## Understanding and Responding to Children with Problematic Sexual Behaviors Webinar Series

Module 5: Treatment Interventions for Problem Sexual Behavior
One Size Does Not Fit All



Massachusetts
Child Sexual Abuse
Prevention Task Force

- We will begin momentarily
- All participants have been muted and cameras have been disabled
- During this webinar:
  - Use the Q&A Box to ask questions. You can also upvote or like other questions that have already been posed.
  - Use the Chat Box for commentary.
- This webinar is being recorded and will be sent out along with the slides when



# WORKING TOGETHER TO END ABUSE

Thomas King, LICSW Executive Director

machildrensalliance.org

# CHILDREN'S ADVOCACY CENTERS IN MASSACHUSETTS

Children's Advocacy Centers (CACs) throughout the state offer a range of services for children and families.

- Child Forensic Interviews
- Victim Advocacy
- Mental Health Services

- Investigation & Prosecution
- Medical Consultation/Exams
- Community Trainings

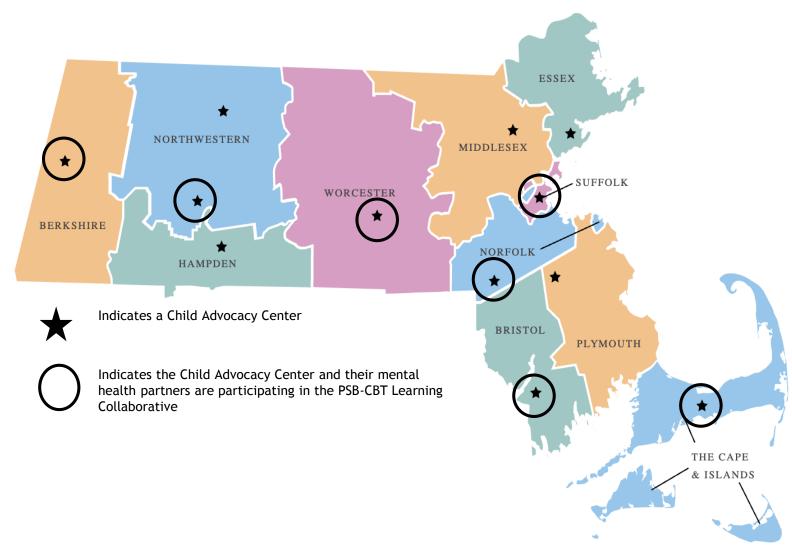
#### The Problematic Sexual Behavior -Cognitive Behavioral Therapy Learning Collaborative

- Funding recommendation of the legislative MA Child Sexual Abuse Prevention Task Force
- \* The National Center on the Sexual Behavior of Youth (NCSBY), a division of the Center on Child Abuse & Neglect at the University of Oklahoma is currently training clinicians across the state in PSB-CBT.
- Community forum learning opportunities which include this webinar series

Evaluation component . University of Massachusetts Lewell

#### 7 Children's Advocacy Centers, 26 Clinicians & 10 Senior Leaders

- Berkshire County Kid's Place
- Children's Advocacy Center of Bristol County and New Bedford Counseling Group
- Children's Advocacy Center of Franklin County and North Quabbin, Inc. and Clinical Support Options (Also receiving referrals from Hampshire County CAC)
- Norfolk Advocates for Children, Aspire Health Alliance
- Worcester County CAC and Youth Opportunities Upheld Inc.
- Suffolk County CAC (within agency trainer)
- The Children's Cove (focusing on the Senior Leader training and currently not providing clinical services)



# Treatment Interventions for Problem Sexual Behavior: One Size Does Not Fit All

Kevin Creeden
Whitney Academy
MASOC





Our mission is to ensure that children and adolescents with problematic sexual behaviors live healthy, safe, and productive lives





## Module 5: Treatment Interventions for Problem Sexual Behavior: One Size Does Not Fit All

- Discuss interventions focus on healthy development and resilience
- Consider what factors define "risk"
- Examine how assessment informs treatment planning and intervention
- Highlight the importance of family/caretaker involvement
- Explore the different types of treatment interventions





## Kevin Creeden, M.A., LMHC

Director of Assessment and Research, Whitney Academy

Kevin has over 35 years of clinical experience treating children, adolescents, and their families working extensively with sexually and physically aggressive youth.





## Goal of treatment

- Provide parents and children a foundation that facilitates positive development and resilience
- Increase safety for the child and others
- Diminish parental stress through support and skill building
- Improve understanding of healthy sexual behavior for adults and children



## Addressing denial in children and parents

- There are lots of different motivations for denying problematic sexual behavior
  - Fear of getting into trouble (for parents and children)
  - Embarrassment (for parents and children)
  - Shame
  - Connection to prior trauma history
  - Family dynamics: immediate and extended



## Children with Problematic Sexual Behaviors

- No single or distinct psychological profile
- Can have co-occurring difficulties
  - Self-regulation difficulties: ADHD, Oppositional Defiant Disorder, Conduct Disorder
  - Depression and/or anxiety
  - Trauma related difficulties: PTSD, Adjustment Disorder
  - Learning difficulties
  - Autism Spectrum Disorder



#### Child and Family Characteristics

- Can be boys or girls
- Problems in developing and maintaining social relationships
- High levels of parental stress: financial, mental health, substance abuse, work and family demands
  - This can lead to a lack of emotional or physical availability
  - Can lead to a lack of supervision
  - Can lead to lower frustration tolerance, range of parenting difficulties





## Treatment Considerations

Level of structure and supervision that can be provided in the home

Capacity of caregiver to implement treatment recommendations

Child's ability to respond to direction and guidance

Level of aggressiveness



#### Treatment Considerations

 Other social and emotional difficulties including the nature and extent of trauma history

Risk to other children at home and/or school

Level of structure and supervision that can be provided in the school setting



#### Treatment

Does treatment work for children with PSB

• Carpentier, Silvosky, Chaffin, 2006: 10-year follow-up

12 session CBT with parent and child: 98% success rate

12 session Dynamic play therapy: 89% success rate



## Treatment Framework

- Engagement of family
- Parent training
  - Building positive relationships
  - Behavior reinforcement
  - Natural and logical consequences
- Address sexual behavior directly
  - Sexual behavior rules
  - Sexual education
  - Personal Boundaries
  - Sexual safety



## Parent Specific

- Relationship building skills
  - Communication: "attunement"; "serve and return"
  - Play
  - Praise/Acknowledgement: "What You Focus On Grows"



#### **Elements of Attachment**

- Permanence
- Attunement
- Showing kids they are special
- Share feelings
- Establish routines
- Responsibilities and limits
- Building competence

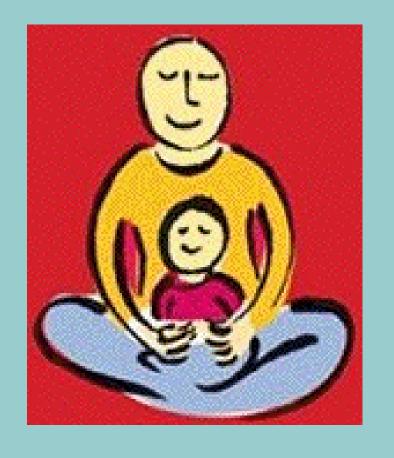
Kagan, 2004



## Co-regulation

- "The dyadic regulation of emotion" Alan Sroufe
- "The persistent attention to daily tasks of caring"

**Emily Coleman** 





## Aspects of co-regulation

- Personal warmth
- Soothing tone of voice
- Acknowledgement of emotional distress
- Supportive silence
- Assist in problem-solving



## Understanding and addressing misbehavior

- Misbehavior is not accidental: it meets a need
- Behavior is adaptive: it communicates, it impacts the environment
- Engagement and maintenance: getting your attention and keeping your attention
- Focus on the why not just the what when considering interventions



## Preventing problematic behavior

Consistent structure and routines

• Clear rules

Specific Instructions

Positive behavior reinforcement



## Limit setting

- ✓ Identify behavior to be interrupted
- ✓ Validate child's need for behavior
- ✓ Label emotion and the impact of behavior
- ✓ Provide alternative options for meeting needs
- ✓ Recognize effort involved in complying with request
- ✓ Teach after the child is stable again



## Child specific

#### Sexual Behavior rules

- It is OK to touch your private parts, as long as you are in private
- It is not OK to show your private parts to other people.
- It is not OK to touch other people's private parts
- It is not OK to touch your private parts in public.
- It is not OK to make other people feel uncomfortable with your sexual behavior.
- Discuss the difference between sexual touch and social touch, nurturing touch, caring touch (medical; hygiene) and the different types of situations they may occur in.



#### Personal Boundaries

- Foundation for personal boundaries is "attunement" to self and others
  - Practice reading social cues and body language: (e.g. Charades, Stranger Things)
- Poor personal boundaries is frequently connected to difficulties with self-regulation
- Actively teach and test personal boundary skills
  - Hula hoops
  - Variety of social situations (e.g. elevator, waiting in line, public restrooms)



## Self-regulation

- 3 parts
  - Modulate initial response
  - Develop a plan to address situation
  - Execute the plan



## Turtle Steps

Stop and go in your shell

Calm down/relax: (take a deep breath, count to 10)

Think of something helpful to do

Come out of your shell and do it



## SODA

- Stop: breath, grounding, movement
- S = situation: describe, write, or think about what is going on
- O= options: identify at least 3 different responses
- D= disadvantages (bad part) of those options
- A= advantages (good part) of those options
- Pick and option and do it



## Sex education for Families

- Communication
  - Who/where/when to talk about sex ed
- Emphasize caregiver/family beliefs and values
- On-going talks between caregivers and children
- Discuss information from other sources: Peers and Internet
- Learn medical names and functions of private parts
- Purpose of sex and overall mechanics of conception, puberty, and healthy relationships



#### Resources



- Boys Body Book
- What's Happening to Me
- It's Perfectly Normal
- Where Did I Come From
- Taking Care of Myself (for young people with Autism)









## **Contact Information**

#### **MACA**

https://machildrensalliance.org/
training@machildrensalliance.org

#### **MASOC**

www.masoc.net info@masoc.net

#### **Kevin Creeden**

KCreeden@whitneyacademy.org

