

Welcome to

ADDRESSING PROBLEMATIC SEXUAL BEHAVIORS IN CHILDREN & ADOLESCENTS

Abordar los comportamientos sexuales problemáticos en niños y adolescentes

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...



Icebreaker Question (answer in the chat)

What song feels like summer to you?



Survey & Certificate of Completion

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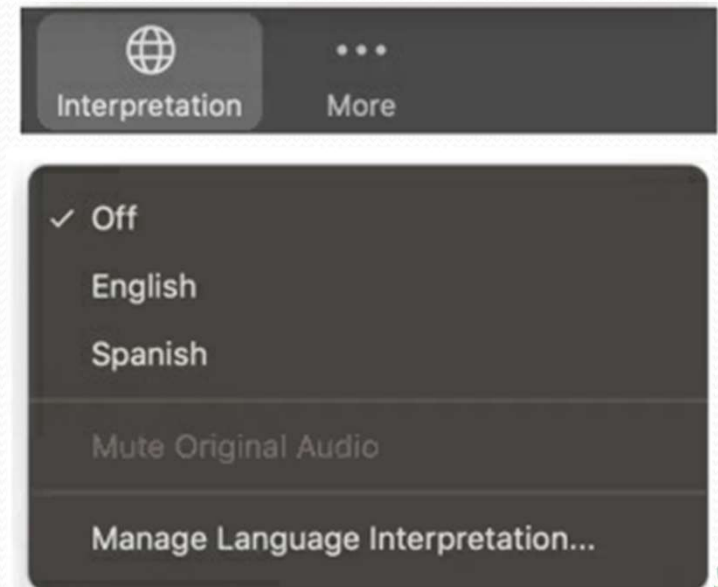
Today's training will be in both English and Spanish.

La capacitación de hoy será en español y inglés.

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."



Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including FRCs, CAPCs, CBOs, and other child and family serving systems.

What we offer

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



This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

UPCOMING TRAININGS

mark your calendars!

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



July 30: Overview of the Protective Factors



August 8: Intro to Child Trauma



August 1: Tribal Partnerships are Prevention



August 13: Nurturing Parent & Child Development



August 7: Impact of Trauma on Childhood Development, Behavior, & Learning



August 22: Yes to Partnerships for Youth Behavioral Health!

Before We Begin...

DURING



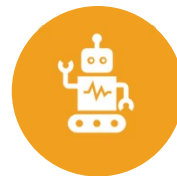
The notetaking slides are in the chat now!



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



This presentation is being recorded.



AI assistants will be removed.

AFTER

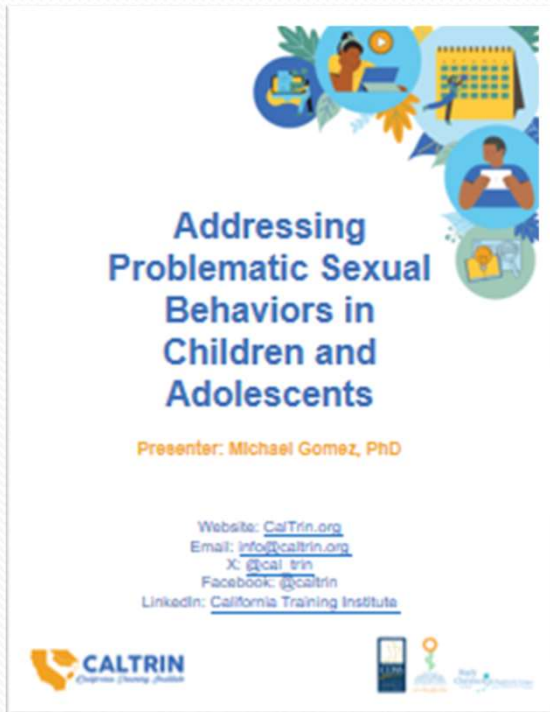


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A follow-up email will be sent to all participants within two days.

WEBINAR RESOURCES



Fillable PDF Participant Guide



Note-taking PPT Slides





Problematic Sexual Behaviors in Children and Adolescents

Presenter: Michael Gomez, PhD



Speaker SPOTLIGHT

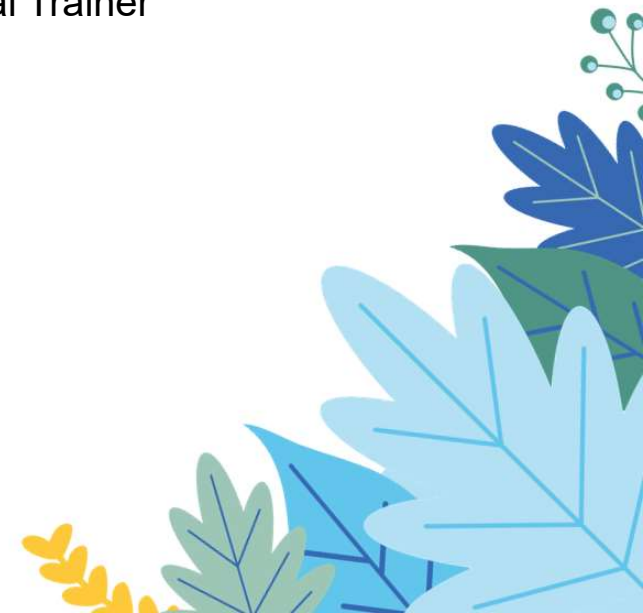


Michael Gomez, PhD

Psychologist

- Specializes in Trauma-Focused CBT, treatment of adolescents with problematic sexual behaviors (PSB), PCIT, TARGET, and assessment of autism spectrum disorders
- TF-CBT & CE-CERT National Trainer

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Addressing and Intervening with Problematic Sexual Behaviors (PSBs) in Children and Adolescents

Michael Gomez, Ph.D.

Nationally Certified TF-CBT Trainer

Nationally Certified CE-CERT Trainer

National Child Traumatic Stress Network (NCTSN) Trauma
and IDD Co-Founder

NCTSN Former Steering Committee Member

Licensed Psychologist

Objectives

At the end of the presentation, the learner should be able to know:

1. Basic information on how child/adolescent PSB's are qualitatively different than pedophilia.
2. A conceptual understanding of what components to use (and not use).
3. Application of specific evidence-based practices to address PSB's in children and adolescents.



**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???

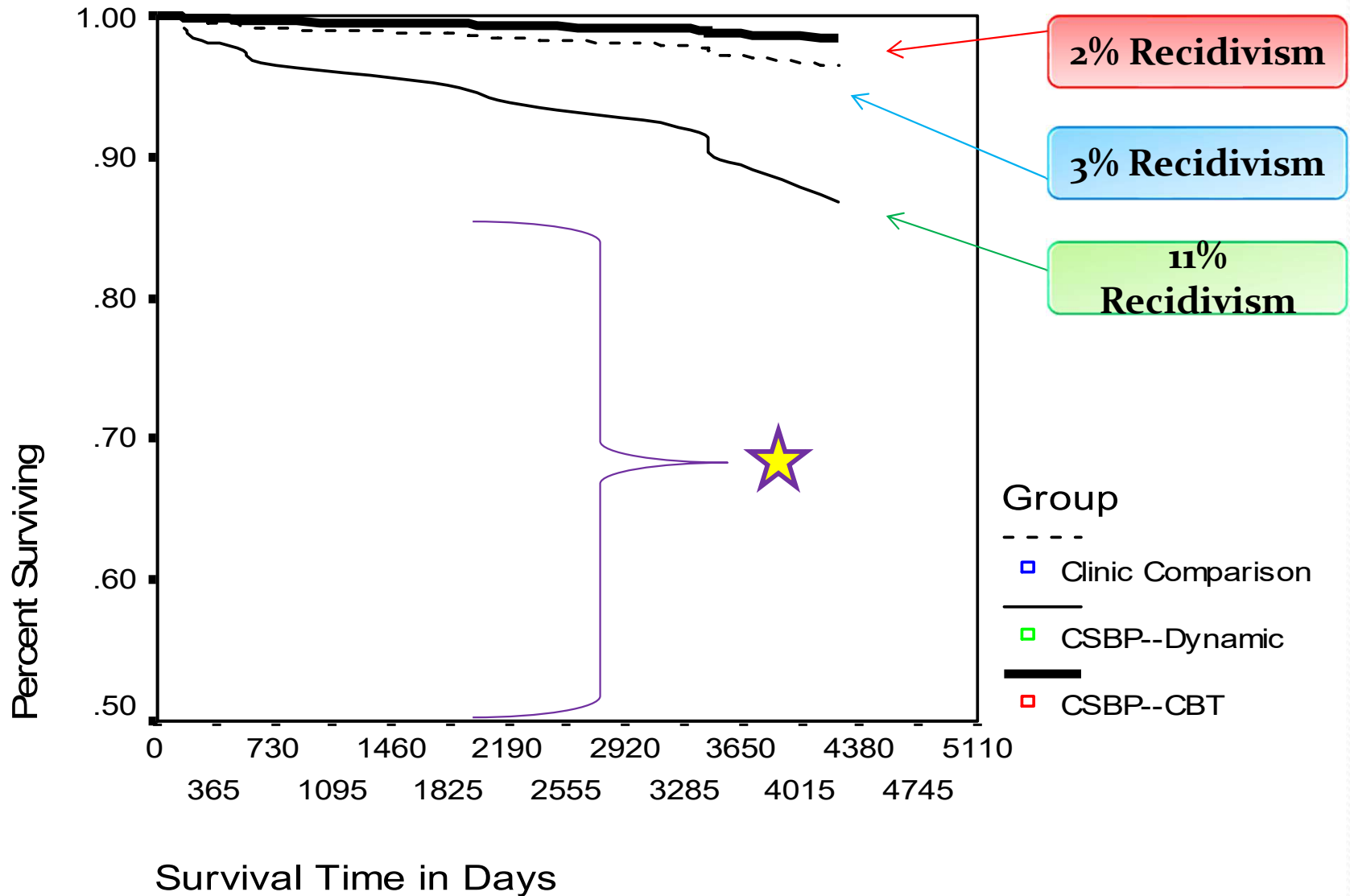
Resources!!!

- 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
- Taking Action books (FREE!!!)
 - Child Version:
<https://safersocietypress.org/store/taking-action-children-download/>
 - Teen Version:
<https://safersocietypress.org/store/taking-action-adolescents-download/>

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

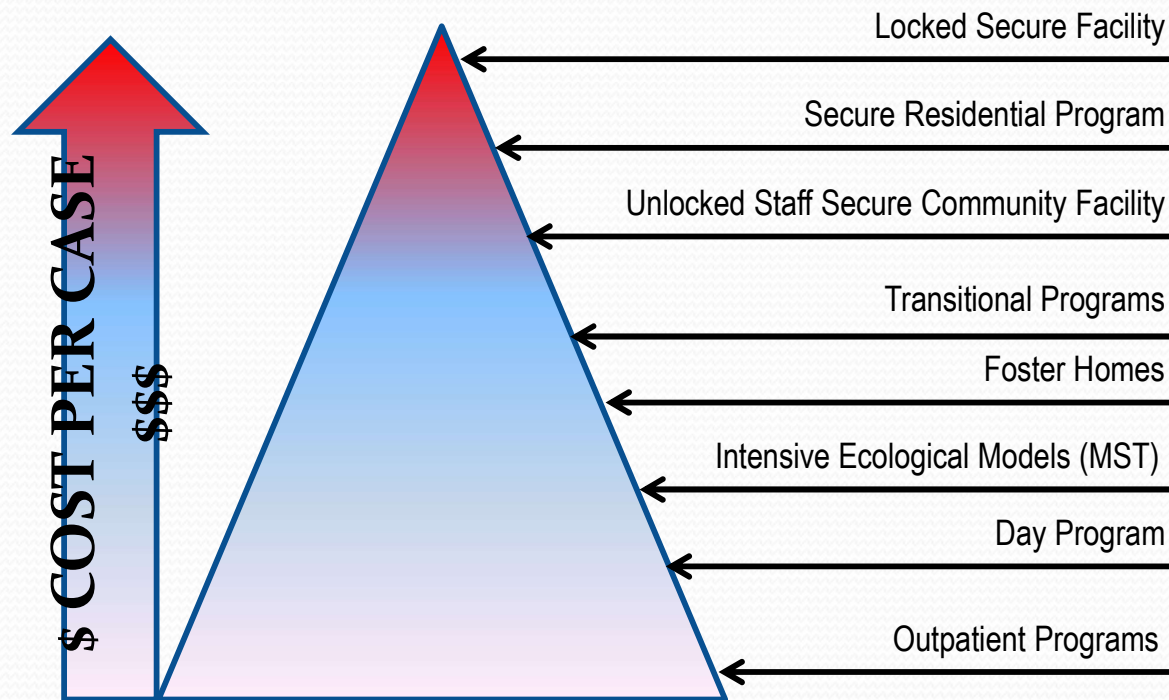


Carpentier, Silovsky, & Chaffin (2006)
10 year follow up on Bonner, Walker, & Berliner (1999)

Polling Question 2

- True or False: Teens who sexually act out (not pre-teens) need to be treated in an inpatient setting 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 the **ONLY** evidence-based treatment (EBT) for PSB AND Traumatic Stress
 - 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

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)

- **Relaxation**

- Connect relaxation skills to times when the kid has urges for PSB

- **Affect**

- Susan Schmidt's tool for Caregivers

- **Cognitive Coping**

- The triangle is the HEART of the PSB CBT Treatment

Psychoeducation – Education is a VERB not a noun

- Preschool and School Age
 - Start with body education
 - Talk about Private Parts
 - “Hula” space
 - Ok vs. Not Ok Touch
 - **NEVER EVER “good touch vs. bad touch”**
- Adolescent
 - “Who to Tell”
 - “Legal and Illegal”
 - “Safe and Unsafe”
 - “Healthy and Unhealthy”
 - Ex: Red, Yellow, and Green Relationship Behaviors

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

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.

Components from CBT with PSB's

- Establish the **Private Part** rules (AND PARENT tells the kid, not you)
- Develop a **behavior** management plan (it's a sexual BEHAVIOR problem)
- Develop a **safety** plan (be as fluid with this as an Oklahoman is with their tornado safety plan)
- Help to make the **caregiver** (more) comfortable with topics related to sex and sexual behavior (it's not one big talk, it's many small talks)
- And most importantly

Supervision is the FOUNDATION!!!!

- Basic Parent Management Training 101 (so includes principles from our younger child protocol)
- THE active ingredient of ALL evidence based child treatments is caregiver participation
- Addresses “MUFD”
- 2 Phases:
 - Child Directed (Relationship between attention and behavior is the same as between oxygen and fire)
 - Parent Directed
 - APPROPRIATE
 - Consequences
 - Commands
 - Expectations
- Looks a LOT like Behavior Therapy, huh???

Supervision of Children with Problematic Sexual Behavior

- Appropriate supervisors
- Visual vs. non-visual supervision
- Increasing social supports system
- Challenges
 - Sleep/nighttime
 - Bathing
 - Multiple children, solo caregiver
 - Out-of-home situations
- Creative supervision
 - Use of available space
 - Room dividers
 - Electronic monitors
 - Scheduling

Supervision and Safety Rules

- No babysitting
- Adolescent should only be around young children or potential victims with supervision by a responsible adult who is aware of the problem
- Sleep and bath alone
- The adolescent should not be given any opportunities for assuming an authority or supervision role over young children

Supervision and Safety Rules

- All interactions with young children should be in “public” parts of the house
- Remove any sexually explicit material from the home
- No movies/videos/etc. that depict sexual violence or deviant sexuality.
- Enforce modesty in the home. This is for everyone!
- Discuss sexual matters in a matter of fact way. (use proper terms)

Monitoring Adolescents

- **Who** will be there? Do I know them? Where do you know them from? How old are they?
- **What** will you be doing?
- **When** will you be back?
- **Where** will you be?
- **How** will I be able to reach you?
- Will there be **adults** there supervising? Who? How many? How can I get in touch with them?

Here's a good algorithm for teens

6

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

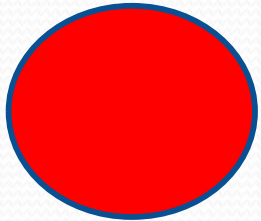
Teen Safety: Stoplight Relationships

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”

Teen Safety: Stoplight Relationships

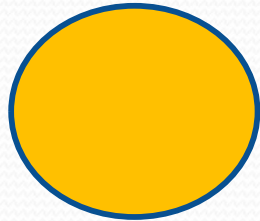
- Yellow Light Relationship Behaviors
 - Passive aggressiveness is usually a good starting point.
 - Gottman's "4 Horsemen" are the meat of this:
 - Stonewalling (Bad)
 - Defensiveness (Worse)
 - Criticism (REALLY Bad)
 - Contempt (Nuclear)
- **KEY PT with the stoplights: There's an "exchange rate"**
- 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



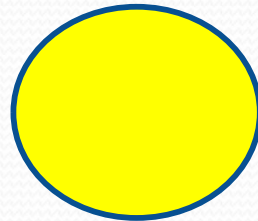
Johnny hit me.

-Infinity



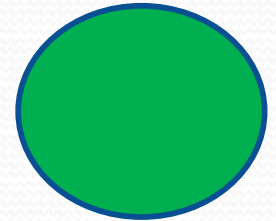
Sam KEPT yelling at me in front of everyone even when I told him to stop.

-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**

Diaphragmatic Breathing

Works REALLY well on

- High Anxiety
- High Anger
- NOT High Sadness

PMR – Progressive Muscle Relaxation

Works REALLY well on

- “Somatization” (e.g., migraines)
- The West Texas Mexicano

Grounding/Mindfulness

Works REALLY well on

- High Sadness
- Dissociation (i.e., you’re spacing)

Naturally Relaxing Things

Works REALLY well on

- Setting **STRUCTURE** for using Regulators consistently throughout the day

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

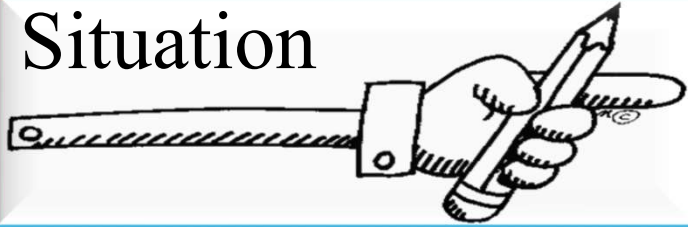
Adolescent illegal sexual behavior is something no parent expects or is prepared to face. Below are common reactions and experiences shared by parents and caregivers who have found themselves in this challenging situation.

COMMON PARENT FEELINGS	COMMON PARENT REACTIONS	CONSIDERATIONS FOR PARENTS
<p>Confusion or Disbelief</p>	<p>"There must be a mistake."</p> <p>"My teen wouldn't do that."</p> <p>"Stories I'm hearing about what happened are so different that I don't know who to believe."</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◆ 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 with 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 of their love and commitment regardless of the teen's behavior.

Cognitive Coping

7

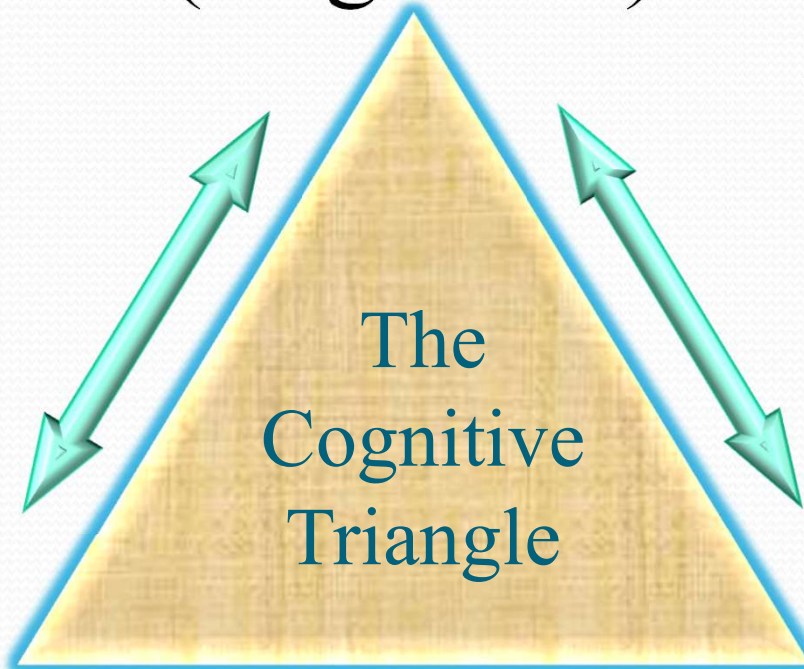
Situation



Think

(Cognition)

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



The
Cognitive
Triangle



Do

(Behavior)

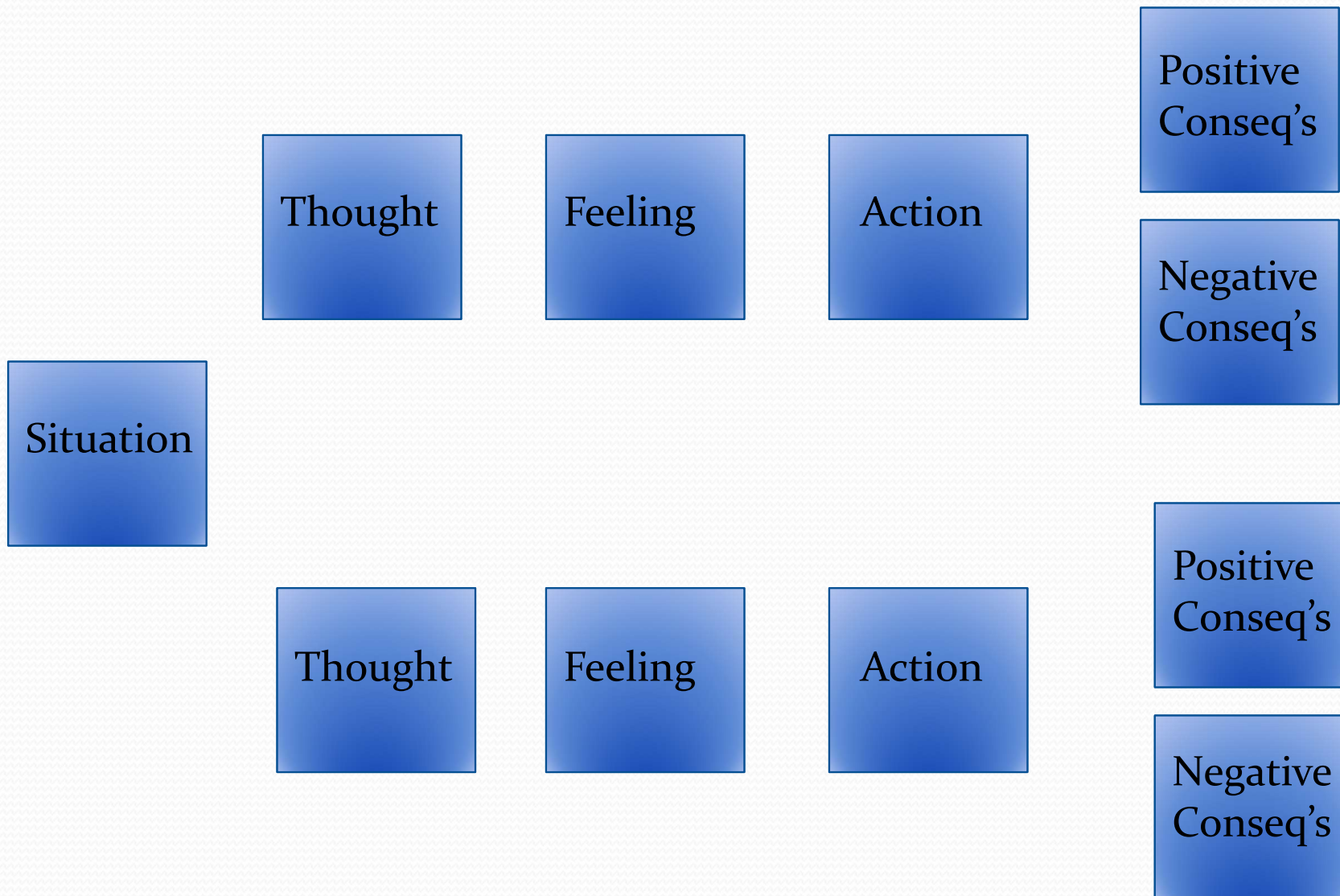
Feel



(Affect)

Cognitive Triangle

- Doesn't have to be a geometric triangle



The Essence of Triangle Work

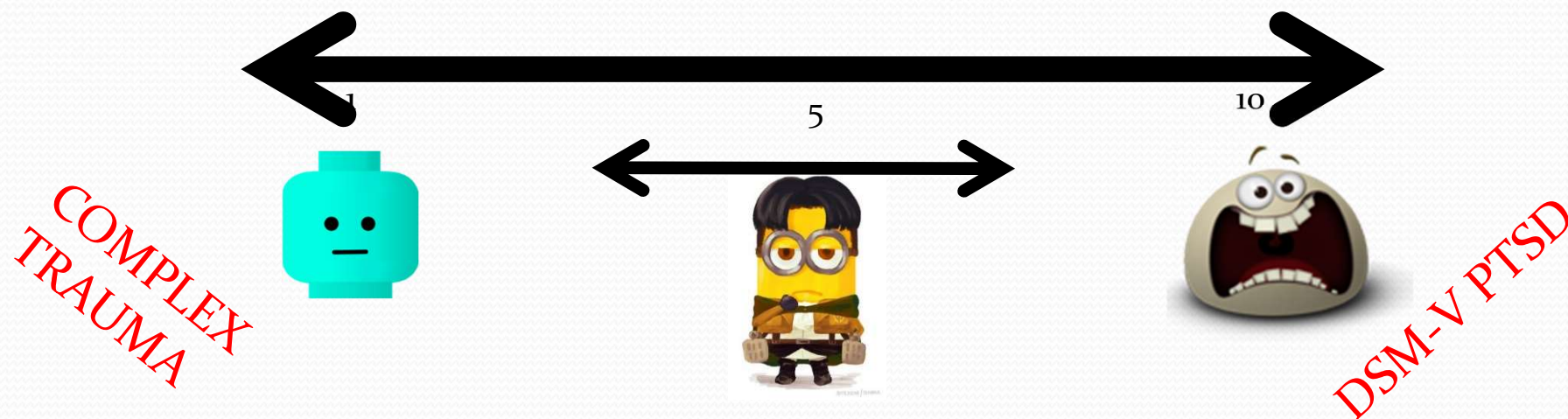


Polling Question 3

- To effectively treat PSB's you always have to talk about the offense in great depth.
 - 1) True
 - 2) False

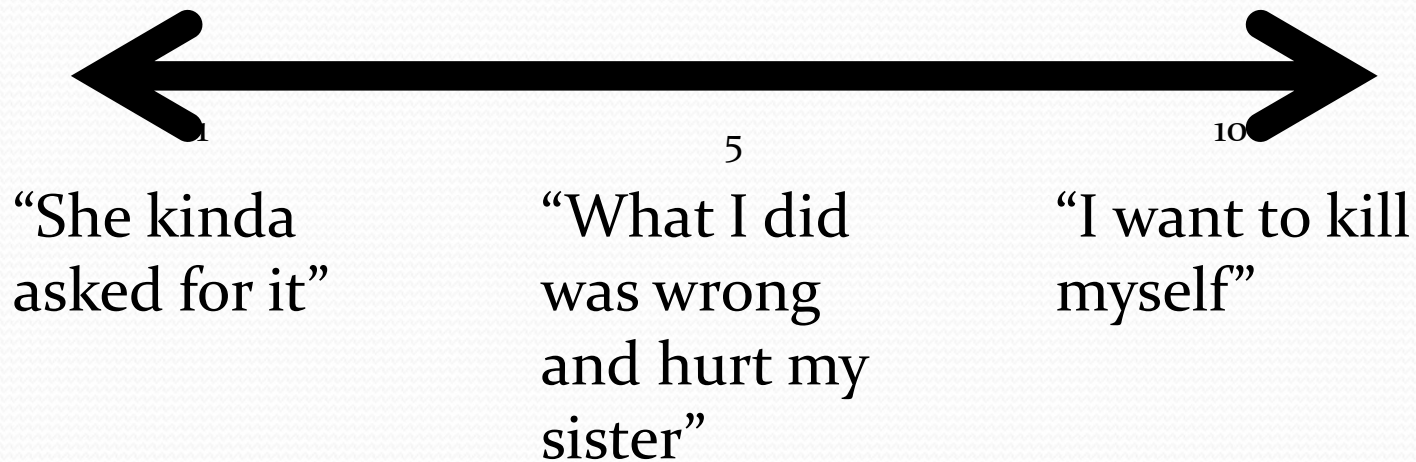
Purpose of Trauma Narration

8



- **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”



- **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... x

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. Burkhardt^a

^aDepartment of Psychology, Auburn University, United States

^bTexas 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

(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”)



HOZON

April 3 at 4:54 AM

What's your ZOMBIE Killing name?

YOUR ZOMBIE KILLING NAME

FIRST NAME INITIAL

- A- KING
- B- THE WIZARD
- C- SHADOW
- D- CRACK
- E- DOUBLE
- F- THE DARK
- G- THE BLACK
- H- ATOMIC
- I- THE BRUTAL
- J- STORM
- K- PHANTOM
- L- THE BIG
- M- THE MAD
- N- DOCTOR
- O- GIANT
- P- PISTOL
- Q- MASTER
- R- CAPTAIN
- S- GENERAL
- T- CHEF
- U- HACK
- V- LORD
- W- SUPER
- X- INCREDIBLE
- Y- THE RED
- Z- PROFESSOR

LAST NAME INITIAL

- A- KILLER
- B- BLADE
- C- KNIGHT
- D- KILL
- E- CLOWN
- F- NINJA
- G- DOUBLE TAP
- H- SLICE
- I- DEVIL
- J- CRAZY
- K- FREAK
- L- DADDY
- M- KNIFE
- N- SLAYER
- O- BEAR CLAW
- P- RAZOR
- Q- BULLET
- R- DEATH
- S- MACHETTE
- T- BULLET
- U- DICE
- V- GHOST
- W- BEAST
- X- KONG
- Y- SILENT
- Z- EVIL

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THANK YOU!

Michael Gomez, Ph.D.

drmichaelgomezbt@gmail.com

Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*



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