



What Advocates Need to Know
ABOUT THERAPY

With Considerations for Children, Teens and Families

2016 EDITION

WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS

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Introduction

Advocates and therapists have important roles in promoting the healing of survivors of childhood and teen sexual abuse, as well as survivors' nonoffending family members. When we work together, we can develop strong partnerships that ensure survivors have therapy options that are relevant to their needs. This offers survivors and their families a continuum of care that can help ease, and possibly hasten, the path of healing.

This booklet was developed for advocates and aims to address many of the questions advocates and survivors have about therapy. It provides:

- Information on current evidence-based therapy practices
- Examples of what advocates can share with a survivor about the therapy process and talking points for facilitating these conversations
- Considerations for making a therapy referral
- Guidance on how advocates and therapists can work together in their unique roles
- Strategies for increasing survivors' access to victim-centered, culturally competent therapy services

The goal in creating this resource is to offer advocates a foundation of information about therapy services. The information in the booklet was developed by the Washington Coalition of Sexual Assault Programs in association with sexual assault advocates and therapists across Washington State.

Each community is unique in the resources it has to offer. Strong connections with therapists, who can work with child sexual abuse and teen sexual abuse survivors, as well as their family members, are invaluable resources; making and finding connections to therapists with these skills will look different for each community.

In this booklet, we have chosen to use the term “parent” to describe nonoffending parents, caregivers, or anyone functioning in the parental role with child and teen sexual abuse and assault victims.

Knowing the Lingo

It is important that advocates have some understanding of the different professional titles they may encounter within the realm of therapy. Additionally, knowing and being able to briefly explain different therapeutic modalities (including evidence-based practices that therapists use when working with sexual assault survivors) can help alleviate concerns of survivors and their families.

Who Provides Treatment?

Psychiatrists are medical doctors who specialize in brain and behavioral disorders. Because they are physicians, they are usually the professionals who will prescribe medications for psychiatric disorders. Although there are psychiatrists who provide therapy, the majority focus primarily on assessing patients' mental health status, making a diagnosis, and prescribing medications to address symptoms. Except in cases of very serious disruptions of behavior or thought, most clients will see another mental health professional first and then obtain a referral to a psychiatrist if a medication evaluation is warranted. Psychiatric nurse practitioners may also prescribe some medications, and primary care physicians often prescribe medications such as antidepressants or anti-anxiety medications.

Psychologists have a doctoral degree (PhD, PsyD, or EdD), gained through an average of seven years of training after they graduate from college. To provide mental health services in the state of Washington, they usually must be licensed as psychologists by the state Board of Psychology. Psychologists provide psychotherapy and may also offer psychological testing to determine the nature of the emotional or cognitive difficulties that clients exhibit.

Licensed Mental Health Counselors in the State of Washington must have at least a Master's degree in mental health counseling or a closely related field, as well as three years of supervised practice. They must also take a national certification test in counseling.

Marriage and Family Therapists have a minimum of a Master's degree in marriage and family therapy or in another mental health field, and intensive supervised practice in the field of marriage and family therapy.

Social Workers are a misunderstood professional group. While social workers may engage in a variety of professional activities, from community organizing to arranging care for medical patients, social workers may also be trained as psychotherapists. These are generally known as "clinical social workers." There are several categories of social work licenses within Washington. Those social workers who provide psychotherapy have a Master's degree and supervised clinical practice.

Chemical Dependency Professionals are not psychotherapists, but are individuals with at least an Associate's degree who are qualified to provide counseling with regard to substance abuse issues.

Psychotherapists (therapists) have a wide variety of training and expertise. The term “psychotherapist” or “therapist” does not refer to a specific profession or discipline, but rather to those who provide a specific service. A psychotherapist generally has a minimum of a Master’s degree in one of the following disciplines: psychology, social work, counseling, educational counseling, or religious counseling. Individuals with educational counseling or faith-based degrees generally are not considered therapists unless they have specific mental health training and licensure. Some therapists may also have a doctoral degree.

Counselors are professionals who work in diverse community settings providing help and support with mental health disorders, addiction, disability, employment needs, school issues, career needs, and training. Unless they are licensed as Mental Health Counselors or trained in another mental health profession, they do not provide psychotherapy.

Sexual Offender Treatment Providers are licensed mental health professionals with extensive training and supervised practice in the treatment of offenders. They also pass a qualifying exam. They are the only professionals qualified to assess and treat sexual offenders. This information may be important for nonoffending family members who are concerned about offenders within the family, such as parents or siblings of the victim.

It is important for clients to know that by law, those providing mental health services must provide clients with a disclosure statement which gives information on the service provider's education and experience. If clients are not provided with this statement, they should ask for it. The Washington State Department of Health website lists detailed information about the various mental health professions and their [licensure requirements](#), as well as offering the opportunity for clients to verify the credentials of professionals: <http://www.doh.wa.gov/licensing>.

What is Evidence Based Treatment?

While it is valuable for advocates to have an idea of what evidence based practices are being provided to sexual assault victims and their families, it is important to direct specific questions or concerns about the client's individual therapy to the licensed therapist who is providing the service. There are resources available to learn more about the evidence based treatments that are shown to be effective when working with sexual assault victims.

Evidence based practice (EBP) is a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with family/client values. This definition builds on a foundation of scientific research while honoring the clinical experience of mental health providers and being fully cognizant of the values of families and clients.

Examples of highly researched and effective evidence based therapy for sexual assault and trauma victims are:

- Adult sexual assault victims: Cognitive Processing therapy (CPT); Prolonged Exposure (PE); and Common Elements Treatment Approach (CETA); Eye Movement Desensitization and Reprocessing (EMDR)
- Child and adolescent victims of sexual assault and trauma: TF-CBT (Trauma Focused Cognitive Behavioral Therapy); EMDR

- Physical abuse or aggressive parenting where the children and parents will be reunited: (1) Parent Child Interaction Therapy (PCIT) is a treatment for parents of young children who are exhibiting behavior problems and where the parents have been physically abusive or aggressive towards their children (ages 2- 8); (2) Alternative to Families Cognitive Behavioral Therapy (AF-CBT) addresses problematic interactions between parents and children and works towards enhancing the parent child relationship and decreasing aggressive parenting patterns (ages 8 +).

Many evidence based treatments can be completed within 8 – 16 weeks, sometimes shorter, sometimes longer. Victims who have experienced multiple traumas or who have multiple symptoms or problems may need additional treatment.

There are other evidence based treatments that are available based on the symptoms of the client. Some interventions do not meet the requirements to be considered evidence based. Some may be evidence informed or considered “promising.” These interventions may be used and may be helpful but priority should be given to known effective treatments.

Advocates should encourage clients and their parents to ask therapists about their approach. Therapists may discuss different approaches with clients and let them know that, whatever technique is used, the decision will be collaborative. In addition, therapists should try to help clients feel comfortable with the therapeutic environment and process by normalizing the experience, validating the client, giving hope, and working collaboratively towards the treatment goals and outcomes. The therapeutic relationship is the cornerstone of successful therapy and as such, will help the client feel supported in their recovery.

What is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

TF-CBT is a brief (8-12 sessions) treatment for the impact of traumatic events. It has been proven to be effective for sexually abused children. The treatment involves:

- Providing children and their parents with information to normalize typical reactions
- Teaching strategies to manage negative emotions such as fear, anxiety, shame, sadness or anger
- Correcting inaccurate or unhelpful beliefs about the abuse, and
- Helping the child and parent talk about the abuse and put it into perspective.

Most children will resolve the abuse impact after receiving TF-CBT; very few children need longer-term therapy. However, sometimes children have very serious problems and need more extensive treatment. In almost all of these cases, there are multiple factors besides the sexual abuse experience. Some children may have compromised family situations where caregivers are not supportive, where they have experienced multiple trauma experiences, and have complex clinical presentations. TF-CBT can be useful even in these situations.

What is culturally competent therapy?

Culturally competent therapy takes into account the issues and concerns specific to members of particular groups, including differences in culture and language, as well as the social and economic factors that have an impact on people's lives. Mental health professionals should strive to educate themselves about these topics, especially the ones most relevant to their own communities. In some cases, clients may prefer therapists who come from the same cultural background, or may wish to work with a therapist who is fluent in a language other than English. Advocates should discuss clients' preferences about referrals rather than making assumptions; in some cases, clients may not wish to see a therapist from the same cultural community because of the possibility of dual relationships.

Therapists cannot be familiar with every possible cultural background, but they should demonstrate a willingness to acknowledge the cultural context that affects each client and to work with the client to understand and address their related needs. Some community agencies employ therapists with specialized knowledge about specific cultures. Ongoing conversations, relationship building, and joint trainings can help advocates to identify culturally competent therapists.

Advocates should be aware of the range of therapy services and providers in their community so they are able to offer referrals and information that are relevant to clients of diverse communities and cultural backgrounds.

How do therapists provide therapy for children, teens, and family members with special needs?

- Therapists need to use a variety of evaluation and treatment approaches. Standard treatment models may not work for particular individuals with disabilities, so therapists must be flexible.
- Therapists need to have appropriate experience and training in dealing with the specific disability involved. It is reasonable for advocacy agencies and/or potential clients to ask questions about the therapist's skills and training.
- Advocates can help by identifying support services such as interpreters and transportation (particularly transportation that can accommodate individuals with mobility problems) that will make it possible for clients to receive appropriate therapy.
- When building a referral list, advocates can and should ask questions about the accessibility of each agency's or therapist's office.
- Home-based interventions may be available in some communities when the situation warrants this form of treatment.

What About Confidentiality?

Confidentiality is of the utmost importance when working with sexual abuse survivors of all ages. Advocates and therapists alike are held to very strict confidentiality requirements. There are few exceptions to these requirements: mandated reporting of child or vulnerable adult abuse or neglect, a court order, or a client's written permission to release their information. Advocates should be able to provide information about the confidentiality procedures that are unique to children, teens, and parents, including at what age a young person can independently consent to receive services at their agency. They should encourage their clients to talk to any therapist they are interested in seeing about their confidentiality procedures.



It is important to talk with your therapist about any questions or concerns you have. You can also ask them about who may or may not be given information about the things you discuss (for example, your parents) and under what circumstances this would happen.

What access does a nonoffending parent have to information about their child or teen's therapy services?

Teens

RCW 71.34.530 - Minors may receive outpatient mental health treatment if they are 13 years of age or older without the consent of a parent or guardian. The parent will not be notified without the minor's consent.

RCW 70.02.130 - If the patient is a minor and is authorized to consent to health care without parental consent under federal and state law, only the minor may exercise the rights of a patient under this chapter as to information pertaining to health care to which the minor lawfully consented.



I want to let you to know that talking with a therapist is your choice; it is a confidential setting. Since you are 13 you can freely communicate your thoughts with the therapist and trust that it be kept private.

Although teens can receive therapy without the involvement or disclosure of information to a parent, it may be helpful for a supportive parent to be a part of treatment. This possibility is something that a provider can talk with the teen about during confidential sessions. It is ultimately the teen's decision whether or not to involve a parent, and what that involvement will look like.

Children

Legally, nonoffending parents have complete access to their child's file if the child is under the age of 13. Before releasing information, providers should review the consent to services form; information should only be released to the person(s) who have signed for the child's services.

The therapist must determine under what circumstances information should be shared with parents, balancing the importance of maintaining the trust of a child client with the need to involve parents in a child's recovery. It is a good idea for therapists and advocates to talk to parents about why confidentiality is so important to the healing process. It may be helpful to remind the parent that talking to those you are close to about sexual abuse can be very uncomfortable, especially for a child, which is why having a therapist to work with is such a great resource.

If a child expresses concern about their parents knowing what is said in therapy, the advocate may tell the child that they can discuss this concern with the therapist. In some circumstances, the therapist may ask the parents if they would be willing to keep the content of the child's sessions private unless there is a pressing reason, identified by either the parent or therapist, to violate this.

If you are working with a family and the survivor is under 13, there may be a time when a parent does not feel comfortable agreeing to have the therapist maintain complete confidentiality about the child's treatment. Ultimately, therapists should work with the parent and the child to make a clear and open decision about what information will be shared and what information will be held private.

Explaining the Difference between Therapy and Advocacy

It is not uncommon for survivors receiving services from an advocacy agency to be confused about the difference between advocacy and therapy. They may not have a clear understanding of the role of the advocate. There is an assumption by many clients that advocates are counselors or therapists, which is why discussing the different roles is essential. Having a conversation up front about the role of each professional will help the survivor feel informed about the resources available and will help the advocate maintain good, healthy boundaries.

How can advocates maintain a clear line between advocacy and therapy?

Having clarity about the different goals and roles of advocates and therapists is the foundation for maintaining and explaining these distinctions in practice. Below are some of the key differences. While there are significant areas of overlap between a therapist and an advocate, it is because of their differences that they are both important members of a survivor's support network.

Advocacy	Therapy
<ul style="list-style-type: none">• Crisis intervention• Coping with symptoms• Normalize and validate• Provides information, options and resources• Provides psychoeducation about sexual assault• Identifies and responds to cognitive distortions• Broad focus on all potential elements of victimization	<ul style="list-style-type: none">• Processing trauma• Alleviate symptoms• Deeper exploration of feelings• Gives specific advice• Identifies, addresses, and resolves cognitive distortions• Specific focus on emotional and behavioral responses only• Crisis response• Coping with and learning skills to alleviate symptoms• Normalize, validate and give hope• Provide psychoeducation

Advocacy is an ongoing service to ensure that survivors have the necessary resources and support to cope with the impact of sexual assault. Advocates also provide information about the dynamics of sexual assault, which can help to combat the shame and blame that often results from myths and stigma.

Advocates play an important role in helping survivors identify their choices and rights and empowering them to regain control over everyday life.

The therapist provides the clinical techniques that are unique to each individual client so that they can heal. Therapy is about exploring trauma in a safe and controlled way and its long-term impact on self. Therapists may provide advice or tools to help survivors process the feelings or challenges they are experiencing.

Advocates can reassure their clients that they will continue to provide services while they are working with a therapist and explain how these services will complement therapy.



I will still be there to support you for all of your appointments at the prosecutor's office and help you know what to expect. Your therapist can help you process your feelings about the legal case.

Working with clients with mental health issues can sometimes be overwhelming, and maintaining clarity about what is within the realm of the advocate can be confusing. If there is concern about a mental health crisis or the needs of the client, advocates should discuss this with a supervisor. They can also refer a client to a therapist or encourage the client to re-establish services with a previous therapist.



I want you to remember that you can still call us any time you want, we have a 24-hour support number; I can also give you the names of therapists who specialize and enjoy working with teens. When you are ready, I want you to be able to connect with someone who can help you work through the concerns you brought up today.

Talking to Clients about Therapy

Not everyone will need therapy, but it may be helpful for a survivor to talk with a specialist about how they are doing, and address any concerns they have. Even people who do not need longer term therapy may benefit from one or a few sessions to help address initial distress, normalize their experiences, and let them know what to expect out of therapy should they choose to continue.

Once the conversation about therapy begins, survivors and their parents will have many questions. These can range from the practical, such as “How do I pay for this?” to more emotional concerns, like “What am I going to have to share?” While these questions (and answers) will differ for each situation, the advocate can be a sounding board, helping survivors clarify their needs and providing options to consider.

If survivors are interested,
how can advocates promote therapy?



I'm really glad to know you are interested in therapy. Do you have any questions for me?

Be a support person. Advocates will continue to support the client before, during, and after the therapy process, and this is very important for clients to hear. The level of support a survivor needs will vary, which is why being connected to an advocate can be so critical in empowering the survivor to cope over time.

If you are discussing therapy for a child survivor, you would most likely be talking with the parent. It is important for parents to know that believing and supporting the child is the first step, and often the most powerful, to a healthy outcome. Parents need to hear a balanced message that acknowledges children's resilience and capacity for healing, as well as the harm that has occurred and the possible benefits of seeking professional help.

Children are very strong and resilient, and they can recover from this. But sometimes abuse can make it harder for children to control their emotions and behaviors. Therapy can help children heal and sort through their experiences, and develop good coping skills.

Depending on the teen's preference, parents may or may not be involved in conversations about therapy. Like survivors of all ages, teens may have reservations and misunderstandings about therapy. Empower teens to make the best decision for themselves by proactively providing information, dispelling myths, and creating space for them to ask questions. Spending time and building rapport with the teen helps to make conversations about the option of therapy possible. Teens will become more open and trusting of the potential for therapy based on the relationship, safety, and professionalism modeled by their advocate. As with many survivors, teens are often not ready to consider therapy as an option until some time has passed.

Children and teens develop coping skills to survive abuse and its effects. These behaviors and strategies, while serving a necessary purpose, can become more harmful than helpful over time. Therapy can help young survivors identify and develop alternative coping skills.

Validate parents' trauma. Parents may talk to an advocate about how their child's disclosure and its aftermath has affected them. Additionally, their child's disclosure may bring their own trauma history to the surface. It is helpful to identify parents as secondary victims, as they might not express that on their own. Parents may want to consider therapy for themselves to process how the trauma has impacted them and how best to support their child.



It's normal to have your own emotional response to what has happened. Processing your child's abuse may be especially difficult if you have sexual assault or abuse in your personal history.

We have seen that family members often share a lot of the same emotions the survivor is experiencing, such as guilt, frustration, fear, or anxiety. Talking to a therapist can help you to process these emotions.

I recognize all the support you have given your child through this, but it is also important to take care of your own needs so you can continue to be a source of strength from them.

Raise the issue of therapy appropriately. The topic of therapy comes up in a myriad of ways. Unless there is an immediate mental health crisis, it should be discussed after the client's immediate needs are met and some rapport has been developed. Once the survivor is ready, they will generally ask for referrals or ask if therapy would be helpful. If you have a therapist on staff, therapy could be included in conversations about the continuum of agency services. If the survivor does not bring it up, the advocate can proactively offer general information about the option of therapy services.



I talk to all of the clients I work with about therapy. It is not my role to tell you that you should or shouldn't see a therapist but I want you to know what it's all about so you can explore it as an option for support if you are interested.

Lessen the stigma of seeking help. Advocates play an important part in normalizing the potential need for therapy and any concerns the survivor may have about it. Survivors often need to hear that participating in therapy does not mean there is anything wrong with them, but that it is a healthy way to deal with the trauma they have experienced. Parents may also feel that having a child participate in therapy is “airing the family’s dirty laundry.” Discussing both the benefits and challenges of therapy can help to alleviate fears the client may be experiencing and also help empower the client to make an educated decision about his or her mental health needs.



Young people who experience sexual abuse sometimes have questions or thoughts about their identity, their relationships, or their future. These are tough issues to work through but a therapist can help with this.

Help clients access therapy services. Advocates should have information available in their offices and/or provide a packet to each client that includes information on therapy and resources. They can offer to introduce the client and therapist either by phone or in person and help clients think through the questions they might want to ask of the therapist. Having the advocate present can provide a sense of reassurance and support as the client takes this first step, but the client or parent should deal directly with the therapist to set up the initial visit, for both practical and therapeutic reasons.



Before you talk with the therapist, would it be helpful to think through some of the questions you could ask to help you decide whether it would be a good fit for you?

Support the client who is not yet ready. If the survivor or the parent is not quite ready for a therapy referral, the advocate's role will look different. The advocate can continue to validate the survivor's thoughts and feelings, and also identify ways therapy may be able to help address some of the specific issues related to the client's own experience. For instance, if the client has mentioned ongoing flashbacks, talking about how therapy could alleviate these symptoms may be a practical and beneficial approach. The key is to be certain that survivors or parents have the information to be able to access therapy services in the future if they are not ready yet. Advocates will respect clients' decisions about therapy because of the fundamental belief in fostering self-empowerment through knowledge and information and trusting that victims can help themselves to heal and recover.



Getting help for yourself is getting help for your child. It helps to facilitate a stable, more supportive family dynamic throughout this process, and helps you work through all the challenges you're dealing with in a constructive way.

Be knowledgeable about resources. The advocate is there to provide resources and options based on the client's needs. In order to provide educated and informative referrals, it is important for advocates to know the therapy services that are available in their community and have a connection to the resources in surrounding communities.

In the case of a client who has health insurance that covers mental health treatment, advocates can encourage the client to call their insurance provider for referrals. It is still helpful to have information about treatment providers in the community so that clients can make an informed choice among therapists who are on the referral list for a particular insurance plan.

A good metaphor for this is the job of a river fishing guide. The guide takes the clients to the river, helps them bait the hook and cast their line, and makes some suggestions on where to go. This is usually a good tip because the guide has been down this river before and knows where the hot spots are.

The guide doesn't catch the fish for clients, but knows how to get them to a spot where they are likely to catch one on their own. This is just like the job of the advocate; we are there to know the good resources and help clients navigate them.



The support and care you have given your child has been incredible. I am glad to hear your family is going to take this next step.

Determine the client's needs and preferences. Conversations about therapy often happen over time, so advocates may gather the information they use to make a referral from a number of conversations. Remember to take into consideration any specific issues or concerns the client has discussed. It is often helpful to ask questions to determine what kind of therapist would best suit the client, especially in the case of teens and parents. Some questions to ask:

- Does the client prefer a faith-based therapist?
- Is traditional talk therapy the preferred approach or are there holistic healing options that may be more culturally relevant or comfortable for the client?
- Are there disabilities that may require specialized services?
- Does the client prefer a therapist of a specific gender identity?
- Does the client prefer a therapist who specializes in issues related to sexual orientation or gender identity?
- Are there any language or communication barriers?
- Are there any other cultural considerations, such as alternative healing practices or existing community support networks?
- Are there transportation concerns?
- Does the client need resources for child care for any other children in the family?
- Does the client have any other concerns or needs that will require specialized expertise, such as substance abuse?
- Does the client have insurance for mental health services?

Make an informed referral. The advocate can then use this information to make a referral for therapy services, and start planning what other community resources the client may need. For example, clients may need help accessing transportation to and from the therapy appointment and childcare for other siblings. Advocates should be aware of their agency's policies involving therapy referrals, such as requiring a referral to at least three different providers.

Keeping these specific needs in mind will be useful when developing an agency referral list. Remember to ask all the therapists on your list to:

- Describe what type of payment they accept and their fee schedule.
- Clarify their areas of expertise (such as a specific age group or subject matter).
- Discuss cultural considerations, such as languages spoken or whether services are spiritually-based.
- Describe how they identify their gender and share their preferred pronoun.
- Verify where they are located (including the transportation options, proximity to a bus route, disability accessibility, and other information).
- Estimate the time the client may have to be on a waiting list.

Alleviate concerns about cost. Paying for therapy can be a daunting barrier. Clients will need to know about the different payment options available. Sexual assault agencies and advocates should have up-to-date information about the payment options available through the Crime Victims Compensation Program (CVC) and the Specialized Services funds through the Office of Crime Victims Advocacy (OCVA). They can also help survivors brainstorm questions that they might need to ask their insurance provider about coverage for therapy services. Offering informed referrals will also require knowledge about the types of payment therapists in your community accept. Keep the following considerations in mind:

- Advocates should talk with clients to assess their eligibility for CVC and help with completing the application process. Remember that CVC is a payor of last resort which requires that a client's other payment options, such as private insurance, be utilized first.
- A client's private insurance may cover the cost of therapy, or a portion of it.

- Specialized Sexual Assault Services funds can be used for therapy services. These grant funds can cover the costs for therapy services for individuals without any other resources. They can also be used when there are burdens or concerns associated with the use of private insurance or CVC. This includes (but not limited to) coverage restrictions or limits, co-pays, lack of availability of therapist(s) trained in sexual assault treatment, and privacy or safety concerns.
- Therapists in the community may offer fees on a sliding scale.
- Some therapists may be affiliated with agencies that have funds to defer costs, especially for the treatment of children.

Know about the process. Once you have given a therapy referral to the survivor you are working with, it is helpful to explain what to expect next. This will help alleviate the stress clients may feel when initiating this process.



Your child's therapist will probably want to have some family sessions. This will help you understand what your child needs from the family.

Some things to share:

- Clients may be put on a waiting list. This is not uncommon and may allow some clients the time to process their assault prior to beginning therapy.
- If a client is placed on a waiting list and the situation becomes more critical, the advocate may be able to provide additional options for more timely treatment.
- The advocate will continue to be available for support while the client is waiting for therapy services, during therapy, and after.
- Most therapists have a policy of not allowing siblings or other children to be present during therapy sessions unless they are involved in the treatment. Childcare will have to be found offsite. In some situations, the therapist may wish to speak to parents alone during a portion of the session, and in the case of a young child, another adult should come along to care for the child in the waiting room. Parents can contact the therapist to find out what is expected before treatment starts.
- Most therapy sessions last about an hour and usually occur every one to three weeks.
- Patience is important and therapy may not fit within a predetermined timetable.

Knowing and Hanging On to the Good Ones

Taking time to really get to know and build relationships with the therapists in your community can make a world of difference to the survivors you work with. As with most forms of systems advocacy, developing these relationships takes time and energy, but is well worth the effort. When advocates build these connections, they are helping to ensure that survivors are receiving victim-centered care and promoting the importance of having therapists well-versed in the issues child and teen sexual abuse survivors and their families face.

System coordination and relationship building is key!
These connections will make it easier for survivors to access quality services.

What is the advocate's role once their client is in therapy?

Even though the child, teen or parent may be in therapy, the advocate will still be available to support them with any other needs they may have. Advocacy is about speaking up, and helping clients to speak up. It is about making sure that clients have the information, confidence, and support to stand up for themselves.

There may have been a bond created between the client and the advocate; if the client calls the advocate rather than the therapist it is important that the advocate be a good listener but then refer the client back to the therapist. For example, you might say, "You might want to talk to your therapist about that." It's also important that the therapist and advocate work together to support the wishes of the client; when directed by the client, a Release of Information can be obtained to facilitate a client's need for the advocate and therapist to talk. It is important that any release be written, time-limited and specify exactly what information is to be shared.

How do advocates find therapists who work with child and teen sexual abuse survivors, as well as nonoffending parents?

- Some advocacy agencies have a therapist on staff.
- Outreach to other youth-serving agencies in the community to see if they have therapists on staff or additional referrals.
- Some agencies provide therapy internships.
- When therapists contact an advocacy agency and ask for referrals, the agency requests a resume or synopsis of expertise and education and information about the therapist's license to practice.
- Community Sexual Assault Programs are required by the Washington accreditation process to update community resource lists every six months, and to document this process. This is an opportunity to see what therapists are still available, what their current fee schedule is, and whether their areas of specialty have changed.

How can advocates and advocacy agencies establish and maintain relationships with therapists in the community?

- Invite them to discuss their services at one of your staff meetings.
- Ask a local therapist to provide an inservice training to your staff on a relevant issue, such as children's reactions to trauma.
- Participate in multidisciplinary community meetings and programs, such as county-wide human services organizations.
- Collaborate with the Children's Advocacy Center in your community; their standards require them to employ or maintain relationships with therapists who are specifically trained to work with child and teen victims and their parents.
- Attend training events that are targeted to therapists and other professionals who serve children, teens, and families.
- Attend community health fairs or other events that may include local therapists.
- Work collaboratively on outreach efforts or publications directed at children, teens, and families.
- Offer to provide inservice training at mental health agencies to inform their staff about your agency's services and how therapists can refer clients for advocacy.

How can therapists establish and maintain relationships with local sexual assault programs and advocates in the community?

- Therapists and advocates may work together within an agency.
- Therapists may be invited to attend and network at events put on by local sexual assault programs.
- Therapists may visit local sexual assault advocacy agencies and introduce themselves.
- Therapists can provide information for the agency's therapy referral list.
- Therapists can inform advocacy agencies of any new services they are providing.
- Therapists may attend the county Multidisciplinary Team (MDT) meetings, which are designed to staff cases, identify gaps in services, and develop service networks to ensure that victims of child abuse receive comprehensive services.

What can advocacy agencies do if they do not have therapists in the community who work with this population or meet a survivor's needs?

- Seek resources in other locations that are within clients' reach.
- Specialized Services funds through OCVA can be used by programs to pay for interested therapists in the community to get sexual assault-specific training.
- Establish psychoeducational support groups for teens and nonoffending parents.
- Keep researching and looking for someone to connect with... never give up!
- Look into the option of working with therapy interns.
- Apply for grants that would pay for a staff therapist.
- Develop collaborations with the closest Children's Advocacy Center (CAC).

How do advocates establish and monitor therapists' effectiveness and their clients' satisfaction?

Advocacy services often times continue throughout therapy. Our job includes empowering clients to verbalize their needs to the therapist and possibly finding a better fit if needed.

Keeping in touch and talking with the client is an easy way to check in and see how things are going. Clients may complain, comment or praise the therapist. However, advocates need to use caution in deciding how effective therapy may be. Sexual abuse therapy is very hard work for clients and they may become discouraged or be reacting to revisiting and addressing the effects of their trauma.

If the client is having frustrations the advocate can help talk about ways to address the concerns with the therapist, or offer other options. If many clients have difficulty with the same therapist, the advocate should raise this concern with a supervisor, as the therapist may no longer be an appropriate referral.

Summary

Advocating with child and teen victims and their families comes with unique challenges. There are different laws and confidentiality considerations, and the advocate must contend with the dynamics of complicated cases involving children, teens and parents. While systems coordination is vital with all the agencies involved in these cases, sexual assault programs and advocates who develop great therapy relationships have an opportunity to provide clients with strong victim-centered, strength-based support that may make the victim's journey easier. Advocates and therapists together can prepare survivors and parents by giving them the tools to navigate systems and the healing process. Advocates and therapists together can give survivors and parents the strength to state their physical and emotional needs. This teamwork can provide the best foundation for recovery.

