UNDERSTANDING AND RESPONDING TO CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS

MODULE 2: THE UNIQUE CHALLENGES AND OPPORTUNITIES TO MANAGE PROBLEMATIC SEXUAL BEHAVIOR WITHIN A SCHOOL SETTING



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 when available.



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

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

The Problematic Sexual Behavior –Cognitive Behavioral Therapy Learning Collaborative

- Funding recommendation of the legislative MA Child Sexual Abuse Prevention Task Force
- Launch pilot project for statewide learning collaborative which would include training clinicians in PSB-CBT
- Identify 5-6 CACs who would convene appropriate community stakeholders with whom to partner and train
- ❖ 12-month training conducted by University of Oklahoma staff
- Community forum learning opportunities
- Evaluation component : University of Massachusetts-Lowell

Why CACs?

- Many CACs often are already serving some of these children and youth as victims and their families;
- CAC multidisciplinary approach ensures coordination across systems (DCF, prosecutors, police, hospital CPT)
- Receive relevant DCF & Police reports directly;
- Ability to conduct forensic interviews with the victim of the PSB and, when appropriate, the child presenting with PSB.
- ❖ The National Children's Alliance endorses PSB-CBT.

Participants:

- 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
- ◆ Norfolk Advocates for Children, Aspire Health Alliance, and Kerzner Associates
- Worcester County CAC and Youth Opportunities Upheld Inc.
- Suffolk County CAC [within agency trainer]
- The Children's Cove [administrative participant]

Opportunities to Manage Problematic Sexual Behavior within a School Setting

Jean Lindquist Grady, Psy.D.

Central MA Collaborative

MASOC





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





Module 2: Opportunities to Manage Problematic Sexual Behavior within a School Setting

- Review normative sexual behaviors in children.
- Questions to ask when facing a student with PSB
- Universal, Targeted and Intensive interventions and strategies
- Behavioral and Safety Planning
- Collaboration



Jean Lindquist Grady, Psy.D.

Jean Lindquist Grady, Psy.D. has worked over 20 years in child welfare, mental health counseling, and education, and is currently the Clinical Director at the Central Massachusetts Collaborative (CMC).

Throughout her professional career, Dr. Lindquist Grady is committed to utilizing trauma informed best practices that are community focused, student centered, strength based, and culturally conscious.



Range of Sexual Behavior



Cavanaugh-Johnson, 2009

Normative Sexual Exploration in Childhood

- Normative sexual exploration is an information gathering process
- Generally similar in size, developmental status
- Individuals participate on a voluntary basis
- Most sex play is mutual and between children who are friends
- Frequency is limited and balanced by curiosity about other aspects of their lives





Normative Sexual Exploration in Childhood

- May result in embarrassment or guilt but usually doesn't leave children with deep feelings of anger, shame, or anxiety
- Typically "light-hearted and spontaneous"
- Behaviors engaged in may include: self-exploration and self-stimulation, kissing, hugging, peeking, and sometimes simulating intercourse.
- Less than 4% of children engage or attempt to engage in oral sex, anal sex, or vaginal intercourse







Protective Factors

This is where we, as a school team, can help mitigate risk and *increase* protective factors



Protective Factors

- Consistent, stable relationship with a trusted adult
- Protection from harm and trauma
- Guidance and supervision
- Adaptive coping skills
- Positive peer relationships and peer involved activities
- Healthy personal boundaries (awareness of social cues and rules)



"Disability" Impact and Considerations

- Higher rates of victimization and poly-victimization
- Developmental stage may differ from chronological age
- Greater risk for learning and behavioral issues
- Lack of access to sex education



"Disability" Impact and Considerations

Children with developmental delays need to learn:

- What is appropriate or inappropriate and how to react
- Understand and model interactions with peers
- Boundaries and what is considered "typical interactions"



Questions to Ask

- Does the behavior match the child's age and developmental level?
- Do we expect most children in this culture/community to act this way?

• Is the child's sexual development in balance with the rest of his/her development?

- Has this behavior occurred before?
- In the same or different way?
- How often and in what contexts?

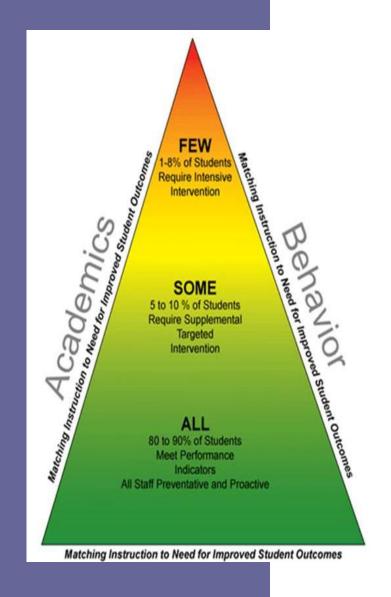


Questions to Ask (cont)

- What is the function of this behavior?
- What other patterns of behavior (sexual or non-sexual) have you noticed?
- Does it interfere with other activities?
- How do I react and What do I say?
- Do I hold any biases or misconceptions about children who engage in PSB?







MTSS for All Behaviors

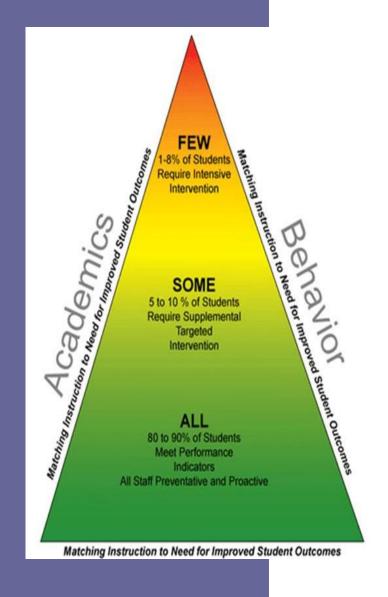
Interventions and Strategies

· Tier I: Universal

Tier II: Targeted

• Tier III: Intensive



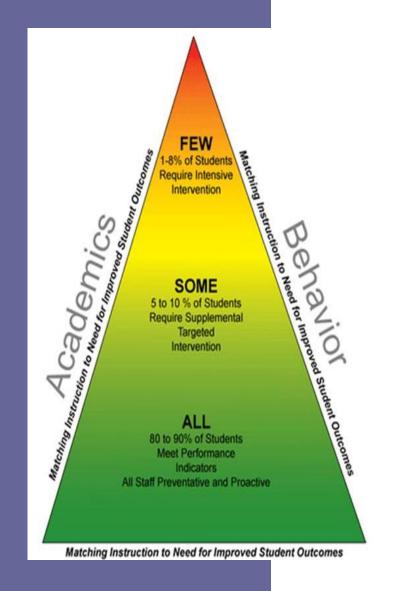


Tier I: Universal

SchoolWide/Classroom Wide

- Your SEL (Social Emotional Learning)
 Practices
- Rules of your school
- How are the "rules" taught?



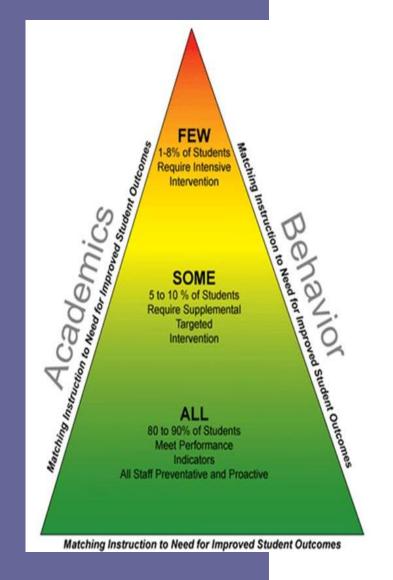


Tier I: Classroom Rules

Does your classroom management system set high expectation and build relationships?

- Set it
- Show it
- Structure it
- Acknowledge it
- Correct it





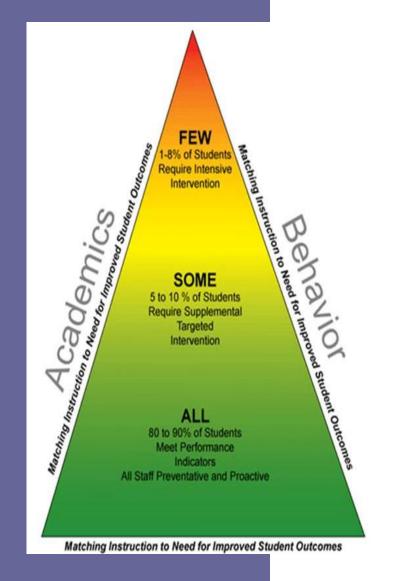
Tier I: Classroom Rules

Examples of Language

- "In our school, we ask before we hug someone";
- "Your friend asked you to stop _____.";
- "When you and your friend ____ are playing together, I will be close by" ("the door will be left open" etc.);
- "Remember our rule, we treat our friends with care and respect".

Chicago's Children's Advocacy Center, 2016)



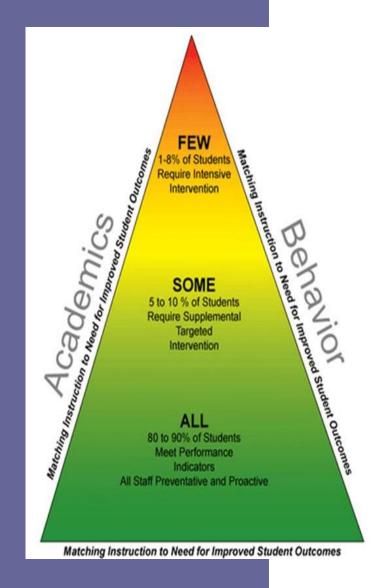


Tier II: Targeted

What are your RTI (Response to Intervention) strategies based upon the data and need?

- How will this done in a small group?
- Who provides this in your school?
- Could it be individualized for your student?





Tier III: Intensive

Special Education Evaluation:

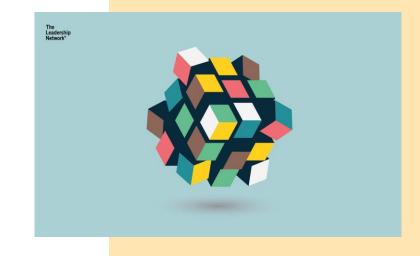
- Determine the referral question(s)
- Identify the appropriate assessments necessary
- Establish the Behavior Intervention Plan
- Create a Safety Plan
- Initiate IAES (Interim Alternative Education Setting): 45 Day Assessment
- Ensure Higher Level of Care



Systems of Support

Factors in Community and Student Safety

- Address student's supervision needs
- Eliminate institution's "Hot spots"
- Engagement with the most vulnerable students
- Establish clear communication and modeling (with empathy and dignity)





Behavior Intervention and Safety Planning

- Develop clear code of conduct.
- Create an agreed-upon *gesture or word* to warn a student who might be about to violate a rule
- Teach and model healthy communication and relationships





Key Question

Whose responsibility is this....





Safety Planning (continued)

Address the student

- Age
- Problematic sexual behavior history
- Individual specific risk factors

Address the school:

- Schedules
- Physical layout
- Available support services
- Staffing patterns





Safety Planning (continued)

Address Staff

- Supervision requirements
- Structured versus unstructured
- Special provisions for school activities

Special NOTE:

Safety Plans need to be updated to reflect student progress!





Collaboration with Community Providers

- Common goals of safety and promoting student success
- Different lens
- Communication is key
- Consistent regular contact
- Open sharing of information





Collaboration with Community Providers

Concerns:

- Documents provided to schools become part of the student's school record (CUM)
- How will these documents follow/impact the student in the future.





Collaboration with Community Providers

IEP (Individualized Education Program)

- Treatment providers may assist schools in documentation
- Language is key
- Goals and benchmarks focus on goal of healthy lives









Resources

National Center for Sexual Behavior of Youth - http://www.ncsby.org/

Resource list, training, and facts sheets on a variety of topics (e.g., advocate for your child).

National Children's Alliance - https://www.nationalchildrensalliance.org/

Free fact sheets and video training series for caregivers and professionals.

https://learn.nationalchildrensalliance.org/psb

MASOC - www.masoc.net

The website has a directory of clinicians in MA with expertise working with children or adolescents with problematic sexual behaviors.

ATSA – www.atsa.com

You can call for a local referral and the website has resources for children with PSB.

Southeastern Centre Against Sexual Assault and Family Violence - https://www.secasa.com.au/ Comprehensive facts sheets for parents, caregivers, and CPS on children with PSB.

Stop It Now! - www.stopitnow.org

The helpline is 1-888-PREVENT or visit the website for information and referrals.



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