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California Training Institute

Welcome to

Addressing Problematic Sexual Behaviors (PSBs) in Children & Adolescents

Abordar los comportamientos sexuales problemáticos en niños y adolescentes *(Interpretación al español comenzará pronto)*

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

Icebreaker Question

(answer in the chat)

What is your favorite summertime family activity?

Survey & Certificate of Completion

Available following the training.

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SPANISH INTERPRETATION AVAILABLE!

INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

Today's training will be in both English and Spanish.

La capacitación de hoy será en español y ingles.

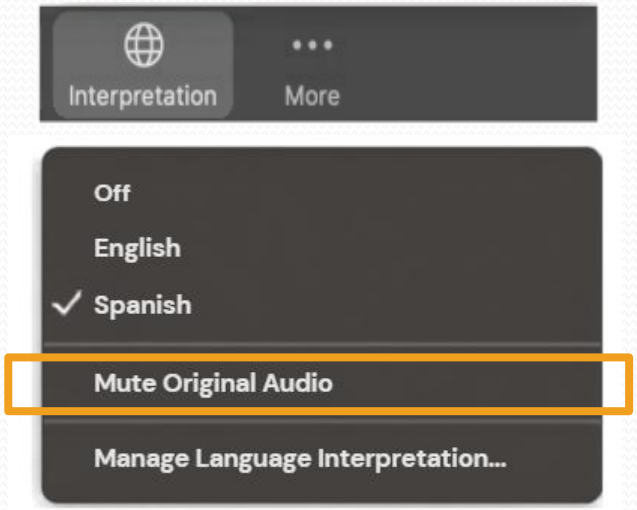
Click the "Interpretation" icon in your toolbar;

select "Spanish."

Seleccione el ícono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish."

Optional: "Mute Original Audio" to disable the English speakers while using Spanish.

***Opcional:** Active **"Silenciar audio original"** para desactivar las voces en inglés mientras escucha la interpretación en español.*





Hi, We're CalTrin

Supporting child abuse prevention in California through FREE professional development & extended learning.

Who We Are

CalTrin delivers free science-based training to staff of Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child- & family-serving systems.

What We Offer

- Live webinars & interactive, small-group training
- Virtual, self-paced courses
- Job aids & other resources

And check out our partner project, The California Evidence-Based Clearinghouse (CEBC)!

CEBC
The California Evidence-Based Clearinghouse

Advancing the effective implementation of evidence-based practices for children & families.

A FREE, searchable database of 500+ programs & resources for implementation.

SCAN TO LEARN MORE



LET'S LEARN ABOUT YOU!

UPCOMING TRAININGS

mark your calendars!



Visit caltrin.org to view and register for upcoming webinars or workshops

October 14: Trauma-Informed Leadership in Turbulent Times: Creating the Conditions for People & Teams to Thrive

October 15: Substance Abuse Disorders, Mental Health, & Recovery: Cultural Elements in Working with Disproportionately Impacted Populations

October 9: Protective Factor of the Month: Concrete Support

November 3: Shaken Baby Syndrome: Mechanisms, Risk, & Prevention Across Care Systems

November 4: Protecting Your Peace: Supporting Well-Being & Resilience During Turbulent Times

November 5: “How About Dad?”: Father Engagement Basics

Before We Begin...

BEFORE



Access the notetaking slides now! The link can be found in the chat.



This presentation is being recorded.

DURING



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



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AFTER

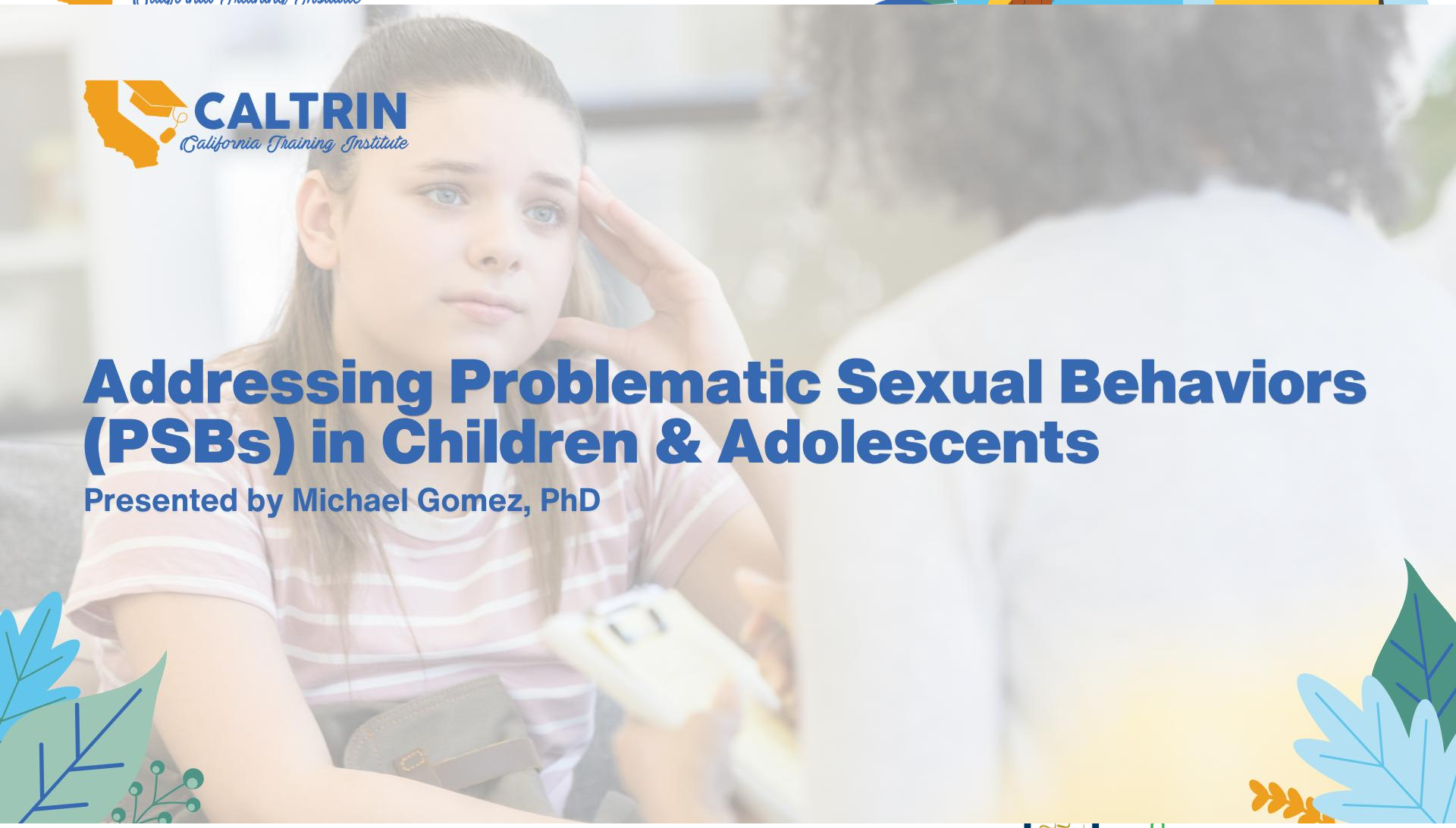


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Addressing Problematic Sexual Behaviors (PSBs) in Children & Adolescents

Presented by Michael Gomez, PhD

CDSS California Department of Social Services
Office of Child Abuse Prevention, California Department of Social Services, grow strong families
Rady Children's San Diego | Chadwick Center for Children & Families

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Speaker SPOTLIGHT



Michael Gomez, PhD

- Clinical Instructor at Bradley Hospital/Lifespan Institute, affiliated with Brown University
- Former Director of the Adversity and Resilience Community Center (ARCC) in Texas
- Former Adjunct Professor at Texas Tech University and TTUHSC School of Nursing
- Specializes in Trauma-Focused CBT (TF-CBT), PCIT, TARGET, problematic sexual behaviors (PSB), and autism assessments
- Nationally Certified TF-CBT Trainer and CE-CERT Trainer
- Co-founder of the NCTSN Trauma and Intellectual and Developmental Disabilities (IDD) Workgroup

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I, Michael Gomez, have no relevant financial relationship with any ineligible companies.

Polling Ques 1

- What percentage of kids who sexually act out are abused in the age range 6 to 18?

A) 40%

B) 60%

C) 80%

D) 100%

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

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???

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
- www.oklahomatfcbt.org – At the very bottom
- Taking Action books (FREE!!!)
  - Child Version: https://safersocietypress.org/store/taking-action-children-download/
  - Teen Version: https://safersocietypress.org/store/taking-action-adolescents-download/

Our Native American Adaptation of all this

- https://www.ncsby.org/american-indian-and-alaska-native-tribes-main

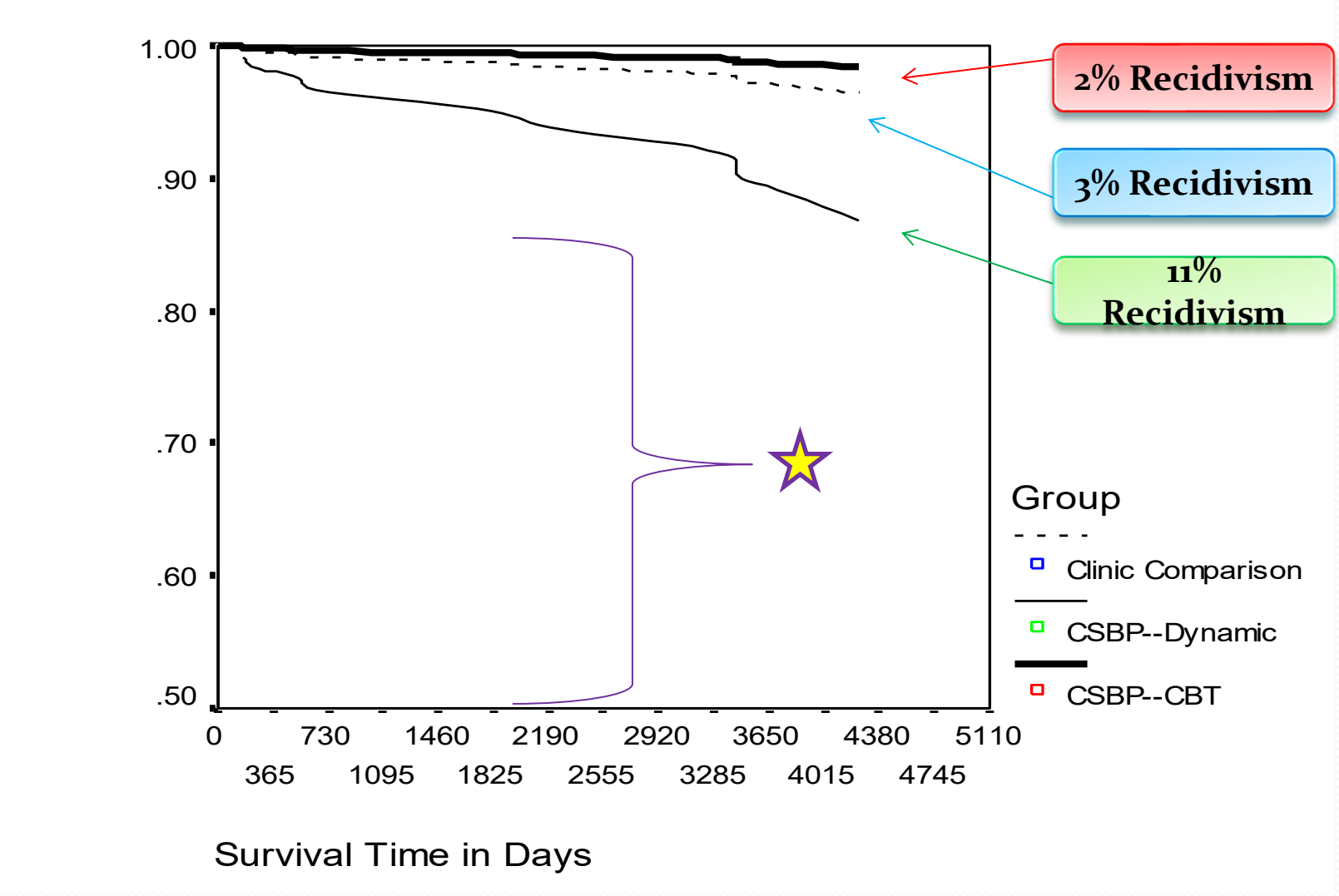
- This stuff is really, really, RRRRREALLY cool!!!!

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

- If you don't have a trauma screener look here . . .

10 Year Follow-Up Data



Carpentier, Silovsky, & Chaffin (2006)
10 year follow up on Bonner, Walker, & Berliner (1999)

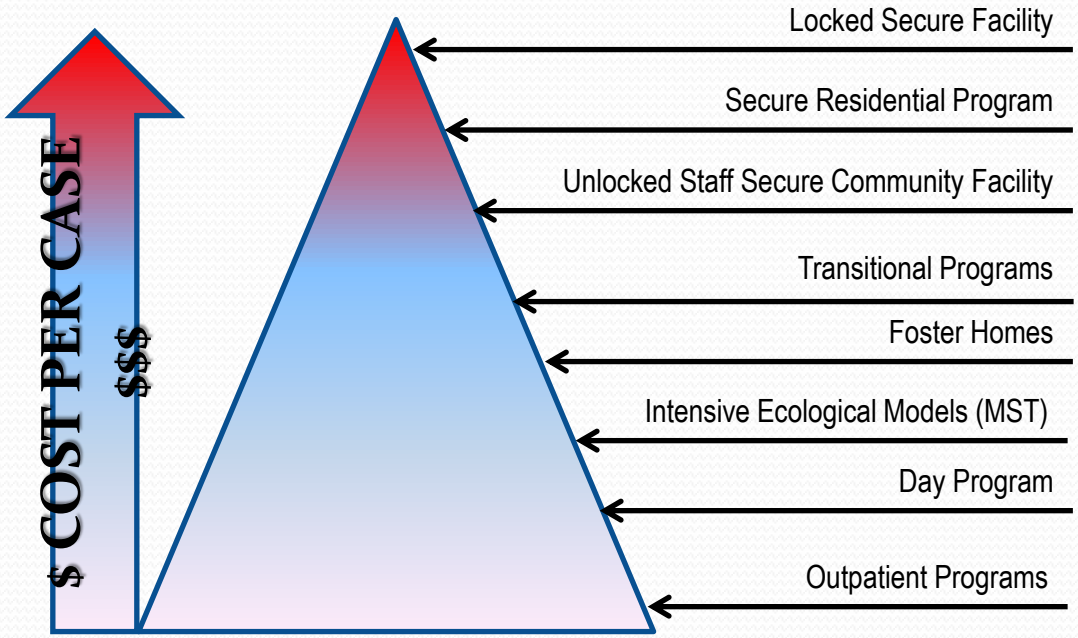
Polling Question 2

- True or False: Kids who sexually act out need to be treated in a restrictive setting (e.g., RTC) in order to be effectively treated.

1) True

2) False

Levels of Care



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

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

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

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

Last slide on foundations before we dive in

- "Transference" and "Countertransference"
- This and STS are a whooooooole other talk
  - But think I need to address one elephant . . .



Let’s take a step back

- So, Gomez . . . How exactly did you get into this work?



Intervention strategies for Youth PSBs

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)
- Affect
  - Susan Schmidt's tool for Caregivers
  - Keep in mind the emotional fallout of PSBs (esp intrafamilial) are BBBAAADDDD
- Cognitive Coping
  - The triangle is the HEART of the PSB CBT Treatment

Psychoeducation Overview (preteens) – Education is a VERB not a noun

- Preschool and School Age
  - Body education
    - ACTUAL anatomically correct names
  - Ok vs. Not Ok Touch
    - Why do we NOT use “good touch/bad touch”?
  - “Hula” Space
    - I have literal hula hoops in my office
  - Private Part Rules

We’ll talk about this more in Caregiving because THEY are the ones who will be delivering it.

Common Myths I Hear

- ESPECIALLY Children 6 or younger . . .
  - Can't engage in treatment
  - ONLY respond to behavioral modification
  - ONLY respond to play therapy
  - Require highly specialized training to work with
  - Do not have a high enough IQ/Cognitive functioning to do EBP's
  - Can't do CBT (or any EBT) because they don't have thoughts

AAP for our preteens

- https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx

- Nancy Kellogg
  - 2009 article
  - 2010 article

Masturbation is normal. It is.

- It is a normative behavior. I apparently have to have a whole slide just on this.

- Retrospective study prior to the age of 18

  90-94% of boys masturbate

  51-60% of girls masturbate

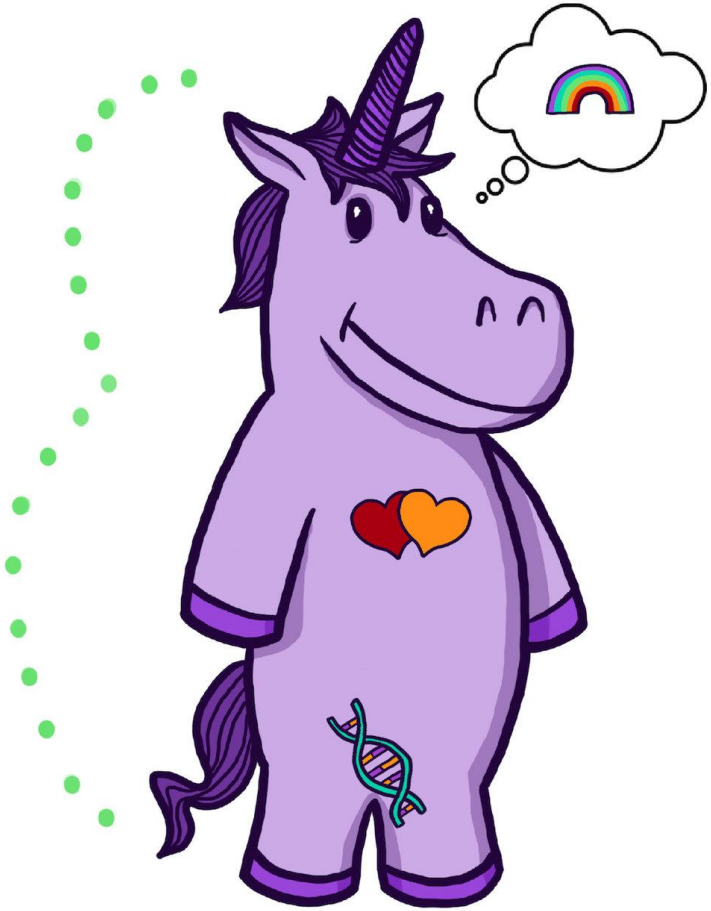
Strachon & Staples. (2012). Masturbation. Pediatrics. Vol 33 (4). 190-191

Let's take a look at the "Private Part Rules"

This next section is titled: The State of Texas can go SUCK IT

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Preteen Psychoed

- Let's go back to AAP resources for preteen

- Just so I say it
  - The National Child Traumatic Stress Network, the American Academy of Pediatrics, the American Medical Association, the American Professional Society for Abused Children, the International Society for Traumatic Stress Studies, Michael Gomez, the guy I sat next to on my Chicago flight, the TF-CBT Trainers Network, etc, etc
  - **ALL SAY CONVERSION THERAPY IS ABUSE!!!!!!!!!!!!!**

REALLY good resources

- Two places we're going to

1. Trevor Project
   - https://www.thetrevorproject.org/

2. TFCBT LGBTQ Implementation Manual
   - https://tfcbt.org/tf-cbt-lgbtq-implementation-manual/
     - ***Beliefs vs. Actions***
     - ***My West Texas Dad***

Parenting/Caregiving

GET. YOUR. FBA. DOWN. COLD.

- Frequency
- Duration
- Intensity
- Biology

Across

- *Before*
- *During*
- *After*

Responding to Normative Sexual Behavior/Play

- **Get calm.**
- Stop the behavior if in progress
- **Calmly** respond as appropriate – such as teach:
  - Accurate education about names and functions of all body parts;
  - Developmentally appropriate sexual education;
  - Information about social rules of behavior and privacy;
  - Information about respecting their own bodies; and
  - Information about friendships and relationships with others.

Responding to PSB

- **Get calm.**
- Stop the behavior if in progress and get kids safe
- **Calmly** provide:
  - Relevant rules and expectations;
  - Developmentally appropriate sexual education;
  - Consequences as needed;
  - Increased visual supervision;
  - Strategies to prevent future PSB
  - Recommendations for Supervision and Parenting (handout)
  - Determine if professional help is needed
  - Reporting requirements

Teaching Boundaries to Children

Here is our algorithm

1. OK/Not OK Touch or Safe/Unsafe Touch
   - Why don't we use Good Touch/Bad Touch?
2. Hula Space!!!
   - Or whatever you like to use
3. Private Parts (ACTUAL names)
   - No more cutsy terms "My 'Ah Ah'"
   - Why do we do this?
4. Private Part Rules

CAREGIVERS teach this . . . We HELP the CG teach "Sheriff's Deputy Rule"

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.*

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.

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

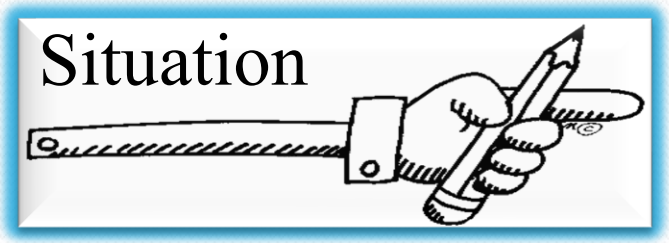
COMMON EXPERIENCES OF PARENTS AND CAREGIVERS

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	"There must be a mistake." "My teen wouldn't do that." "Stories I'm hearing about what happened are so different that I don't know who to believe."	• 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: ◆ 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 wit 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 o their love and commitment regardless of the teen's behavior.

CBT is the beating heart of PSB Tx

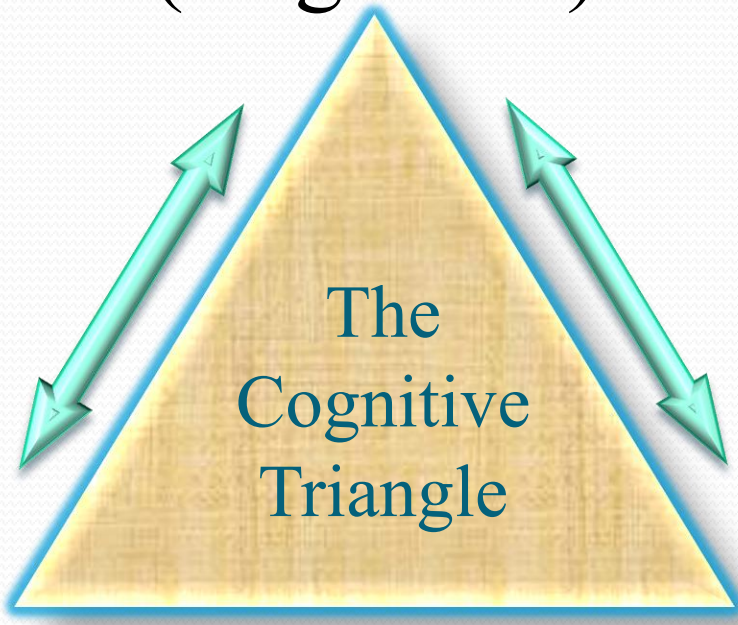
Cognitive Coping





Think
(Cognition)

Our experiences impact how we see ourselves, others & the world.





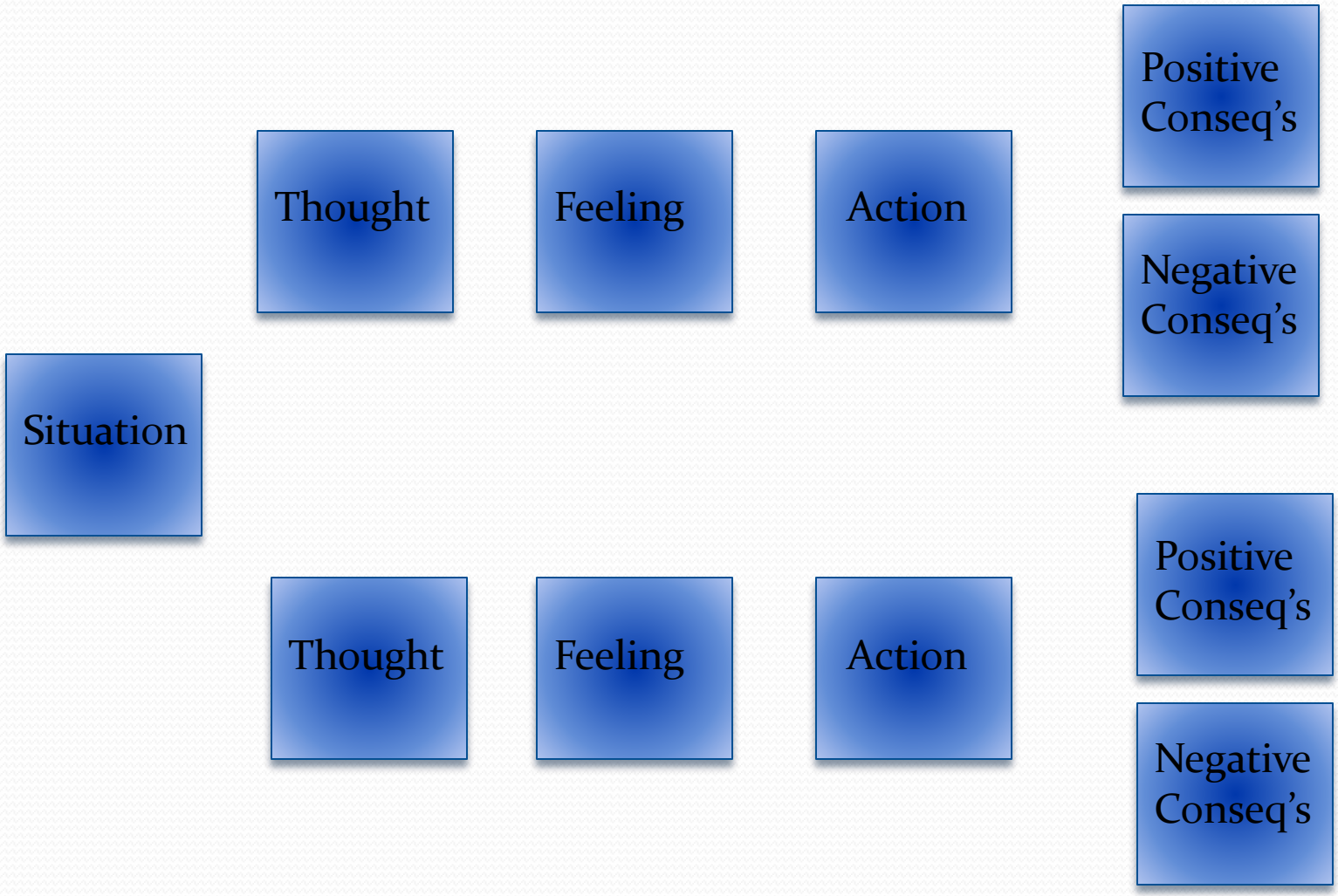
Do
(Behavior)



Feel
(Affect)

Cognitive Triangle

- Doesn't have to be a geometric triangle



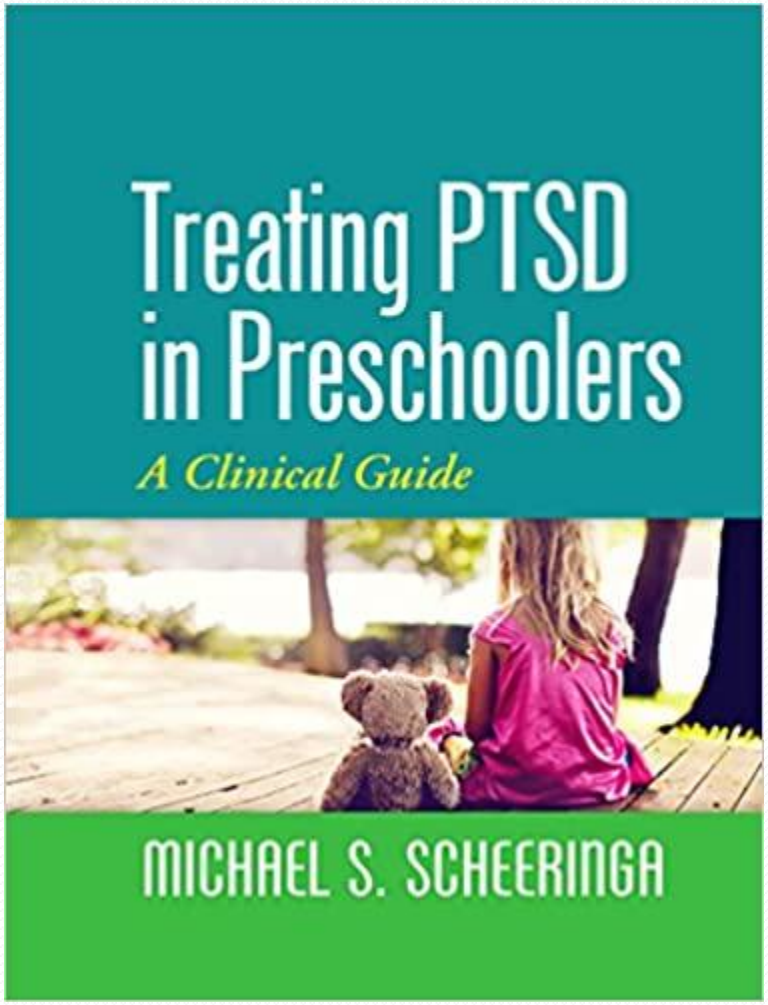
The Essence of Triangle Work



Some of my go to's

- You'll hear me say "What did you say to yourself to make that ok?" a lot with these kids
- Consequences make a triangle
  - Without consequences, you don't have CBT, you have geometry
- Preteens I LOVE Matt's "Thinking Team!!"
- And ABOVE ALL ELSE!!!
  - ***Make sure the caregiver is practicing this***

What does CBT nuts and bolts look like for kids 6 and under?



What CBT looks like for a 3 or 4 year old

- https://www.youtube.com/watch?v=kkZe1v17UeM&list=LL&index=35

Pre-teens are puppies; Teens are cats

Here's a good psychoed algorithm for teens

Can't do higher level work if you haven't done lower level work

Values and Beliefs
(This is where our teens really endeared themselves to me)

Safe vs. Unsafe (EMOTIONAL/RELATIONAL)
Ex: Stoplight Relationships (next slide)

Safe vs. Unsafe (PHYSICAL)
Ex: STI's and Sexual health
Planned Parenthood has great resources here!

And John Oliver outta nowhere!

Legal vs. Illegal
Ex: Consent Tea Video

WHO TO TELL

Legal vs. Illegal

- Start with YOUR state laws
  - Homework assignment HAS TO BE DONE WITH THE CAREGIVER IN THE ROOM!!!!
- To cut the knot for this one just use this
  - CONSENT TEA!!!
  - https://www.youtube.com/watch?v=fGoWLWS4-kU

Safe vs. Unsafe (Physical)

- This is basically your STI section
- There are a LOOOT of resources out there (American Academy of Pediatrics, Planned Parenthood, Trevor Project, SAMSHA, etc, etc, etc
- To tell you why we need to cover this, here are just a few of the medical “facts” our teens shared with us
- If you grew up where I did you were handed a gift from the gods

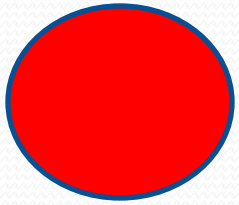
Safe/Unsafe (emotional): Stoplight Relationships

1. Key points: BEHAVIORS are red, yellow, or green, not people
2. Red Light Relationship Behaviors
   - ALWAYS no go's: Any violence, cheating, exploitation
   - Say these as statements of FACT
   - Ex: ~~"But he apologized after he hit me"~~
3. Green Light Relationship Behaviors
   - Positive relationship behaviors
   - These they get pretty fast
   - Being honest, compliments, good communication
4. So set the extremes, Red vs. Green then go to Yellow
5. Can also give for homework "Circle of Friends"

Safe/Unsafe (emotional): Stoplight Relationships

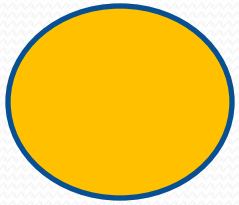
- Yellow Light Relationship Behaviors
  - Passive aggressiveness is usually a good starting point.
  - Gottman's "4 Horsemen" are the meat of this:
    - Stonewalling (Bad)
    - Defensiveness (Worse)
    - Criticism (REALLY Bad)
    - Contempt (Nuclear)
- KEY PT with the stoplights: There's an "exchange rate"
- Semi-arbitrary: Example → 1 Yellow = 10 Greens
  - "Exchange rate" comes from John Gottman's research.
- Orange Light Relationship Behaviors
  - You do enough yellows in a row, yellow turns to orange
    - And orange can get so dark it's red ☹
  - You do enough greens in a row after a yellow, turns green(ish) but they CAN'T DO THAT YELLOW AGAIN!!!
- Do NOT forget "The Janet Jackson Rule"

Boyfriends



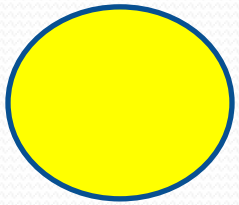
Johnny hit me.

-Infinity



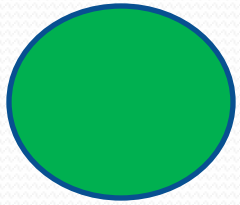
Sam KEPT yelling at me in front of everyone even when I told him to stop.

-20



Sam yelled at me in front of everyone.

-5



Adam gave me a card on Valentine's.

1

Final Score Card

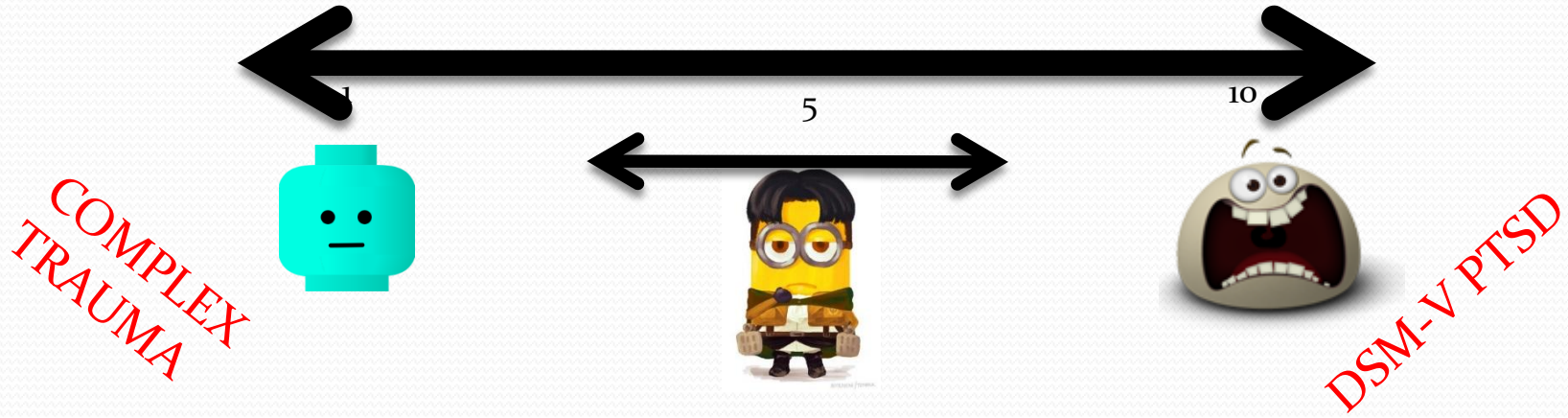
1. Adam = 1
2. Sam = -25
3. Johnny = - Infinity

Polling Question 3

- To effectively treat PSB's you always have to talk about the offense in great depth.

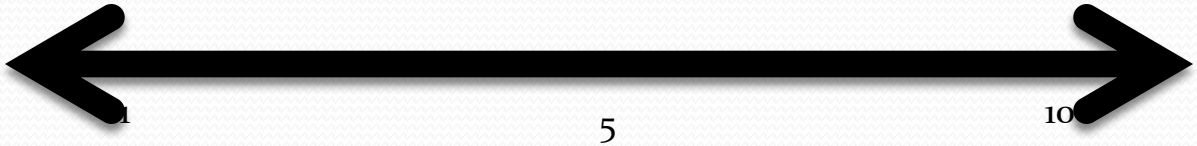
1) True
2) False

Purpose of Trauma Narration



- Goal = DESENSITIZE (or sensitize for CT)
  - You CAN talk about this even if it is uncomfortable (ergo 4-7 range)
  - "Goldilocks Rule" as demonstrated by Esther Deblinger
- 10 is too much → DSM-V PTSD
- 1 is too little (either numb or disconnected) → Complex Trauma
- SUFFER the slings and arrows of outrageous fortune, not avoid them

Purpose of Disclosure and "Restitution"



"She kinda asked for it"

"What I did was wrong and hurt my sister"

"I want to kill myself"

- Goal = SENSITIZE
  - What you did was wrong and hurt someone
  - But YOU, yourself, are not a worthless person
- 10 is too much
- 1 is too little

BIG Caveat

Newman et al. (2018) - Mt Meigs Study.pdf - Adobe Acrobat Reader DC (32-bit)

File Edit View Sign Window Help

Home Tools Newman et al. (201... × Sign In

431 (1 of 8) 113%

Children and Youth Services Review 91 (2018) 431–438

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Trauma-focused cognitive behavioral therapy with adolescents with illegal sexual behavior in a secure residential treatment facility

Jan L. Everhart Newman[a,*], John M. Falligant[a], Kelli R. Thompson[a], Michael D. Gomez[b], Barry R. Burkhart[a]

[a] Department of Psychology, Auburn University, United States
[b] Texas Tech University Health Sciences Center, United States

1. Introduction

Annually, over 50,000 justice-involved youth are housed in approximately > 2000 out-of-home placements in the United States, with the most common placement being residential treatment facilities

2017). In fact, maltreatment doubles the risk that a youth will engage in criminal behavior with the risk of engaging in crime increasing with the experience of multiple forms of maltreatment (Currie & Tekin, 2006). Justice-involved youth in RTFs have particularly high rates of and PTSD and complex PTSD (i.e., the experience of varied and cumulative

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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")



THANK YOU!

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Thanks for joining us!

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