

Addressing and Intervening with Problematic Sexual Behaviors (PSBs) in Children and Adolescents

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Objectives

At the end of the presentation, the learner should be able to know:

1. Basic information on how child/adolescent PSB's are qualitatively different than pedophilia.
2. A conceptual understanding of what components to use (and not use).
3. Application of specific evidence-based practices to address PSB's in children and adolescents.

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Sexual Abuse Myths

- The medical exam will ALWAYS prove that abuse has or has not occurred
- The child will have negative feelings toward the perpetrator
- If a child is engaging in illegal/inappropriate sexual behaviors it means they were abused at some point in the past
- Children or adolescents who engage in problematic sexual behaviors are pedophiles who are beyond help

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Where to start

- “Any time you come to a problem you don’t understand, stop, go back, and find any part you do understand. Then, start from there.” – Julian Escamilla
- First point
 - Not a **SEXUAL** behavior problem
 - It’s a sexual **BEHAVIOR** problem
- Where do we start with any kid???

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Resources!!!

- www.ncsby.org – National Center for the Sexual Behavior of Youth
 - If all you do is just go through this website while I am talking, I’m totally cool with that
- www.nctsn.org – National Child Traumatic Stress Network
- Taking Action books (FREE!!!)
 - Child Version: <https://safersocietypress.org/store/taking-action-children-download/>
 - Teen Version: <https://safersocietypress.org/store/taking-action-adolescents-download/>

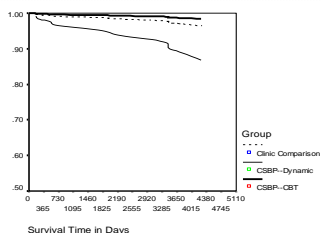
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Screening

- ALWAYS SCREEN FOR TRAUMA!!!!!!!!!!!!
- Not just in kids with PSBs but in ALL kids that come in your clinic
- ACE study has shown us the importance of this
- Sexual abuse is A reason for PSBs NOT THE reason (so STILL screen for this)
- Also, COERCIVE behavior is more predictive of sexual acting out than any other factor

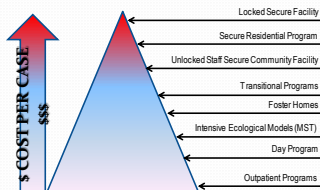
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10 Year Follow-Up Data



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Levels of Care



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Meta Analysis: Evidence Based Elements of Treating PSB's

St. Armand, A., Bard, D., & Silovsky, J. F. (2008)

- Purpose to identify what practice elements lead to greater reductions in PSBs
- Examined studies in which PSBs were either primary or secondary target for treatment
 - 11 studies identified
 - 18 treatments evaluated
- What worked?
 - **Parenting/Behavior Parent Training (BPT) was the strongest prediction of reductions in PSBs**
 - BPT occurred with
 - rules about sexual behavior/boundaries
 - abuse prevention
 - sex education
- What did NOT work?
 - Practice elements that evolved from adult sex offender treatments were not significant predictors

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SB: Continuum of Interventions

Intervention	Expected Sexual Play	Inappropriate Mutual Sexual Behavior	Illegal Sexual Behavior
Educating parents about normal sexual behavior	Yes	Yes	Yes
Educating parents about abusive/illegal behavior	No	No	Yes
Educating youth about healthy sexual behavior	No	Yes	Yes
Setting up in-home safety plan	No	Yes	Definitely
Changing sexual behavior patterns	No	No	Maybe
Encouraging responsibility and accountability	No	No	Yes
Making apologies	No	Yes	Yes

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SB: Continuum of Interventions

Intervention	Expected Sexual Play	Inappropriate Mutual Sexual Behavior	Illegal Sexual Behavior
Developing understanding of the effects	No	Yes	Yes
Participating in a treatment program	No	Varies	Yes
Seeking therapy for victims	No	No	Typically
Setting duration of intervention	Very Brief	Brief	Typically one year
Having adolescent removed from home	No	Varies	Typically, at least initially
Having legal/CPS involvement	No	Varies	Yes
Having concerns about community safety	No	No	Maybe

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CBT Components for PSB Treatment

- Psychoeducation
 - Provide psychoed on sex (sounds obvious but REALLY is NOT)
 - Normative vs. NOT normative SB's
 - CONCRETE connection between PTS symptoms and PSB's (including where there is NOT a connection)
- Relaxation
 - Connect relaxation skills to times when the kid has urges for PSB
- Affect
 - Susan Schmidt's tool for Caregivers
- Cognitive Coping
 - The triangle is the HEART of the PSB CBT Treatment

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Psychoeducation – Education is a VERB not a noun

- Preschool and School Age
 - Start with body education
 - Talk about Private Parts
 - “Hula” space
 - Ok vs. Not Ok Touch
 - NEVER EVER “good touch vs. bad touch”
- Adolescent
 - “Who to Tell”
 - “Legal and Illegal”
 - “Safe and Unsafe”
 - “Healthy and Unhealthy”
 - Ex: Red, Yellow, and Green Relationship Behaviors

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Rules about Sexual Behavior: Preschool Private Part Rules

- No touching other people’s private parts.
- No other people touching your private parts.
- No showing private parts to other people.
- No touching your own private parts when others are there.
- Touching your own private parts when you are alone is ok.*

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Rules about Sexual Behavior: School-Age Private Part Rules

- It is not okay to look at other people’s private parts.
- It is not okay to show other people your private parts.
- It is not okay to touch other people’s private parts.
- It is okay to touch your private parts as long as you are in private and do not take too much time.*
- It is not okay to use sexual language or make other people feel uncomfortable with your sexual behavior.

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Allen 2018 – TF-CBT works with PSB and Trauma

- If you get ONE article on this topic, get Brian's
- Breaks down (chart form too) how each therapy component can be used when PSB's are present
- TF-CBT (Trauma-Focused CBT) is currently being used, with a lot of success, for PSB kids who have trauma
 - Crux of the strategy is that this is a problematic sexual BEHAVIOR
- If you get TWO articles, get Brian's and the one on Complex Trauma

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Components from CBT with PSB's

- Establish the Private Part rules (AND PARENT tells the kid, not you)
- Develop behavior management plan (it's a sexual BEHAVIOR problem)
- Develop a safety plan (be as fluid with this as an Oklahoman is with their tornado safety plan)
- Help to make the caregiver (more) comfortable with topics related to sex and sexual behavior (it's not one big talk, it's many small talks)
- And most importantly

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Supervision is the FOUNDATION!!!!

- Basic Parent Management Training 101 (so includes principles from our younger child protocol)
- THE active ingredient of ALL evidence based child treatments is caregiver participation
- Addresses "MUFD"
- 2 Phases:
 - Child Directed (Relationship between attention and behavior is the same as between oxygen and fire)
 - Parent Directed
 - APPROPRIATE
 - Consequences
 - Commands
 - Expectations
- Looks a LOT like Behavior Therapy, huh???

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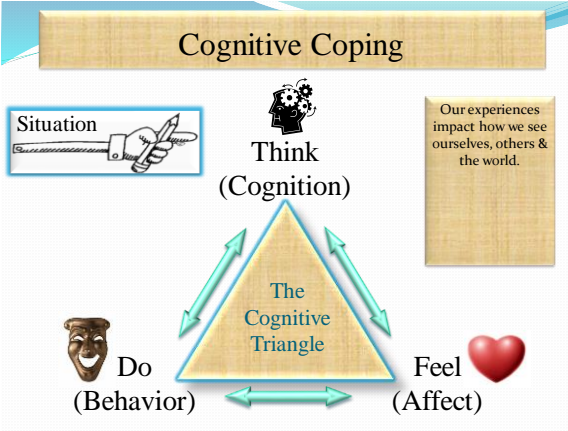
Parenting and Affect in PSB Tx

- Susan Schmidt's Method
- Common Feeling → Common Parent Reaction → Considerations for Parents
 - Confusion/Disbelief
 - Anger
 - Fear
 - Guilt/Embarrassment
 - Not an exhaustive list

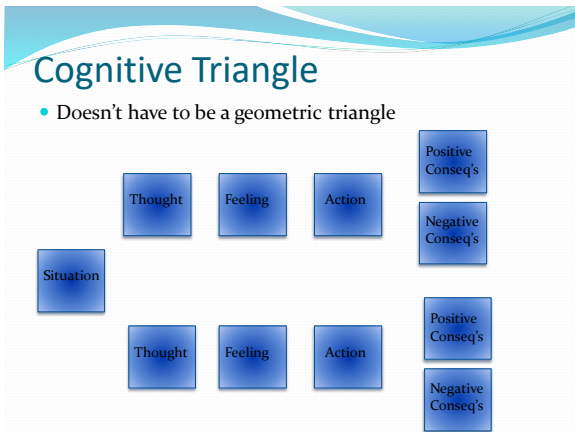
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COMMON EXPERIENCES OF PARENTS AND CAREGIVERS		
Adolescent illegal sexual behavior is something no parent expects or is prepared to face. Below are common reactions and experiences shared by parents and caregivers who have found themselves in this challenging situation.		
COMMON PARENT FEELINGS	COMMON PARENT REACTIONS	CONSIDERATIONS FOR PARENTS
Confusion or Disbelief	<p>"There must be a mistake."</p> <p>"My teen wouldn't do that."</p> <p>"Stories I'm hearing about what happened are so different that I don't know who to believe."</p>	<ul style="list-style-type: none"> • It's normal for parents to question whether their teen engaged in an illegal sexual behavior. No parent expects their teen to do something like this. • Although it can happen, it's very rare for teens to be falsely accused of illegal sexual behavior. If you believe that your teen has been falsely accused, discuss this with your teen lawyer. No professional wants a teen to admit to something they didn't do. • Many teens initially deny or don't tell everything about their illegal sexual behavior for different reasons including: <ul style="list-style-type: none"> • Trying to avoid consequences • Not wanting to disappoint parents or others they care about • Shame and embarrassment about what they did • To more clearly understand what happened, some parents may find it helpful to review with a therapist available police reports or interviews. The pros and cons of this should first be weighed with a therapist, as this information may be distressing to read or hear. • When a teen appears hesitant to be truthful, it's helpful for parents to reassure the youth of their love and commitment regardless of the teen's behavior.

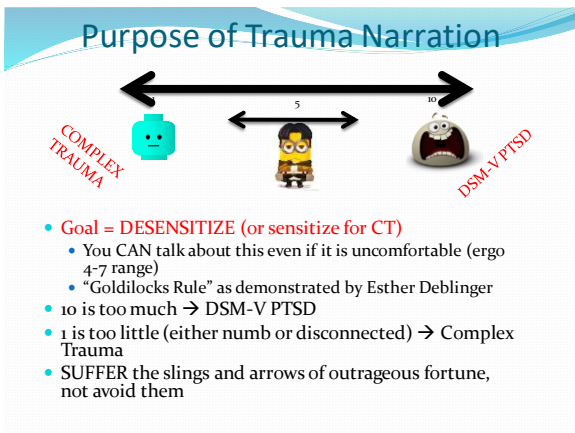
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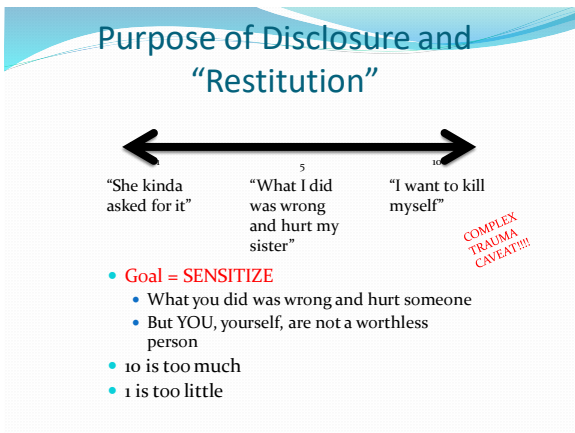
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Take home points

- BALANCED view
 - “Well he was sexually abused so it’s ok he did this”
 - “Well he’s sexually acting out so he’s a pedophile”
- It’s a sexual **BEHAVIOR** problem
 - Ergo, behavior management skills are essential
- Treatments with a CBT nucleus and SKILLS focused are VERY effective
 - Especially TF-CBT if the kid has trauma
 - Don’t forget what you already know
- Treatments that are “adult pedophile” treatments are at best null and at worst harmful for these kids
- With Complex Trauma ALWAYS treat the traumatic stress prior to doing more intensive PSB work (e.g., “disclosure”)

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THANK YOU!
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