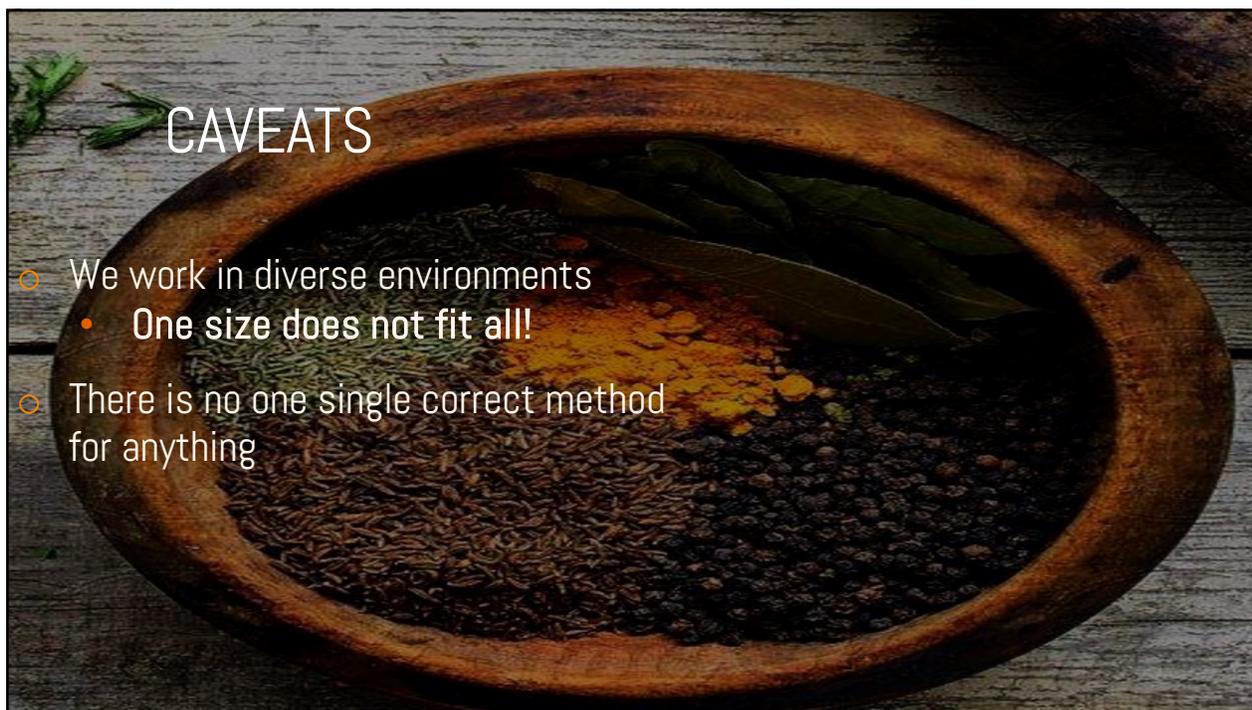




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3

Focus

1. Identify the core components of effective treatment for children and adolescents with problem sexual behavior.
2. Describe the distinction between evidence-based and research-informed treatment modalities.
3. Summarize considerations for treatment planning with children and adolescents with problem sexual behavior.

4

Core components of effective treatment

5

- ⊗ Skills acquisition, rehearsal, and implementation
- ⊗ Relationship capacity
- ⊗ Deep attention to process as well as content issues
 - ⊙ Empathy and compassion
 - ⊙ Eliciting motivation
 - ⊙ Identifying and incorporating strengths
 - ⊙ Treating the wounds
- ⊗ Techniques and the structure of models is only part of the story

5

Evidence-based and research-informed treatment modalities

6

- ⊗ These terms get confused a lot and can overlap
- ⊗ "EBT" often confused with "empirically supported treatments."
- ⊗ APA: "Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences."

6

Treatment planning for problem sexual behavior

7

- ⊗ Start with developmental-contextual understanding
- ⊗ Adhere to the RNR principles
- ⊗ Understand the role of adversity in the young person's life and tailor treatment accordingly
- ⊗ Ultimate goal is a "balanced, self-determined lifestyle"
- ⊗ Twin interactive goals:
 - ⊙ Reducing and managing risks
 - ⊙ Achieving wellbeing; building strengths and resilience

7

A note on research

8

- ⊗ In the past, professionals over-relied on adult research and programming to design treatment programs for adolescents.
- ⊗ This problem continues today.
- ⊗ However, where research is sometimes missing for adolescents, I do use occasional studies on adults in an exploratory fashion to assist our understanding.

8

Central Issues

- ⊗ Assessment-Driven Treatment
 - ⊙ Not one-size; grounded in expert knowledge
- ⊗ Keep kids in the community as much as possible
- ⊗ Keep families involved as much as possible
- ⊗ Keep kids mainstreamed as much as possible

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Key Themes

- They're still adolescents
- Professionals' attitudes towards adults and adolescents have changed but understanding their differences has not improved
- We've figured out much of the basics; it's past time to develop a deeper understanding of:
 - Personal adversity
 - Family adversity
 - Cultural adversity

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David's Cheat Sheet

- Cognitive-Behavioral Programming
- Family-focused and community-based
- Skill acquisition and enactment
- Strengths-based
- Collaborative
- Focused on the whole person, but...
- Attending to reducing/managing specific risk factors...
- While also enhancing capacities

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Our Intention?

- Do we want them to re-offend or not?
- What can we do?
- Who should we be?
- Is that enough?



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WHAT IS OUR GOAL?

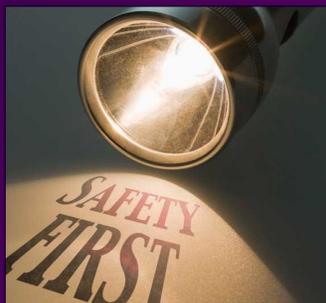
- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?
- Building a better life?



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REMEMBER

- Safety first!
- Do no harm
- Do no further harm



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1979: EDWARD S. BORDIN



Therapeutic Alliance:

- Agreement on relationship
- Agreement on goals
- Agreement on tasks
- (Norcross, 2002 would add client preferences)

Over 1,100 studies have since emphasized the importance of the alliance in psychotherapy

(Prescott & Miller, 2015; Orlinsky et al., 1994)

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Alliance

- What are this client's goals?
- Who are you in this client's life
- What approaches are and aren't a good fit for this client?
- And what strongly held personal and cultural values influence this person and the treatment process?

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Marshall, 2005

- Warm
- Empathic
- Rewarding
- Directive



Problem:

Many people think they have these qualities, but don't.

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CARPENTIER, LECLERC, & PROULX (2011)

- Examined correlates of onset, variety, and desistance of criminal behavior
- Confirmed that most of those who persist commit a variety of offenses and do not specialize



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CARPENTIER ET AL. (2011)

Sex-only versus sex-plus aggressors

- Sex-only have lower rates of CD and fewer antisocial traits
- Less likely to have experienced traumatic physical and sexual victimization
- Less likely to have been placed in outside care
- Half as likely to have consumed alcohol and drugs prior to age 12
- In adolescence, had less drug/alcohol, aggression, delinquent peers, and consensual sex

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CARPENTIER ET AL. (2011)

- Desistance
 - Fewer antisocial traits
 - Less ADD
 - Less physical and sexual victimization
 - Less parental negligence
 - Fewer out-of-home placements
 - Fewer learning disabilities, behavior problems, and school failures
 - Fewest consensual sexual experiences

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CARPENTIER ET AL. (2011)

- Stable Highs (sexual or violent re-offense)
- De-escalators (re-offense, not sex or violence)
 - Less ADD
 - Less physical and sexual victimization
 - Less parental negligence
 - Fewer out-of-home placements
 - Less involvement with delinquent peers
 - Fewer officially recorded crimes

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CARPENTIER, LECLERC, & PROULX (2011)

Adolescents who exhibited antisocial traits ran an almost threefold risk of committing both sexual and nonsexual offenses



22

Aebi et al. (2022)



- ⊗ 64 adolescent males between 10 and 18 (M=14.75 years)
- ⊗ Compared two variations (general skills versus offending-specific)
- ⊗ *“Despite some methodological limitations, the current findings favor offending-specific skills-based therapy over general skills-based ones for preventing sexual reoffenses.”*

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IMPLICATIONS & A CAUTION

- Treat the entire youth
- The right treatment approaches with the right client = Positive impact
- Our job is to create willing partners in change

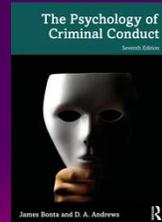


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Bonta & Andrews (2024)

Three Principles:

- Risk (Match service level to risk)
- Need (Address factors that contribute to risk)
- Responsivity (Tailor services to specific client characteristics)



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What's the end game?

- ⊗ Completing treatment?
- ⊗ Sustaining lasting and meaningful change?

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CALDWELL (2016)



- Meta-Analysis
- Studies since 2000
- Recidivism = 2.75%
- Questions followed

28

Lussier et al., 2023

- ⊗ Data from studies published worldwide between 1940 and 2019
- ⊗ The study did not observe convincing evidence that sexual recidivism rates for adolescent perpetrators are declining, but rather that these rates have been consistently low over the years.
- ⊗ General recidivism: 44%
- ⊗ Violent recidivism: 18%
- ⊗ **Sexual recidivism: 8%**
- ⊗ (Note: Follow-up, treatment status are not considered)



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IMPLICATIONS & A CAUTION

- We have many reasons to be hopeful about the future
- Kids change
- We need to have expertise in human development, sexuality development, understanding each youth's environment, and behavioral trajectories. We also have to be excellent and wise therapists.



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Involve the Family

- Prescott in-house FIT data
- Multi-Systemic Therapy
- Functional Family Therapy
- Families should especially be involved in residential treatment
- Bottom Line: The best value for the effort is often with families



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HOW DOES TRAUMA AND ADVERSITY AFFECT
DEVELOPMENT?

And Risk Factors?
And Good Lives Goals?

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Developmental effects of childhood adversity

Attachment

- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition

- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and Interpretations

Self-regulation

- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas

Levenson, Willis, & Prescott 2017

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Developmental effects of childhood adversity and Risk

Attachment

- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

Cognition

- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

Self-regulation

- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General self-regulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

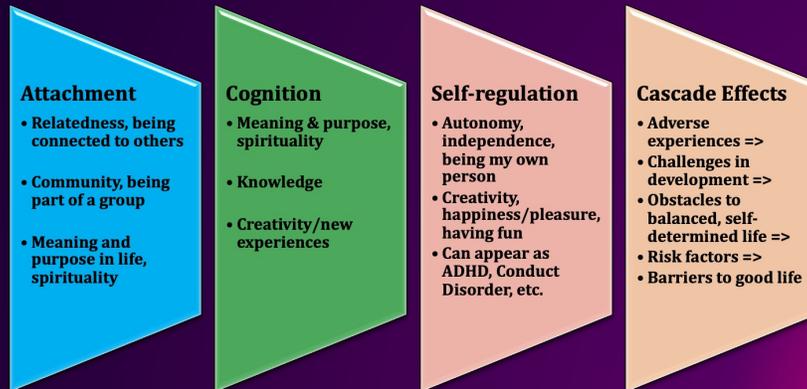
Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and - ultimately - Good Lives Goals.

Levenson, Willis, & Prescott 2017

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Developmental effects of childhood adversity and Good Lives Goals



Levenson, Willis, & Prescott 2017

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WE CAN
LEAVE NO
ONE BEHIND



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To Be Continued...

... by you!

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