth, 2003). In Callahan et al.’s (2003) study, clinicians rated sexual abuse survivors as more than one standard deviation different than those who were not victims of childhood sexual abuse in the areas of psychiatric distress and global functioning. Not only was their distress worse, but also when the survivors were compared to each other, those reporting greater severity of abuse experienced reported significantly greater levels of distress in adulthood. O'Leary et al. (2010) reported three types of sexual abuse severity as indicating increased mental health problems: “being injured, being abused by more than one person, and being abused by a biological relative” (p. 285). Victims who reported their sexual abuse were more likely to report a greater number of symptoms, indicating that people’s responses to the child’s report could have created more distress for the children. Springer et al. (2003) also found within the literature that somatic symptoms are more likely for those who have experienced physical and sexual abuse when compared to those who did not report abuse.

Childhood abuse also has an effect on a person’s relational skills. A study of long-term health outcomes of childhood abuse indicated that childhood sexual abuse survivors are likely to struggle developing and maintaining interpersonal relationships, especially if
the relationship is intimate (Springer et al., 2003). Relatedly, those who are abused as children are more likely than others to be revictimized as adults. Cannon et al. (2010) reported that women who witnessed intimate partner violence and were exposed to childhood abuse were at the highest risk of intimate partner violence victimization in adulthood when compared to those who did not witness violence and abuse. Childhood sexual abuse survivors “tend to experience difficulties interpreting interpersonal cues, navigating interpersonal relationships, and maintaining healthy boundaries, which may contribute to continued interpersonal problems and possible revictimization” (Callahan et al., 2003, p. 181). Those who experienced childhood physical and sexual abuse are significantly more likely to be unmarried and live alone (Draper et al., 2008). Although the survivors struggle relationally, Callahan et al. added that the survivors were still “willing and able to form positive alliance” with the therapists (p. 182).

Abuse also appears to have behavioral implications. Survivors of physical or sexual childhood abuse are more likely than others to smoke tobacco, consume alcohol at dangerous levels, and exhibit suicidal behaviors (Draper et al., 2008; Widom, White, Czaja, & Marmorstein, 2006). Obesity and high-risk sexual behaviors have also been found to be likely issues for survivors of abuse (Spring et al., 2003).

**Sex-Trafficking**

Considering the severity of abuse and its effect on the abused, sex-trafficking involves the most extreme degrees of abuse. Protecting children from sexual exploitation around the world is important because it is a human rights violation and has deleterious effects on the child’s body. Willis and Levy (2002) list some of the countless harmful effects.
Children are being infected with HIV, with some communities showing 86% of the prostituted workers infected with HIV (p. 1418). The HIV infection puts them at great risk of getting tuberculosis. Other sexually transmitted diseases (STDs) that cause open wounds in the genital area put the children at higher risk of getting HIV. Longstanding STDs can cause “pelvic inflammatory disease, which can result in infertility, ectopic pregnancy, chronic pelvic pain, and an increased risk of hysterectomy” (p. 1419). Many prostituted girls attempt to treat their STDs through over-the-counter methods or self-medication, which can actually help the STDs build drug-resistant strains. Children are also more likely to get an STD than adults because children have less clout in demanding condom use.

Not only does prostitution cause deleterious physical problems but also mental health issues. Robinson and Paramo (2007) found that prostituted girls developed cognitive distortions, such as, “It’s okay to have friends who teach you how to steal or get clients for prostitution” (p. 245). They believe this is an effect of the sexual abuse involved in prostitution. The abuse misconstrues the victim’s impression of herself and others and even distorts her view of and hopes for the future. Her altered perception of life can develop into serious mental health problems. Willis and Levy’s (2002) review of global effects explained how prostituted girls are at great risk of “psychological harm, including anxiety, depression, and behavioral disorders” (p. 1419). They found that 41% of prostituted children in the U.S. claimed to have serious suicidal ideation or had attempted suicide during the past year. In a study of five countries, 67% of the prostituted participants met criteria for post-traumatic stress disorder. The mental health issues
developed from a prostituted lifestyle will be a struggle for the rest of the girl's life and will require professional treatment.

The treatment of these prostituted females is slowly becoming more available in the United States as shelters are beginning to open their doors to girls and women rescued from sex trafficking. A pressing issue facing shelter administrators is how to recruit and train their workers and volunteers.

**Paraprofessional and Caregiver Training**

Though very few studies consider the topic of training caregivers who work with physically and sexually abused women, especially those rescued from sex trafficking, a number of studies concerning the training of other kinds of paraprofessionals could apply. Concerning unpaid family caregivers, Calzada et al. (2005) encouraged a strategy of combining didactic instruction with experiential training (e.g., role play, modeling) for preparing paraprofessionals, a conclusion affirmed by Purdy and Hindenlang (2005) in their work with aphasia sufferers and their caregivers. Continuing education and skills training can be helpful in moderating dysfunctional beliefs among caregivers (Hepburn, Tornatore, Center, & Ostwald, 2001) while psychoeducation can also reduce the feeling of burden held by caregivers (Martin-Carrasco et al., 2009).

There has also been research conducted on methods for training paid caregiver staff working in social service settings. Training while the caregiver is working his or her regular shift suggested that direct instruction, behavior rehearsal, demonstrations, and feedback in naturalistic conditions can result in positive training outcomes (Wood, Luiselli, & Harchik, 2007). Increasing a staff person's feeling of empowerment and increasing his or her
workplace communication skills contributes toward the caregiver’s ability to accurately assess and perceive criticisms, thus resulting in increased job satisfaction (Engstrom, Wadensten, & Haggstrom, 2010), and offering supervision time during which the caregiver can reflect on his or her interactions with the clients may enrich the caregiver’s “underlying components of insightfulness” about the client’s behavior and motives (Virmani & Ontai, 2010). Another aspect considered for social caregivers is how they feel meaningful in their work when so often the caregivers will be working within difficult and complex problems, leading to fewer short-term successes. Faver (2004) looked at how spiritual experiences might influence the caregivers’ job sustainability and found that linking with their spiritual paths offered a foundation of support and encouraged a sense of calling, which increased the caregivers’ commitment to the social work.

Although these general principles apply to a variety of caregivers, specific research focused on training caregivers working with survivors of abuse is necessary in order for agencies to be offering best practices.

**Mending the Soul**

Mending the Soul (MTS) is an organization venturing to create an evidence-based model for training staff and volunteers offering care to those who have experienced abuse. The curriculum is meant to offer education “on the nature and effects of abuse, sexual brokenness, and healthy intimacy and to serve and partner with community agencies to prevent and respond to abuse” (Mending the Soul Ministries, 2013). Their desire for caregivers is that their curriculum would offer education on the effects of abuse, assist the participants in the awareness of their own brokenness and need for healing, and encourage
a sense of humility as the caregivers work with people who have experienced abuse. MTS also created *Mending the Soul Workbook* as a tool to promote healing from abuse, and trainees are encouraged to use this to address their own abuse history. The workbooks are used in a group setting led by a trained facilitator and can be used in conjunction with MTS training programs or independently for those interested in addressing their abuse history. The purpose of this study is to work with MTS in researching how effective the program is at preparing caregivers by promoting personal awareness, empathy, and knowledge of those who have been abused and to evaluate the effectiveness of their workbook in fostering healing. It is expected that 1 participants in the MTS training will show greater knowledge about sexual abuse and sex trafficking and greater empathy after the training than they did before the training and 2 participants in the facilitated MTS workbook groups will have decreased trauma symptoms and increased scores in outcome evaluation.
Chapter 2
Method

Participants

Training groups. The training groups sample included 65 participants—17 from the Portland training and 48 from the Mexico City training. Participants were 18% male (n = 9) and 82% female (n = 40) with ages ranging from 20-60 (M = 40). Ethnicity of participants included Mexican (60%), European Origin (28%), United States of American (6%), Asian American (2%), Bi-racial (2%), and Other (2%).

Workbook groups. Participants of the workbook groups consisted of 18 females ranging in age from 19-61 (M = 41). Ethnicity of participants included European Origin (77.8%), Bi-racial (5.6%), African-Origin (5.6%), and Other (11.1%).

Measures for Training Groups

The Interpersonal Reactivity Index. The Interpersonal Reactivity Index (IRI; Davis, 1980) was administered to the workshop trainees (see Appendices A and B). The IRI is a 28-item self-report questionnaire that assesses participant’s level of empathy based on four subscales: perspective taking, fantasy, empathic concern, and personal distress. The internal reliability of each of the subtests ranges from .70 to .78, and the test-retest reliability ranges from .61 to .81. Factor analysis shows consistency of factor structure across independent samples and repeated administration. The participants in Mexico City were given a Spanish translation of the IRI. Both the English and Spanish versions factor
into the same four subscales except for Item 13, which moves from the personal distress subscale in the English version to the empathic concern scale in the Spanish version (Pérez-Albéniz, de Paúl, Etxeberría, Montes, & Torres, 2003).

**Knowledge Test.** Participants were also administered a knowledge test created by Mending the Soul (see Appendices C and D). The test was designed to assess how much information about abuse, adolescence, and sex trafficking the participants retained from the MTS workshops. The test was professionally translated for the Spanish version.

**Measures for Workbook Groups**

**Trauma Symptom Inventory.** The *Trauma Symptom Inventory* (TSI) was administered to the participants in the workbook groups. The TSI’s 100 items assess acute and chronic posttraumatic symptoms (Briere, n.d.), including the effects of multiple kinds of traumas. Its standardization reliability is .86.

**Outcome Rating Scale.** The *Outcome Rating Scale* was also administered to the participants in the workbook groups (see Appendix E). The ORS is a form used to assess a client’s current level of distress or comfort (Miller, Duncan, Brown, Sparks, & Claud, 2003). The ORS demonstrated internal consistency with Cronbach’s coefficient alpha equaling .93, test-retest reliability ranging from .49-.66, and concurrent validity of .59. There are four scales: Individually, Interpersonally, Socially, and Overall.

**Procedure**

**Training groups.** Preceding the start of the MTS workshop, the trainees were offered the opportunity to volunteer for this research. They were then asked to sign an informed consent (see Appendices F and G) and were given the two measures (IRI and the
knowledge test) with the demographic questionnaire (see Appendices H and I). The participants were given the amount of time needed to complete all the items. Following the MTS workshop, the participants were given the same two measures (IRI and the knowledge test) and again given the time they required to complete the items.

**Workbook groups.** Women attending the MTS workbook groups were offered the opportunity to volunteer for this evaluation. The participants each had an individual intake interview before beginning the group. They were given the informed consent (see Appendix J) and asked to complete the demographic questionnaire (see Appendix H) and TSI at the intake. The participants were then given the opportunity to attend weekly group sessions to discuss their work through the MTS workbook. The facilitators of each group were instructed to have the participants fill out an ORS at the beginning of each group meeting. Following the final group meeting, the participants were asked to complete the TSI again.
Chapter 3
Results

Given the exploratory nature of this research, an alpha of .05 was selected for all hypothesis tests. Though this increases the probability of Type I error, it also increases power, which helps detect potential differences that can then be studied more fully in subsequent research.

Training Groups

A number of participants in both the Portland and Mexico City MTS workshops completed pre or post data, but not both. This reduced the sample size for the data analysis described here.

Paired samples t-tests were used for evaluation. Comparing the pre and post data of the overall sample did not result in any significant differences. See Table 1. However, analysis of the Mexico City sample revealed a significant difference between the IRI Perspective Taking, showing a lower score prior to the workshop than after, $t (18) = 2.54, p = .020$. Notably, the IRI Perspective Taking scale was significantly different between the Portland sample and Mexico City sample before the workshop, $t (58) = 2.14, p = .037$, but was not significantly different following the workshop, $t (36) = .10, p = .918$. Analysis of the overall knowledge test scores, comparing scores from Mexico City’s participants to those of Portland’s participants, revealed test results were lower for the Mexico City sample than
for the Portland sample, both before the workshop, \( t(58) = 8.06, p < .001, \) and after, \( t(36) = 6.94, p < .001. \)

Table 1

**Results of the Interpersonal Reactivity Index and Knowledge Test**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Overall Sample</th>
<th>Mexico City Sample</th>
<th>Portland Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Intervention Mean (SD)</td>
<td>Post-Intervention Mean (SD)</td>
<td>N</td>
</tr>
<tr>
<td><strong>Personal Distress</strong></td>
<td>1.00 (.55)</td>
<td>1.17 (.68)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Empathic Concern</strong></td>
<td>3.28 (.59)</td>
<td>3.26 (.63)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Fantasy</strong></td>
<td>1.88 (.81)</td>
<td>1.92 (.84)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Perspective Taking</strong></td>
<td>2.78 (.59)</td>
<td>2.89 (.58)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Knowledge Test</strong></td>
<td>8.33 (2.52)</td>
<td>8.73 (2.72)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Mexico City Sample</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Distress</td>
<td>1.06 (.61)</td>
<td>1.27 (.81)</td>
<td>19</td>
</tr>
<tr>
<td>Empathic Concern</td>
<td>3.13 (.59)</td>
<td>3.15 (.69)</td>
<td>19</td>
</tr>
<tr>
<td>Fantasy</td>
<td>1.59 (.72)</td>
<td>1.73 (.81)</td>
<td>19</td>
</tr>
<tr>
<td>Perspective Taking*</td>
<td>2.63 (.61)</td>
<td>2.86 (.55)</td>
<td>19</td>
</tr>
<tr>
<td>Knowledge Test</td>
<td>6.63 (1.57)</td>
<td>6.84 (1.89)</td>
<td>19</td>
</tr>
<tr>
<td><strong>Portland Sample</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Distress</td>
<td>.92 (.48)</td>
<td>1.03 (.43)</td>
<td>14</td>
</tr>
<tr>
<td>Empathic Concern</td>
<td>3.48 (.55)</td>
<td>3.4 (.52)</td>
<td>14</td>
</tr>
<tr>
<td>Fantasy</td>
<td>2.28 (.79)</td>
<td>2.18 (.84)</td>
<td>14</td>
</tr>
<tr>
<td>Perspective Taking</td>
<td>2.98 (.52)</td>
<td>2.93 (.64)</td>
<td>14</td>
</tr>
<tr>
<td>Knowledge Test</td>
<td>10.64 (1.5)</td>
<td>11.29 (.99)</td>
<td>14</td>
</tr>
</tbody>
</table>

*Note: * denotes significant differences
Workbook Groups

As with the Training Groups, a number of participants in the workbook groups completed pre and post measures, but not both. Paired samples t-tests were used for evaluation. Four of the 10 TSI Clinical Scales and all three of the TSI Summary Scales resulted in significant differences pre and post group intervention. See Table 2. A significant difference was also seen between the pre ($m = 21.5$, $sd = 10.01$) and post ($m = 29.29$, $sd = 6.94$) ORS scores, $t(14) = 3.15$, $p = .007$. 
Table 2

Results of TSI Clinical and Summary Scales

<table>
<thead>
<tr>
<th>Scales</th>
<th>Pre-Intervention Mean (SD)</th>
<th>Post-Intervention Mean (SD)</th>
<th>t score</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TSI Clinical Scales</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious Arousal</td>
<td>54.25 (13.33)</td>
<td>46.63 (8.48)</td>
<td>1.92</td>
<td>.096</td>
</tr>
<tr>
<td>Depression</td>
<td>53.63 (8.9)</td>
<td>46.75 (4.98)</td>
<td>2.28</td>
<td>.057</td>
</tr>
<tr>
<td>Anger/Irritability</td>
<td>59.25 (10.18)</td>
<td>49.88 (8.73)</td>
<td>2.28</td>
<td>.057</td>
</tr>
<tr>
<td>Intrusive Experiences</td>
<td>51.63 (7.17)</td>
<td>46.38 (5.42)</td>
<td>1.55</td>
<td>.165</td>
</tr>
<tr>
<td>Defensive Avoidance*</td>
<td>53.5 (8.69)</td>
<td>44.38 (5.71)</td>
<td>2.80</td>
<td>.027*</td>
</tr>
<tr>
<td>Dissociation*</td>
<td>57 (10.69)</td>
<td>47 (9.07)</td>
<td>2.96</td>
<td>.021*</td>
</tr>
<tr>
<td>Sexual Concerns*</td>
<td>67.5 (10.72)</td>
<td>51.5 (9.83)</td>
<td>3.82</td>
<td>.007*</td>
</tr>
<tr>
<td>Dysfunctional Sexual Behavior</td>
<td>54.5 (15.38)</td>
<td>44.5 (1.07)</td>
<td>1.80</td>
<td>.115</td>
</tr>
<tr>
<td>Impaired Self-Reference*</td>
<td>56.13 (12.3)</td>
<td>46 (4.6)</td>
<td>2.38</td>
<td>.049*</td>
</tr>
<tr>
<td>Tension Reduction Behavior</td>
<td>53.75 (13.24)</td>
<td>44.75 (2.87)</td>
<td>1.75</td>
<td>.123</td>
</tr>
<tr>
<td><strong>TSI Summary Scales</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma*</td>
<td>55 (8.69)</td>
<td>45.63 (4.57)</td>
<td>2.47</td>
<td>.043*</td>
</tr>
<tr>
<td>Self*</td>
<td>60.25 (11.94)</td>
<td>47.38 (4.44)</td>
<td>3.29</td>
<td>.013*</td>
</tr>
<tr>
<td>Dysphoria*</td>
<td>56.25 (10.08)</td>
<td>47.38 (6.72)</td>
<td>2.41</td>
<td>.047*</td>
</tr>
</tbody>
</table>

*Note: * denotes significant differences
Chapter 4

Discussion

Summary of Findings

This study evaluated the effectiveness of Mending the Soul, an organization with the desire to offer evidence-based training for staff and volunteers offering care to victims of abuse. This is especially important in light of the sparse research on how caregivers of abused people are being trained. MTS hopes to do this by increasing trainees’ knowledge of abuse and sex trafficking while also increasing trainees’ empathy and awareness of personal abuse.

Results of the study imply that the workshops may affect the trainees’ empathy, particularly in their ability to take others’ perspectives. Although there was not a significant increase in the perspective taking of the Portland workshop group, there was a significant difference in change for the Mexico City group. Particularly important to note is that Mexico City’s IRI Perspective Taking scores were significantly lower than the Portland group’s pre-workshop but almost matched their level post-workshop. This could be due to the high number of Portland’s workshop group that have attended MTS trainings before, so their perspective taking ability may have already been impacted by past MTS events.

Results also indicated a significant difference between the knowledge test results of Portland’s group when compared to Mexico City’s group, both before and after the workshop. Portland’s group scored significantly higher. This difference could suggest the
effectiveness of Mexico City’s training and/or overall level of awareness is hindered in relation to the awareness level of Portland participants. Looking at the variation between trainers, trainees, and training materials of each group could prove beneficial for MTS in future workshop planning. Although the knowledge test was professionally translated into Spanish, the test scores might be indicating participants’ misunderstandings of questions and answer options or cultural differences in conceptualization of concepts. Revision of the Spanish version of the knowledge test with help of professional Spanish speakers might prove beneficial as well.

The MTS workbook groups are another important part of MTS’ work in promoting healing from abuse and preparing caregivers. The results of the workbook groups indicated a significant effect of the group in decreasing trauma symptoms and improving participants’ general comfort in functioning. This suggests that the participants were experiencing positive changes from their time spent engaging in the workbook and participating in the group time. Whether the workbook or group time alone would be beneficial is unknown from this study’s results, but the combination showed improvements.

**Implications and Recommendations**

The results of the knowledge test, particularly for the Mexico City group, imply either that the workshop was largely unsuccessful in educating the trainees on abuse and sex trafficking or that there were problems in understanding the test items. Although neither group significantly increased their scores, it is difficult to draw conclusions from the results of the Portland groups’ scores because the participants were getting around 11
of the 12 questions correct both before and after the workshop, so one cannot say if they learned the information from a previous MTS workshop or elsewhere. However, considerations need to be made for the Mexico City group. Their scores were significantly lower than the Portland groups’ scores and did not increase after the workshop, suggesting the participants did not retain the content delivered in the workshop. Given the pre-intervention differences, this may also reflect a general level of cultural awareness that is heightened in Portland as compared with Mexico City.

MTS may want to consider the factors affecting learning in the Mexico City context and make adjustments accordingly. Some possibilities include the time spent on delivering content about abuse and sex trafficking and how the content was delivered. It would be worth evaluating the balance of propositional content (e.g., lecture) and narrative (e.g., stories) in relation to the cultural norms and expectations in Mexico City. Another consideration includes ensuring the important content is offered clearly in the workshop packets. Language and cultural differences are also possible factors affecting the participants’ retention of content. Additionally, it is recommended MTS consider the cultural competency of its presenters at the workshop. Information clearly delivered is important for trainees’ learning, so speakers need to be both articulate in the language and fluent in the Mexican culture idioms and values. Also, the number attending Portland’s training was around 20 while the group in Mexico City was around 300. Breaking large workshops into smaller training groups might improve the participants’ abilities to maintain attention and engage with the materials presented.
A high level of fluency is also important in evaluating the test items. The knowledge test was professionally translated, but the low overall scores for the Mexico City group could be due to a lack of clarity on test items. Professional translation does not necessarily include cultural values, which could make understanding item content difficult. For example, MTS could investigate values regarding the faith community in Mexico and the extent to which these values permeate the overall culture. Understanding the faith values could improve clarity of test items involving faith concepts and could also be applied to how presenters teach content around concepts of faith.

Besides the Mexico City participants’ Perspective Taking score, there were no significant changes in the IRI scores. One reason for this is people interested in helping others already have a higher level of empathy. Another possible reason is the length of the workshops. The entire workshop happened in one weekend, whereas one might reasonably assume that empathy transformation takes longer than one weekend. In light of this, the Mexico City Perspective Taking score seems even more profound while also explaining the lack of change in empathy overall. MTS offers weekend workshops, but they also offer a complete 72-hour training, which occurs over about a 4-month period. This training includes multiple workshops and weekly group meetings to process personal abuse. An evaluation of the 72-hour training regarding empathy might show more significant changes. Also, if MTS uses the same measures as this study for further evaluation, they might want to consider the four areas covered by the IRI: personal distress, fantasy, perspective taking, and empathic concern. Each of those areas involves empathy but a different aspect of empathy. Increases in the areas of perspective taking and
empathic concern are desired in caregivers, but MTS could also consider how to help participants decrease their personal distress regarding others hardships.

MTS can be encouraged by the results of the workbook groups. It is apparent that overall functioning improved and meaningful change occurred within the participants though there were still 6 of the 10 subscales on the TSI that did not show significant change. This may be related to the limited power of the study, with only eight participants completing both pre- and post-intervention measures. This study did not parse out the trauma each individual was addressing. Some could have had single episodes of abuse while others could have had a lifetime of complex abuse. Those differences as well as personal resilience likely affect the outcome of the group for each participant. Levels of commitment to the workbook tasks and to the group time also influence outcomes. For some individuals, it may take multiple rounds through the workbook to see significant change. With this in mind, MTS group facilitators could close the final group with encouragement for participants to join a future group if they feel ready for further healing. In order to evaluate lasting changes, MTS might consider asking participants to complete the evaluation measures again six months after completing the group.

Limitations

There are limitations to this program evaluation. One of these is the size of the sample. Although many people attended the workshops, there were fewer participants that completed both the pre and post measures, so it is difficult to know the power of the results. This is also true of the workbook groups. The groups are kept small to encourage closeness and safety in the group, so many groups need to be evaluated in order to improve
the overall sample size and improve confidence in the results' implications. The results were significant and positive enough to warrant further evaluation and research and continued use of the MTS model, but given the modest percentage of participants who completed both pre- and post-intervention measures, the possibility of response bias must at least be considered. It is possible that those who did not complete post-test data had a less transformative experience than those who did complete both pre-and post-intervention measures.

Another notable limitation of the study was the population used in the Portland workshop. Because the Portland trainees had attended MTS events before, it was hard to say how effective that particular workshop was since there could have been lasting effects from previous MTS trainings. Lasting effects could be positive, so again further evaluation could be beneficial.

**Conclusion**

Mending the Soul is an organization that partners with shelters, churches, psychologists, and other community agencies in its efforts to offer healing and safety to victim of exploitation and abuse and to offer tools for prevention of further abuse. This study specifically evaluated their weekend training workshops and their MTS workbook groups. Results indicated MTS is achieving some of their goals in training while also needing to reconsider parts of their training for improved changes. Furthermore, results showed MTS workbook groups may offer significant help for those suffering from past abuse. Further evaluation could clarify some questions caused by the limitations of this
study and could show if MTS efforts at improving their training has improved the overall effect.
References


Appendix A

Interpersonal Reactivity Index—English Version
**INTERPERSONAL REACTIVITY INDEX**

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate number on the scale at the top of the page. Read each item carefully before responding. Answer as honestly as you can.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I daydream and fantasize, with some regularity, about things that might happen to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I often have tender, concerned feelings for people less fortunate than me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I sometimes find it difficult to see things from the &quot;other guy's&quot; point of view.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Sometimes I don't feel very sorry for other people when they are having problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I really get involved with the feelings of the characters in a novel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. In emergency situations, I feel apprehensive and ill-at-ease.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I try to look at everybody's side of a disagreement before I make a decision.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Item</td>
<td>Does not describe me well</td>
<td>Describes me very well</td>
<td></td>
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<td>----------------------------------------------------------------------</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>9. When I see someone being taken advantage of, I feel kind of protective towards them.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>10. I sometimes feel helpless when I am in the middle of a very emotional situation.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>11. I sometimes try to understand my friends better by imagining how things look from their perspective.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. Becoming extremely involved in a good book or movie is somewhat rare for me.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>13. When I see someone get hurt, I tend to remain calm.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>14. Other people's misfortunes do not usually disturb me a great deal.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>16. After seeing a play or movie, I have felt as though I were one of the characters.</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17. Being in a tense emotional situation scares me.</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19. I am usually pretty effective in dealing with emergencies.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td></td>
<td>Does not describe me well</td>
<td>Describes me very well</td>
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<tr>
<td>20. I am often quite touched by things that I see happen.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. I believe that there are two sides to every question and try to look at them both.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. I would describe myself as a pretty soft-hearted person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. When I watch a good movie, I can very easily put myself in the place of a leading character.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. I tend to lose control during emergencies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. When I'm upset at someone, I usually try to &quot;put myself in his shoes&quot; for a while.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>27. When I see someone who badly needs help in an emergency, I go to pieces.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix B

Interpersonal Reactivity Index—Spanish Version
ÍNDICE INTERPERSONAL DE LA REACTIVIDAD

Las siguientes declaraciones van a preguntarle sobre sus pensamientos y sensaciones en una variedad de situaciones. Para cada oración, indique si la declaración le describe eligiendo el número apropiado en la escala que está en la parte superior de la página. Lea cada oración cuidadosamente antes de responder. Responda lo más honesto que pueda.

<table>
<thead>
<tr>
<th>Oración</th>
<th>No me describe bien</th>
<th>Me describe bien</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Con cierta frecuencia sueño despierto y fantaseo sobre cosas que podrían pasarme.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. A menudo tengo sentimientos de compasión y preocupación hacia gente menos afortunada que yo.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. A veces encuentro difícil ver las cosas desde el punto de vista de otros.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. A veces no me dan mucha lástima otras personas cuando tienen problemas.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Realmente me siento «metido» en los sentimientos de los personajes de una novela.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. En situaciones de emergencia, me siento aprensivo e incómodo.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Generalmente soy objetivo cuando veo una película o una obra de teatro y no me suelo «meter» completamente en ella.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. En un desacuerdo con otros, trato de ver las cosas desde el punto de vista de los demás antes de tomar una decisión.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9. Cuando veo que se aprovechan de alguien, siento necesidad de protegerle.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No me describe bien</td>
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</tr>
<tr>
<td>10. A veces me siento indefenso/a cuando estoy en medio de una situación muy emotiva.</td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. A veces intento entender mejor a mis amigos imaginando cómo ven las cosas desde su perspectiva.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Es raro que yo me «meta» mucho en un buen libro o en una película.</td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. Cuando veo que alguien se hace daño, tiendo a permanecer tranquilo.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Las desgracias de otros no suelen angustiarme mucho.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Si estoy seguro/a de que tengo la razón en algo, no pierdo mucho tiempo escuchando los argumentos de otras personas.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. Después de ver una obra de teatro o una película, me siento como si fuese uno de los protagonistas.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Me asusta estar en una situación emocional tensa.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. Cuando veo que alguien está siendo tratado injustamente, no suelo sentir mucha pena por él.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19. Generalmente soy bastante efectivo/a afrontando emergencias.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20. A menudo me conmueven las cosas que veo que pasan.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>21. Creo que todas las cuestiones se pueden ver desde dos perspectivas e intento considerar ambas.</td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>No me describe bien</td>
<td>1</td>
<td>2</td>
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<td>---------------------</td>
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</tr>
<tr>
<td>Me describe bien</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Me describiría como una persona bastante sensible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Cuando veo una buena película, puedo ponerme muy fácilmente en el lugar del protagonista.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Tiendo a perder el control en las emergencias.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Cuando estoy molesto con alguien, generalmente trato de «ponerme en su pellejo» durante un tiempo.</td>
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<td></td>
</tr>
<tr>
<td>26. Cuando estoy leyendo una novela o historia interesante, imagino cómo me sentiría si me estuviera pasando lo que ocurre en la historia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Cuando veo a alguien en una emergencia que necesita ayuda, pierdo el control.</td>
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<td></td>
</tr>
<tr>
<td>28. Antes de criticar a alguien, intento imaginar cómo me sentiría yo si estuviera en su lugar.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

Mending the Soul Knowledge Test—English Version
Mending the Soul: 
Training Assessment Questions

1. What is the most important aspect of a healing ministry?
   a. Having knowledge of trauma processes
   b. Being present and walking alongside someone in pain
   c. Knowing the right verses in scripture to share with someone
   d. Having enough money for a wide variety of resources

2. Which of the following statements is not an accurate theological view of abuse?
   a. Humans are made in the image of God and abuse perverts that status.
   b. Domestic abuse can include threats of violence and is an abuse of God’s mandate for care of family members.
   c. Verbal abuse is the least harmful of the types of abuse
   d. Sexual abuse destroys God’s intention for sexual relationships.

3. Relational safety starts with______________________.
   a. Knowledge of abuse
   b. Scripture
   c. Your own healing process
   d. Knowing the right communication techniques

4. What are the elements of being a safe facilitator?
   a. Guides the process
   b. Does not lead or give advice
   c. Creates safety and trust in the group
   d. All of the above
   e. None of the above

5. A safe person recognizes his or her own defenses and______________________.
   a. Recognizes and gently responds to defenses in others
   b. Specifically confronts any defenses that other people may be using
   c. Is gracious to the person and does not discuss it
   d. Makes sure that no one in the group is allowed to continue if they are defensive

6. In working with vulnerable children, what are two attitudes they will intuitively sense and become discouraged by?
   a. Judgement and Anger
   b. Judgment and Compassion
   c. Authenticity and Compassion
   d. Authenticity and Anger
7. God views children as_______________________________.
   a. Growing beings with less value than adults.
   b. Whole human beings with intrinsic value.
   c. Humans who need their basic needs to be met.
   d. Humans that need to grow into their life purpose.

8. What type of healing environment is helpful to a vulnerable child?
   a. A supportive environment that does not blame the child.
   b. One that emphasizes relationship and authenticity.
   c. One that involves daily sacrifices of love from healthy caregivers.
   d. All of the above.
   e. None of the above.

9. Research indicates that the majority of families of girls who have been prostituted____________.
   a. demonstrated healthy conflict resolution.
   b. are often chaotic and abusive.
   c. included healthy sexual boundaries.
   d. have had very little family trauma.

10. Why is it more likely for sexually victimized youth to be revictimized within a year of the initial trauma?
    a. Youth may be more likely to numb pain with drugs and alcohol
    b. The youth have healthy self-protection
    c. These youth are able to identify their abuser as abusive
    d. Sexually victimized youth respond quickly to threats

11. Why is it important to be especially sensitive to where a survivor is spiritually?
    a. Spiritual abuse is rare for girls/women who have experienced prostitution
    b. Scripture is often a source of comfort
    c. Survivors have often experienced scripture being used against them
    d. Most johns have no affiliation with Christianity or other religious organizations

12. Why is the community based model of healing so imperative for survivors of prostitution?
    a. High levels of toxic shame help people desire authentic relationships
    b. Pimps prey on isolation and verbally abusive messages of humiliation and control, so survivors find it easy to connect and trust others once they are out of that abusive environment
    c. Long-term exposure to sexual, physical, emotional, and spiritual abuse can distort a survivor’s view of self and others
    d. Exposure to abusive power and control dynamics creates a sense of relief once a survivor is out of that abusive environment.
Answer Key

1. b
2. c
3. c
4. d
5. a
6. a
7. b or c
8. d
9. b
10. a
11. c
12. c
Appendix D

Mending the Soul Knowledge Test—Spanish Version
Mending the Soul:
Evaluación del curso

1. ¿Qué es lo más importante en un ministerio de sanación?
   a. Tener conocimiento de las situaciones traumáticas
   b. Estar presente y acompañar a los que sufren
   c. Conocer y predicar los versos apropiados de las escrituras sagradas
   d. Disponer de suficiente dinero para contar con muchos recursos

2. ¿Cuál de los siguientes enunciados no es una visión teológica acertada en cuanto al abuso?
   a. Los seres humanos son hechos a imagen y semejanza de Dios y el abuso vicia ese estado natural
   b. La violencia familiar puede incluir amenazas y es un abuso del mandato de Dios de cuidar a la familia
   c. El abuso verbal es el que menos daño provoca a los demás
   d. El abuso sexual destruye la intención de Dios en las relaciones entre hombres y mujeres

3. La seguridad en las relaciones personales comienza con _________________.
   a. El conocimiento del abuso
   b. Las escrituras sagradas
   c. El propio proceso de sanación
   d. El entendimiento de las técnicas de comunicación apropiadas

4. ¿En qué se funda un predicador de la seguridad?
   a. Guía el proceso
   b. No dirige ni ofrece consejos
   c. Fomenta la seguridad y confianza en el grupo
   d. Todas las anteriores
   e. Ninguna de las anteriores

5. Una persona que vela por la seguridad conoce sus propias defensas y _____________.
   a. Reconoce las defensas de los demás y actúa con delicadeza
   b. Enfrenta las posibles defensas de otras personas
   c. Demuestra respeto al otro y no discute
   d. Asegura que nadie en el grupo pueda seguir participando si tiene una actitud defensiva

6. En el trabajo con niños vulnerables, ¿qué dos actitudes suelen intuir que terminan por desalentarlos?
   a. El juzgamiento y la ira
   b. El juzgamiento y la compasión
   c. La autenticidad y la compasión
   d. La autenticidad y la ira
7. Dios ve a los niños como ________________________________.
   a. Personas que están en etapa de crecimiento, con un valor inferior al que tienen los adultos
   b. Personas integrales con un valor intrínseco
   c. Personas que necesitan que se satisfagan todas sus necesidades básicas
   d. Personas que necesitan crecer en la búsqueda del propósito de sus vidas

8. ¿Qué tipo de entorno de sanación es fructífero para un niño vulnerable?
   a. Uno en donde el apoyo es lo principal, sin echarle la culpa al niño
   b. Uno que se centre en las relaciones y la autenticidad
   c. Uno que exija sacrificios de afecto de personas saludables todos los días
   d. Todas las anteriores
   e. Ninguna de las anteriores

9. Los estudios de investigación indican que la mayoría de las familias con una niña sometida a la prostitución _________________.
   a. demuestran una forma saludable de resolver los problemas
   b. suelen actuar de forma caótica y abusiva
   c. respetan límites saludables en cuanto a las relaciones sexuales
   d. han tenido muy pocas situaciones traumáticas familiares

10. ¿Por qué es más probable que los jóvenes abusados sexualmente vuelvan a sufrir este problema dentro de un año de ocurrida la situación traumática inicial?
    a. Son más propensos a aplacar el dolor con el consumo de drogas y alcohol
    b. Tienen una forma saludable para protegerse a sí mismos
    c. Pueden identificar a su victimario como persona abusiva
    d. Actúan frente a las amenazas rápidamente

11. ¿Por qué es importante demostrar sensibilidad frente a los aspectos espirituales de una víctima?
    a. El abuso espiritual no es común en niñas o mujeres sometidas a la prostitución
    b. Las escrituras sagradas suelen ser una fuente de alivio
    c. Las víctimas suelen considerar las escrituras sagradas como usadas en su contra
    d. La mayoría de los hombres que paga por tener sexo no forma parte del cristianismo u otras religiones

12. ¿Qué hace del método comunitario de sanación algo tan importante para las víctimas de la prostitución?
    a. Una elevada sensación de vergüenza ayuda a las personas a desear relaciones auténticas
    b. Los proxenetas se apoyan en el aislamiento y el abuso verbal para humillar y controlar a otros, por lo que resulta más fácil a las víctimas comunicarse y confiar en los demás cuando salen de tal situación de abuso
    c. El abuso sexual, físico, emocional y espiritual a largo plazo puede alterar la perspectiva de la víctima sobre sí misma y los demás
    d. La dinámica del control y poder abusivos genera una sensación de alivio en la víctima cuando sale de esa situación negativa
Answer Key

1. b
2. c
3. c
4. d
5. a
6. a
7. b or c
8. d
9. b
10. a
11. c
12. c
Appendix E

Outcome Rating Scale
Outcome Rating Scale (ORS)

Name ________________________ Age (Yrs): ___ Sex: M / F

Session # ___ Date: ______________

Who is filling out this form? Please check one: Self______ Other______

If other, what is your relationship to this person? ____________________________

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

*If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

| Individually (Personal well-being) |

| [---------------------------------------------------------------] |

| Interpersonally (Family, close relationships) |

| [---------------------------------------------------------------] |
Socially

(Work, school, friendships)

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Overall

(General sense of well-being)

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Institute for the Study of Therapeutic Change

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Appendix F

Informed Consent for Training Group—Portland
Informed Consent Form

The purpose of this study is to evaluate the effectiveness of the training provided by Mending the Soul in its effort to increase empathy, knowledge of abuse and sex trafficking, and self-awareness. Participation in this study is voluntary and will involve three short questionnaires to complete once at the beginning of the workshop and once at the end of the workshop. Ten participants will also be randomly chosen to engage in an interview session following the workshop that will take approximately twenty minutes. The data and demographic information will be kept confidential and will not be connected to participants’ names. The data is for use by doctoral graduate student Haley Crowl in her dissertation work and possibly in a published article. Her work is being conducted under the guidance of Dr. Mark McMinn of George Fox University. If participants have questions or concerns, they may contact:

Haley Crowl by phone at 605-261-0887 or by email at hcrowl09@georegfox.edu
Mark McMinn by phone at 503-554-2380 or by email at mmcminn@georgefox.edu

I, the undersigned, consent to participation.

_______________________________________________________     _____________________
Signature        Date
Appendix G

Informed Consent for Training Group—Mexico City
Formulario del consentimiento.

El propósito de este estudio es evaluar la eficacia del entrenamiento proporcionado por *Mending the Soul* en su esfuerzo para aumentar empatía, el conocimiento y concientización sobre el abuso y tráfico sexual. La participación en este estudio es voluntaria e implicará dos cuestionarios cortos para terminar una vez antes del taller y una vez después del taller. Los datos y la información demográfica serán mantenidos confidenciales y no será conectado con los nombres de los participantes. Los datos son para uso del estudiante de tercer ciclo doctoral Haley Crowl en su trabajo de la disertación y posiblemente en un artículo publicado. Su trabajo se está conduciendo bajo dirección del Dr. Mark McMinn de la Universidad de George Fox. Si los participantes tienen preguntas o preocupaciones, pueden contactar a:

Haley Crowl al teléfono: 605-261-0887 o por el email: hcrowl09@georgefox.edu, o
Mark McMinn al teléfono en 503-554-2380 o por el email: mmcminn@georgefox.edu

Yo, el infrascrito, doy consentimiento de participación.

_____________________________________                      ____________________
Firma      Fecha
Appendix H

Demographics Form—Portland
Demographics Form

Age: ______

Ethnicity:
__ African-Origin
__ Asian-American/Asian Pacific Islander
__ Latino-a/Hispanic
__ American Indian/Alaska Native/Aboriginal Canadian
__ European-Origin/White
__ Bi-Racial/Multi-Racial
__ Other: ________________________________

Gender:
__ Male
__ Female
Appendix I

Demographics Form—Mexico City
Información demográfica - Para uso de los Pacientes

Edad: ______

Origen étnico:
_ Mexicano
_ Guatemalteco
_ Hondureño
_ Salvadoreño
_ Estadounidense
_ Otro origen: _________________________

Género:
_ Masculino
_ Femenino
_ Trangéneros
Appendix J

Informed Consent for Workbook Groups
Informed Consent Form

The purpose of this study is to evaluate the effectiveness of the training provided by Mending the Soul in its effort to increase empathy, knowledge of abuse and sex trafficking, and self-awareness. Participation in this study is voluntary and will involve two questionnaires. One will be given during your initial interview for the group and in the final group meeting. The second questionnaire will be given at each group meeting and takes about one minute to complete. You will be asked to make up a 5-digit code that you can remember and put on all of your questionnaires in order to ensure your name from being connected to the data. The data and demographic information will be kept confidential and will not be connected to participants’ names. The data is for use by doctoral graduate student Haley Crowl in her dissertation work and possibly in a published article. Her work is being conducted under the guidance of Dr. Mark McMinn of George Fox University. If participants have questions or concerns, they may contact:

Haley Crowl by phone at 605-261-0887 or by email at hcrowl09@georgefox.edu
Mark McMinn by phone at 503-554-2380 or by email at mmcminn@georgefox.edu

I, the undersigned, consent to participation.

_______________________________________________________     _____________________
Signature        Date
Appendix K

Curriculum Vita
Education

Doctor of Psychology, Clinical Psychology   Anticipated graduation: May 2014
Graduate Department of Clinical Psychology (APA accredited)
George Fox University, Newberg, OR

Master of Arts, Clinical Psychology   May 2011
Graduate Department of Clinical Psychology (APA accredited)
George Fox University, Newberg, OR

Bachelor of Arts, Psychology   2004-2007
Northwestern College, St. Paul, MN
Magna Cum Laude

Supervised Clinical Experience

OHSU Family Medicine at Richmond, Practicum III—Portland, OR   June 2012-Present
Position: Practicum Placement—Manager Position  
Setting: Primary Care clinic  
Supervisors: Tami Hoogestraat, PsyD  
Population: Low-Income Individuals and Families  
Responsibilities: Selected for managerial position of five practicum students. Practicum managerial role includes receiving all behavioral health and assessment referrals from providers, deciphering the appropriateness of presenting problem in primary care setting, and assigning patient to practicum student based on patient requests, schedules, and student training needs. Provide therapeutic services, including individual psychotherapy, psychological assessment, and treatment planning for underserved populations. Other responsibilities include medical chart notes, electronic medical chart review, consultation with supervisors and medical providers, and report writing within an integrated primary care behavioral health model. Participate in weekly multidisciplinary consultation and didactic meetings.
**OHSU Family Medicine at Richmond, Practicum II—Portland, OR**  
*June 2011-June 2012*

*Position:* Practicum Placement  
*Setting:* Primary Care clinic  
*Supervisors:* Tami Hoogestraat, PsyD  
*Population:* Low-Income Individuals and Families  
*Responsibilities:* Provided therapeutic services, including individual psychotherapy, psychological assessment, and treatment planning for underserved populations. Other responsibilities included medical chart notes, electronic medical chart review, consultation with supervisors and medical providers, and report writing within an integrated primary care behavioral health model. Participated in weekly multidisciplinary consultation and didactic meetings.

**Rural School District Consortium, Practicum I—Newberg, OR**  
*Sep 2010-June 2011*

*Position:* Practicum Placement  
*Setting:* Alternative High School  
*Supervisors:* Elizabeth Hamilton, PhD and Amanda Shimek, MA  
*Population:* Elementary and High School Students  
*Responsibilities:* Students attended the alternative high school because they had family or work responsibilities or had been dismissed from the local high school due to behavioral problems. Provided therapeutic services (individual therapy and treatment planning) and personality assessment (using MCMI-III, MACI), implemented a manualized trauma-based coping skills class, and participated in multidisciplinary consultation meetings to address student needs and behaviors. Since this was a new practicum site, developed a process for documentation and record keeping procedures according to HIPAA and APA's ethical guidelines. In addition to individual and group supervision with licensed psychologist, consulted weekly with school counselor. Also assisted local rural school district with assessment needs, including IEP and learning disorder evaluation and cognitive testing for Gifted and Talented program admittance. Administered test batteries, completed reports, and attended IEP meetings to provide feedback on the testing.

**George Fox University, Prepracticum—Newberg, OR**  
*Jan 2010-April 2010*

*Position:* Student Therapist  
*Setting:* University  
*Supervisors:* Mary Peterson, PhD and Rikki Mock, MA  
*Population:* Undergraduate college students  
*Responsibilities:* Provided simulated psychotherapy to volunteer female and male undergraduate students. Services included intake interviews, individual psychotherapy, diagnosis, and treatment planning. Responsibilities included report writing, case
presentations, and consultation with both supervisor and clinical teams. Sessions are taped and reviewed by supervisor. Received weekly individual and group supervision.

**George Fox University, Prepracticum—Newberg, OR  Sep 2009-Dec 2010**

*Position:* Student Therapist  
*Setting:* University  
*Supervisors:* Mary Peterson, PhD and Rikki Mock, MA  
*Population:* Graduate psychology students  
*Responsibilities:* Provided simulated psychotherapy to graduate students. All sessions taped and reviewed by supervisor. Received weekly individual and group supervision, which included training for intake interviews, listening skills and empathic responses.

**Depression Support Group—Newberg, OR  Sep 2009-Dec 2010**

*Position:* Group Facilitator  
*Setting:* Community resource setting  
*Supervisor:* Tammy Rogers, MD  
*Population:* Community members  
*Responsibilities:* Facilitated discussion in a small group setting with individuals suffering from depression. Focused on managing depression in non-medicinal ways, such as diet and exercise. Received weekly group supervision.

**Teaching Experience**

**Graduate Department of Clinical Psychology—Newberg, OR  August 2012-present**

*Position:* Graduate Teaching Assistant for Clinical Foundations—supervisory role  
*Supervisor:* Carlos Taloyo, PsyD, professor  
*Population:* Graduate students of clinical psychology—Prepracticum  
*Responsibilities:* Provide individual instructions for first-year graduate students in the development of clinical skills. Review videotapes of simulated psychotherapy sessions. Discuss clinical skills, therapeutic responses, and role-play in both small group and individual settings. Receive group supervision from Dr. Taloyo to discuss supervising requirements, process, and difficulties.
Graduate Department of Clinical Psychology—Newberg, OR  August 2012-present

*Position:* Oversight—supervisory role
*Supervisor:* Joel Gregor, PsyD and Marie-Christine Goodworth, PhD
*Population:* Graduate students of clinical psychology—Practicum I
*Responsibilities:* Provide weekly clinical oversight to two Practicum I students to discuss initial practicum experiences and to prepare students for formative and summative evaluations in the areas of history gathering, mental status exams, differential diagnosis, and case conceptualization.


*Position:* Graduate Teaching Assistant for Personality Assessment
*Supervisor:* Nancy Thurston, PsyD, professor
*Population:* Graduate students of clinical psychology—Prepracticum
*Responsibilities:* Evaluate student personality assessment reports, including reports of personal history, behavioral observations, assessment results, and conclusions. Offer individual and group guidance on report writing and conceptualization of difficult cases.

Other Relevant Experiences

**OHSU Family Medicine at Richmond**  February 2012-April 2012

*Position:* Consultant
*Population:* Medical care staff
*Responsibilities:* Worked with two other doctoral graduate students in consulting with task force team, including providers, nurses, MAs, and administrative staff, about changing the Well Child Check procedures. Created a survey for staff members to complete in order to evaluate how Well Child Checks were occurring. Presented results to task force team.

**Children’s Home Society—Sioux Falls, SD**  September 2007-July 2009

*Position:* Childcare Counselor
*Supervisor:* Jeanne Ommen, MA
*Population:* Children aged 4-14
*Responsibilities:* Cared for children in the assessment unit of a residential facility for children with behavioral or emotional problems, including assuring their safety, meeting their physical and emotional needs, planning daily activities, assessing their struggles, and advising therapists on the most appropriate treatment plans. Other responsibilities included recording children’s progress on treatment goals, modeling care of children for parents, and spending individual time with children to focus on particular goals.
Research Experience

Graduate Department of Clinical Psychology—Newberg, OR  February 2010-present
Position: Research Vertical Team Member
Supervisor: Mark McMinn, PhD, professor
Responsibilities: Participate in biweekly meetings to discuss a variety of research projects, including each of the members’ dissertations. Present own dissertation research and progress, collaborate on group research projects, and generate future research ideas.

AVERA Research Institute—Sioux Falls, SD  October 2008-May 2009
Position: Research Assistant
Supervisor: Ryan Hansen, Clinical Research Director
Population: Preschool students
Responsibilities: Assisted in a pilot research program experimenting with the beneficial effects of creative arts and activities with preschool children.

Doctoral Dissertation
Program Evaluation of a Curriculum for Increasing Empathy, Self-awareness, Personal Healing, and Knowledge of Abuse and Sex-trafficking
Dissertation Chair: Mark McMinn, PhD, ABPP/CL
Committee Members: Roxanne Thorstad, PsyD; Winston Seegobin, PsyD

Poster Presentations


Vogel, M., Crowl, H., & Goetsch, B. (2012, August). Training the next generation to be competent with issues of religious and spiritual diversity: Efforts at APA-accredited doctoral programs and predoctoral internships. Poster presentation at the APA Conference, Orlando, FL.

Other Publications

Other Presentations
Anger Management November 2011
OHSU Family Medicine at Richmond

Professional Affiliations and Memberships
American Psychological Association 2009-present
Student Affiliate

Service and Volunteer Work
Community Needs Assessment—Portland, OR June 2012-present
Joined a new and unique organization whose goal is to bring resources to women and girls in prostitution. Participate in stocking and distributing supplies for them and their children, including clothing, baby formula, food, juice, feminine products, and hygiene products. Dialogue with them to discover what their and their children's needs are so as to better offer assistance. Discuss the usefulness and practicality of a care center for their children while they are working.

Once per year with the GFU PsyD program, serve the Child Abuse Intervention Center by completing labor tasks, such as managing mail duties, washing windows, gardening, grounds work, and painting the facility.

Door to Grace—Portland, OR October 2010-April 2011
Volunteer time to discuss program development for Door to Grace as it develops recovery care or sextrafficked young females in Portland, opening within the next year. Attend training workshops led by Mending the Soul in order to better understand abuse and the trauma as well as participate in a weekly group meeting.

Volunteered for a non-profit organization serving women and girls involved in systems of abuse, exploitation, prostitution, and sex-trafficking. Cared for the women’s children so that the women could attend group therapy.
Professional Development

Christian Association for Psychological Studies International Conference

The Person of the Therapist
Brooke Kuhnhausen, PhD

African American History, Culture, Addictions and Mental Health Treatment
Danette C. Haynes, LCSW and Marcus Sharpe, PsyD

Sexual Identity
Erica Tan, PsyD

Treating Gender Variant Clients
Erica Tan, PsyD

American Psychological Association Conference

Mindfulness and Christian Integration
Erica Tan, PsyD

Cross-Cultural Psychological Assessment
Tedd Judd, PhD

Motivational Interviewing
Michael Fulop, PsyD

Assessment of ADHD in Children and Adults: Update 2011
Steven J. Hughes, PhD, LP, ABPdN

Neurobiological Effects of Trauma
Anna Berardi, PhD

Child custody evaluations: not for everyone. Review of recent APA practice guidelines
Wendy Bourg Ransford, PhD

Best Practices in Multi-cultural Assessment
Eleanor Gil-Kashiwabara, PhD

Primary Care Psychology
Neftali Serrano, PhD

Program Evaluation 61
Outcome Measure, Reimbursement, and the Future of Psychotherapy  
Jeb Brown, PhD  
June 2010

The Wechsler Memory Scale—4th Edition: Overview and Use with the Advanced Clinical Solutions for the Wechsler Scale  
James A. Holdnack, PhD  
June 2010

Current Guidelines for Working with Gay, Lesbian, and Bisexual Clients; the New APA Practice Guidelines  
Carol Carver, PhD  
March 2010

Integrative and Clinical Dimensions of Gratitude  
Phil Watkins, PhD  
February 2010

Community and University Involvement

President, Graduate Student Council  
August 2012-present  
Facilitate meetings and act as faculty liaison. Functions include student event planning, consulting about student and program issues, maintaining student APA memberships, ensuring correct budget use, and overseeing student representative tasks.

Student Representative, Graduate Student Council  
August 2011-present  
Elected to represent the interests of cohort members as well as the general student body when making funding, academic, and professional development decisions.

Executive Council: Treasurer, Graduate Student Council  
August 2011-May 2012  
Responsible for creating and maintaining the council’s budget by managing the budget planning discussion, informing the council of money spent, and approving reimbursements paid by the council’s school account.

Graduate Department of Clinical Psychology Mentorship  
August 2010-present  
Mentor a new graduate student with adjusting to the program, understanding the requirements, and developing professionalism.

Graduate Department of Clinical Psychology Admissions  
March 2012  
Engaged in student selection and interview activities by participating in an open forum for interviewees to ask questions and being selected to interview prospective students along with a faculty member.
Assessment Administration, Scoring, and Report Writing Experience

16 Personality Factors (16PF)
Attention Deficit Disorders Evaluation Scales, Adult (ADDES-A)
Behavioral Assessment System for Children, Second Edition (BASC-II)
Boston Naming Test
California Verbal Learning Test-2
Controlled Oral Word Association
Connors ADHD Screener
Denver II
DKEFS-20 questions
DKEFS-Sorting
DKEFS-Trail Making
Grip Strength
Grooved Pegboard
House, Tree, Person
Millon Clinical Multiaxial Inventory-III (MCMI-III)
Minnesota Multiphasic Personality Inventory-II (MMPI-II)
Peabody Picture Vocabulary Test-3 (PPVT-3)
Personality Assessment Inventory (PAI)
Reitan-Klove Sensory Perceptual Evaluation
Repeatable Battery for Assessment of Neuropsych. Status (RBANS)
Rey-Osterrieth Complex Figure
Seashore Rhythm Test
Speech Sounds Perception Test
Tactual Performance Test
Test of Memory Malingering (TOMM)
Trail Making Test
Wechsler Abbreviated Scale of Intelligence (WASI)
Wechsler Adult Intelligence Scale-IV (WAIS-IV)
Wechsler Individual Achievement Test-II (WIAT-II)
Wechsler Intelligence Scale for Children-IV (WISC-IV)
Wide Range Assessment of Memory and Learning-2 (WRAML-2)
Wide Range Achievement Test-4 (WRAT-4)
Wide Range Intelligence Test (WRIT)
Wisconsin Card Sorting Test (WCST)
References

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