

Welcome to **THE TRAINING WILL BEGIN SHORTLY** *While you're waiting...*

ADDRESSING PROBLEMATIC SEXUAL BEHAVIORS IN CHILDREN & ADOLESCENTS
 Abordar los comportamientos sexuales problemáticos en niños y adolescentes

Icebreaker Question (answer in the chat)
 What song feels like summer to you?

Survey & Certificate of Completion
 Available following the training.
 CEUs available for LCSWs, LMFTs, LPCCs, and LEPs

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SPANISH INTERPRETATION AVAILABLE!
INTERPRETACIÓN AL ESPAÑOL DISPONIBLE!

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 icono "Interpretation" de las opciones al debajo de su pantalla. Elige la opción "Spanish."




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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



CALTRIN
 California Training Institute

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 CDEIC, CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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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 1:** Tribal Partnerships are Prevention
- August 7:** Impact of Trauma on Childhood Development, Behavior, & Learning
- August 8:** Intro to Child Trauma
- August 13:** Nurturing Parent & Child Development
- August 22:** Yes to Partnerships for Youth Behavioral Health!

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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.
- All assistants will be removed.

AFTER

- Complete the survey to receive your Certificate of Attendance. CEUs available for LCSWs, LMFTs, LPCCs, and LEPs
- A follow-up email will be sent to all participants within two days.

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WEBINAR RESOURCES

Workbook Page # #


Fillable PDF Participant Guide

Note-taking PPT Slides

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Problematic Sexual Behaviors in Children and Adolescents
Presenter: Michael Gomez, PhD



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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

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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.



Quokkas are always ready to smile!

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I, Michael Gomez, have no relevant financial relationship with any ineligible companies.

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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%

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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

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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???

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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/>

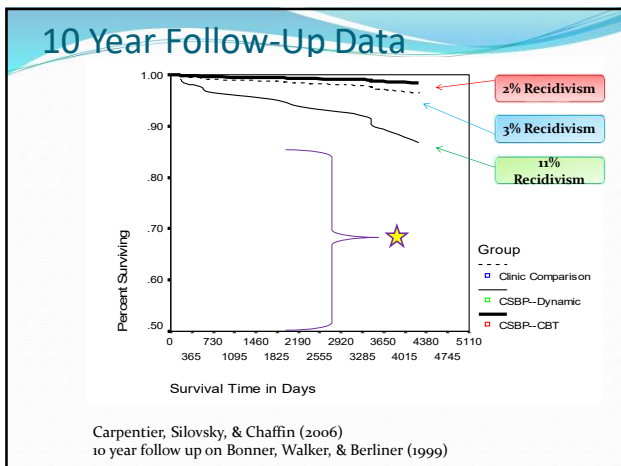
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Screening

- 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 . . .

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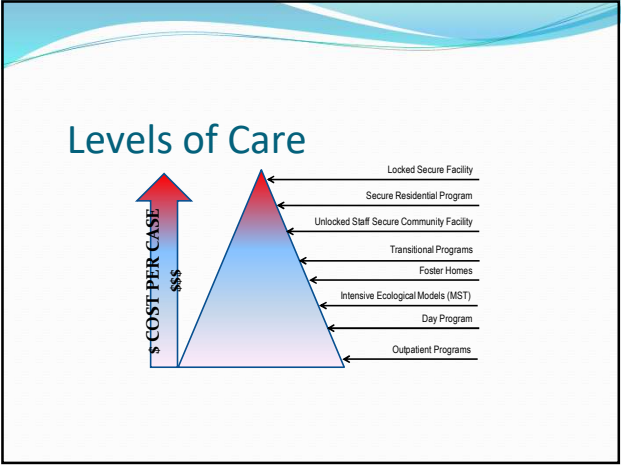
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Polling Question 2

- 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

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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**

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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

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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

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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

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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

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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

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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.

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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

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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.*

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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.

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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

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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???

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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

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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

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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)

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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?

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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!

Legal vs. Illegal
Ex: Consent Tea Video

And John Oliver outta nowhere!

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Teen Safety: Stoplight Relationships

- Key points: BEHAVIORS are red, yellow, or green, not people
- 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"
- Green Light Relationship Behaviors
 - Positive relationship behaviors
 - These they get pretty fast
 - Being honest, compliments, good communication
- So set the extremes, Red vs. Green then go to Yellow
- Can also give for homework "Circle of Friends"





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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"**

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Boyfriends

			
Johnny hit me.	Sam yelled at me in front of everyone.	Sam KEPT yelling at me in front of everyone even when I told him to stop.	Adam gave me a card on Valentine's.
-Infinity	-5	1	
	-20		
		Final Score Card 1. Adam = 1 2. Sam = -25 3. Johnny = - Infinity	

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<p>Diaphragmatic Breathing</p> <p>Works REALLY well on</p> <ul style="list-style-type: none"> • High Anxiety • High Anger • NOT High Sadness 	<p>PMR – Progressive Muscle Relaxation</p> <p>Works REALLY well on</p> <ul style="list-style-type: none"> • “Somatization” (e.g., migraines) • The West Texas Mexicano
<p>Grounding/Mindfulness</p> <p>Works REALLY well on</p> <ul style="list-style-type: none"> • High Sadness • Dissociation (i.e., you're spacing) 	<p>Naturally Relaxing Things</p> <p>Works REALLY well on</p> <ul style="list-style-type: none"> • Setting STRUCTURE for using Regulators consistently throughout the day

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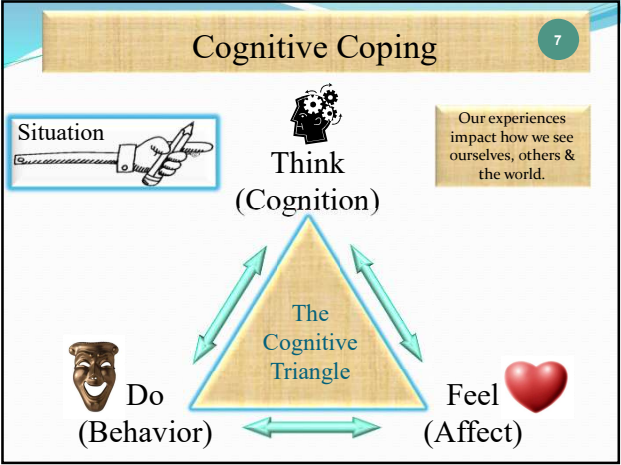
Parenting and Affect in PSB Tx

- Susan Schmidt's Method
- Common Feeling → Common Parent Reaction → Considerations for Parents
 - Confusion/Disbelief
 - Anger
 - Fear
 - Guilt/Embarrassment
 - Not an exhaustive list

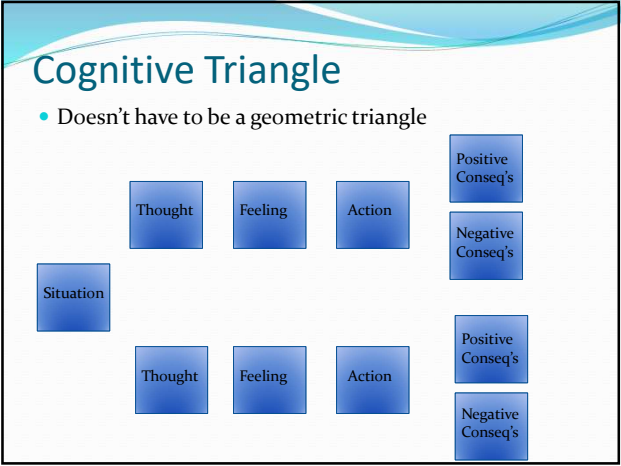
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COMMON EXPERIENCES OF PARENTS AND CAREGIVERS		
Adolescent illegal sexual behavior is something no parent expects or is prepared to face. Below are common reactions and experiences shared by parents and caregivers who have found themselves in this challenging situation.		
COMMON PARENT FEELINGS	COMMON PARENT REACTIONS	CONSIDERATIONS FOR PARENTS
Confusion or Disbelief	<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.

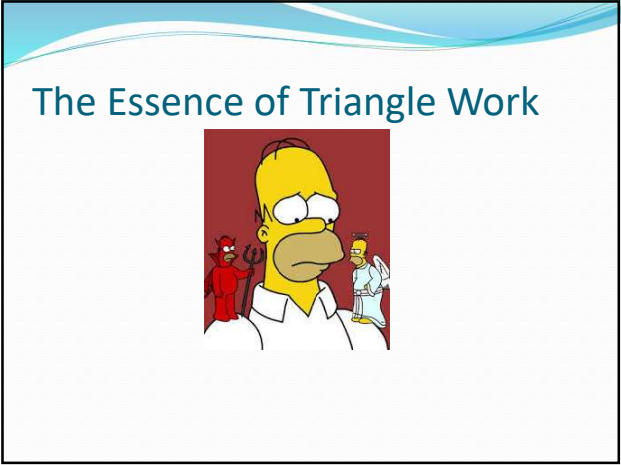
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Polling Question 3

- To effectively treat PSB's you always have to talk about the offense in great depth.

- True
- False

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Purpose of Trauma Narration

- 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

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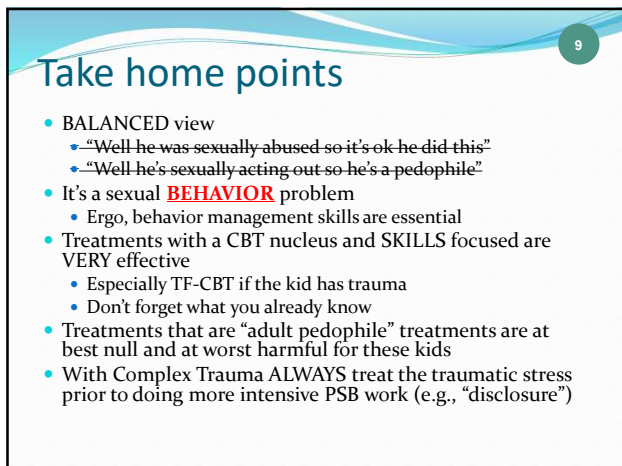
Purpose of Disclosure and "Restitution"

- 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

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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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