Clinical Decision Making in Cases of Children with Problematic Sexual Behavior

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Learning Objectives

Participants will:

1. State evidence-based treatment components from PSB-CBT designed to reduce or eliminate problematic sexual behavior in children
2. Describe treatment decision making through utilization of standardized instruments to assess co-occurring symptoms
3. Explain timing of treatment elements, decision making around prioritizing treatment components, and how to apply this in the clinic environment

What is Problematic Sexual Behavior?

- PSB are behaviors that involve sexual body parts (i.e., genitals, anus, buttocks, breast) in a manner that is developmentally inappropriate or potentially harmful to the youth or others (Chaffin et al., 2008)

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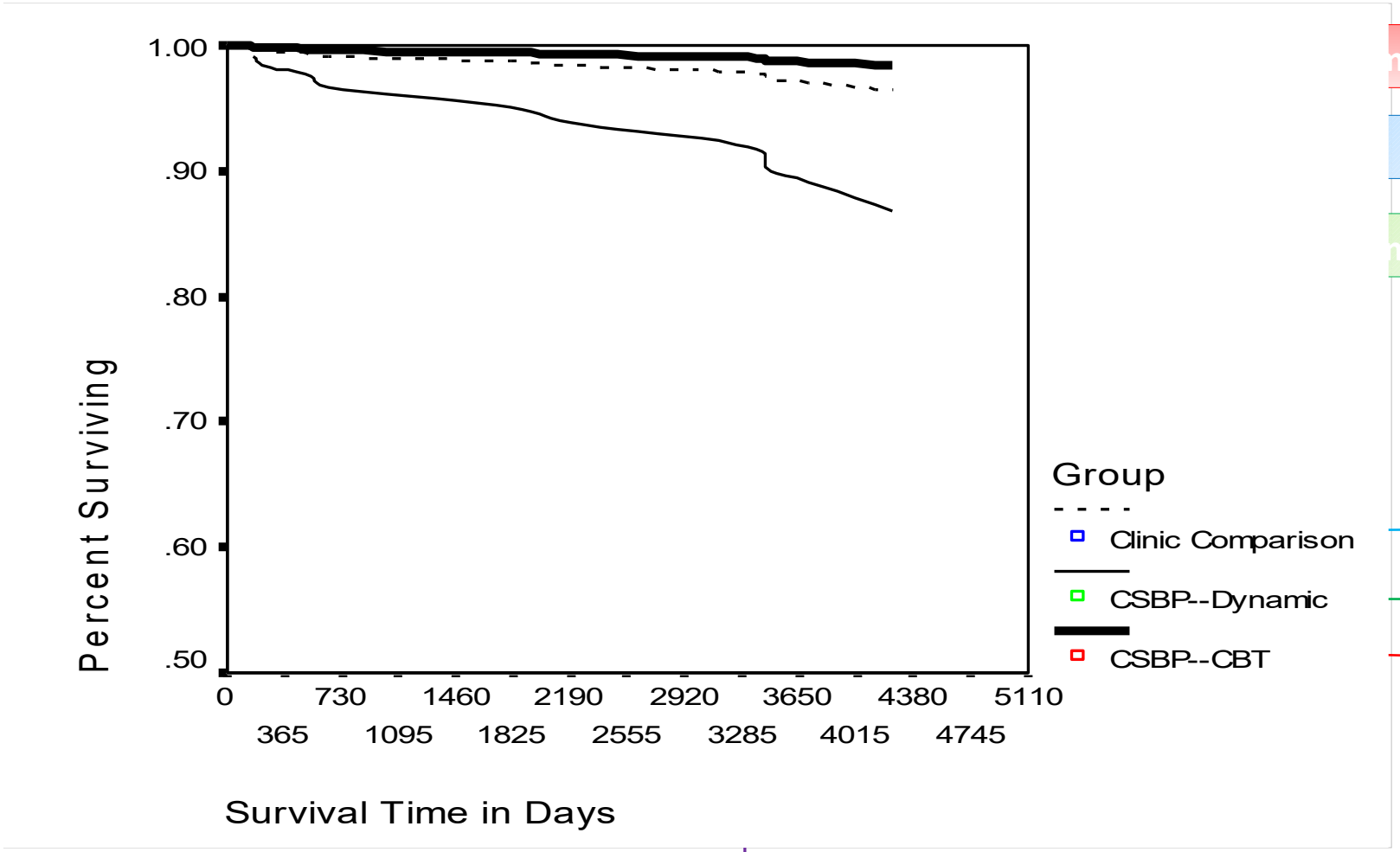
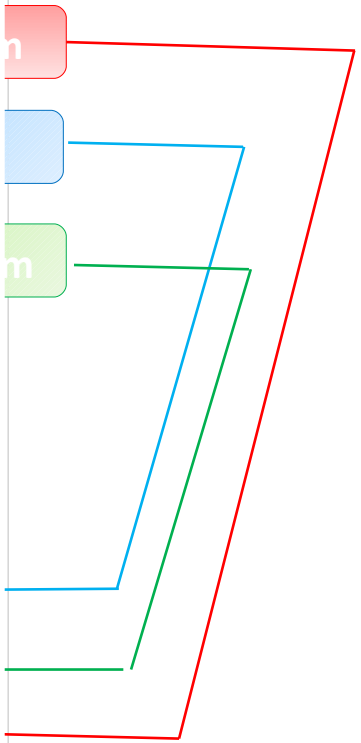
Summary of Children with PSB

- No distinct profiles for children or children with PSB
- No clear pattern of demographic, psychological, or social factors
- Boys and girls have PSB
- Cultural and societal factors impact PSB
- Co-occurring diagnoses
  - Disruptive Behavior Disorders: ADD/ADHD, ODD, CD
  - Trauma-Related Disorders: PTSD, Adjustment
  - Other internalizing disorder (e.g., depression)
  - Learning and language delays

Treatment Outcomes

10 Year Follow-Up Data: Carpentier, Silovsky, & Chaffin (2006)





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Characteristics of Evidence-Based Treatments for Problematic Sexual Behavior of Children

- Directly involves and engages caregivers

- Behavior parent training
  - Rules about sexual behavior and boundaries
  - Sexual education
  - Abuse prevention skills

St. Amand, Bard, & Silovsky (2008)

- Impulse-control strategies (child component)

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Characteristics of Evidence-Based Treatments for Problematic Sexual Behavior of Children

- Plan for safety and preventing future problematic and illegal behavior
- Positive peer interactions and friendships
- Very small sub-group with deviant sexual arousal need specialized protocols
- PSB specific CBT treatments and TF-CBT treatment found to be effective

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OU PSB-CBT Program Modules

- Sexual Behavior Rules
- Supervision and Monitoring
- Feelings
- Relaxation
- Self-Control and Behavior Management
- Social Skills
- Abuse Prevention
- Sex Education
- Behavior Management and Empathy and Apology

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Overlap of PSB, Trauma, and Disruptive Behaviors

- Children with PSB present with history of a wide range of traumas, and not just sexual trauma (e.g., Silovsky & Niec, 2002)\
- Children with PSB present with disruptive behavior in general (e.g., Tarren-Sweeney, 2008)
- Behavior problems occur within trauma-focused treatment that must be managed (e.g., Cohen, Berliner, Mannarino, 2010)
- Many children, particularly preschool age children, present for treatment with trauma, PSB, and general behavior problems symptoms (e.g., Silovsky, Niec, Bard, & Hecht, 2007)

Clinical Decision Making Framework

- Questions to ask yourself when faced with a child who has all three –
  - In what **settings** is each behavior occurring?
  - How **impairing** is the behavior?
  - When was the **last time** each behavior occurred?
  - What is the **frequency, duration, and intensity** of each behavior? Consider intrusiveness
  - What is the **parent's capacity** for addressing each behavior?
  - To what extent is the **safety of other children** compromised by each behavior?
  - Does the child have a **memory of the traumatic event** in question?
  - Has the family/child engaged in **previous treatments** to address each behavior?
  - What other **systems** are involved with the family?
  - Which behavior is **most distressing** to child? Caregiver? The school/DHS/CASA?

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Clinical Decision Making Cont.

- Need to select a primary target from among three problems –
  - PSB if intrusive, current and impairing
  - Disruptive behaviors if intrusive, current and impairing
  - Trauma if intrusive, current and impairing

- Clinical decision making of what evidence-based treatment to use occurs at multiple time points:
  - Where to start?
  - When to switch?
  - More appropriate to combine components?

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Traumatized Children who Present with Symptoms of PTSD, Behavior Problems, and PSB:

Primary Concern	Treatment	Considerations
Problematic Sexual Behavior	**Problematic Sexual Behavior focused treatment**	**Group treatment preferred for social skills & social support. Monitor PTSD, behavior problems, and parenting.**
Disruptive Behavior Disorder	PCIT or other Behavior Parent Training, after safety planning and education about trauma impact.	Monitor PTSD and sexual behavior. May integrate teaching rules and boundary skills in PCIT.
Trauma Symptoms	TF-CBT	Safety Planning, Emphasis SBR Rules and boundaries more, Monitor PSB and other behavior

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Clinical Case: "Kevin"

- 8 y/o Caucasian male "Kevin"
- Referred by CPS caseworker
- Excessive self-touch behavior in public and at home
- Engaged in kissing, fondling, and oral-genital contact with 5 y/o sister
- Engaged in touching with same-age peers at school

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Clinical Case Example: Description of Trauma

- Removed from his biological mother and step-father's care and in CPS custody
- Viewed pornography and witnessed parents having sexual intercourse
- Sexual behavior initiated by his older half-brother (Kevin 4 y/o and brother 10 y/o)
- "Slapped" and "choked" by step-father but step-father denies
- Neglect – poor supervision, living in hotel

Clinical Case Example: Strengths/Supports

- Foster parents report they have friends and family that are supportive regarding Kevin and understand his background
  - However, difficult to get help due to behavior problems
- Kevin is bright, developmental testing in the average range
- He has been in foster parents' care for six months and they are invested in getting the best for him

Clinical Case Example: Caregiver Goals

- Foster Parents' Goals:
  - Reduce Kevin's sexual behaviors
  - Reduce Kevin's behavior problems
  - Allow Kevin to talk with someone about his past traumatic experiences
  - Get Kevin tested for ADHD

- CPS Caseworker's Goals:
  - Stabilize the placement
  - Reduce negative behavior (sexual and otherwise)
  - Receive guidance for reunification decisions

Clinical Case Example: Intake Assessment Results

- Child Behavior Checklist (CBCL) – Foster parents
  - Clinical range:
    - Attention problems – difficulty concentrating
    - Aggressiveness – towards peers
    - Social problems – acting young, not getting along well with others
    - Anxiety/Depression – crying often, nervous or fearful
  - Borderline range:
    - Delinquent behaviors – lying
    - Withdrawn – sulks, sad

Clinical Case Example: Intake Assessment Results

- Child and Adolescent Trauma Screen (CATS) – Child and Foster parents
  - Symptom elevations
    - Posttraumatic Stress-Avoidance – not wanting to talk about what happened or go someplace reminding of what happened
    - Posttraumatic Stress-Hyperarousal – having trouble sitting still, not paying attention

- Child Sexual Behavior Inventory (CSBI) – Foster parents
  - Clinically significant (T score = 63)
    - "Touches sex (private) parts when in public places"
    - "Puts mouth on another child/adult's sex parts"
    - "Touches another child's sex (private) parts"

Clinical Case Example: Clinical Decision Making

- Important Considerations:
  - Now separated from his sister except during supervised visits
  - PSBs are problematic as he is now acting out with peers
  - Trauma symptoms, but not full criteria for PTSD
  - Behavior problems occurring in home and at school

- Clinical Decisions:
  - Engage in PSB-CBT treatment
  - Monitor trauma symptoms and provide psychoeducation
  - Re-evaluate other behavior problems after completion of PSB-CBT

Clinical Case Example: Post-PSB Treatment

- Continued behavioral difficulties in school for Kevin, especially following his Monday visits with his mother and step-father
- Kevin spontaneously shares more information about his past with the foster parents
- Kevin's behavior problems are becoming increasingly hard to manage at home when discussions occur about reunification with his mother and step-father
- Foster parents continue to ask for ADHD evaluation

Clinical Case Example: Post-PSB Treatment

- Child Behavior Checklist – foster parents report
  - Decreased difficulties with:
    - No PSB
    - Anxious/Depressed
    - Delinquent Behavior
    - Aggression
  - Continued difficulties with:
    - Social Problems
    - Attention Problems
  - No increased difficulties on the CBCL
- Child and Adolescent Trauma Screen (CATS) – child and foster parent report
  - Symptom elevations (no decrease from pre treatment):

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Clinical Case Example: After PSB-CBT - Clinical Decision Making

- Behavior problems/trauma symptoms triggered by:
  - Being told he is lying
  - Supervised visitation with his step-father
  - Thinking about returning home

- Clinical Decisions:
  - Review PRAC material through TF-CBT model learned in PSB-CBT group and integrate gradual exposure and apply to trauma reminders
  - Utilize psychoeducation material to educate foster parents concerning the overlap of attention problems and trauma
  - Support foster parents in using behavior management techniques learned

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Maintaining Fidelity

Importance of Fidelity

- Fidelity to an evidence-based model affects treatments outcomes for families (e.g., Carroll, Patterson, Wood, Booth, Rick, & Balain, 2007; Forgatch, Patterson, & DeGarmo, 2005).

- Fidelity monitoring can improve staff retention (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009).

- Supervision, particularly giving therapists feedback regarding fidelity, is more influential in implementation than workshops or manuals alone (Najavits et al., 2004; Riemer, Rosof-Williams, & Bickman; 2005).

Flexibility Within Fidelity Examples

- Integrating PSB into EBPs
  - CAREGIVER INVOLVEMENT
  - Early and on-going Psychoeducation, Safety, and Parenting
    - Psychoeducation about trauma
    - Psychoeducation of typical development and problematic behavior
    - Monitoring and supervision
    - Rules about sexual behavior
    - Behavior management
    - Boundaries
  - Proceed as normal and Integrate PSB into other components when appropriate
    - Affective modulation (i.e., Turtle Technique, STOP Technique)

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National Symposium on the Sexual Behavior of Youth

- June 26-28, 2018, in Norman, OK
- Plenary: Barbara Bonner, Ph.D.
- Mark J. Chaffin Lecture and Luncheon: Elizabeth Letourneau, Ph.D.
- Pre-Conference Seminars
  - Advanced TF-CBT training on addressing PSB with Barbara Bonner, Ph.D. (additional cost; must be certified in TF-CBT)

http://www.ouhsc.edu/nationalsymposiumsby/Registration.aspx

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Thank you! Questions?

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