

# **Birds do it, Bees do it...even the TF-CBTers do it: Addressing sexual behavior in trauma treatment.**



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# Presentation Objectives

Participants will..

- Be able to differentiate typical problematic sexual behaviors in children;
- Learn the commonalities and differences between the evidence-based PSB-CBT and TF-CBT models;
- Learn how to incorporate research supported treatment content for PSB into TF-CBT to reduce or eliminate problematic sexual behaviors in children.



# Poll Question 1

What is your comfort level in addressing PSB?

1. Refer out immediately
2. Okay with addressing, but not sure what to do
3. Have addressed PSB, but would like guidance
4. Confident in PSB but not within TF-CBT
5. Confident in addressing PSB within TF-CBT



# Typical Sexual Development in Children



# Typical Sexual Behavior

- Involve parts of the body considered to be “private” or “sexual”
  - Genitals, breasts, buttocks
  - Other parts: Mouth, hands
- Are normally part of growing up for many children and which most experts would not consider to be harmful
- Influenced by cultural and social factors
  - Type of behavior, frequency, etc.
  - See research by William Friedrich



# Sexual Play Is...

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- With child of similar age, size, and developmental level
- Not accompanied by anger, fear, and/or strong anxiety

Bonner, 1999, Chaffin et al., 2006; Silovsky, 2009, Silovsky & Bonner, 2003



# Problematic Sexual Behavior



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# Problematic Sexual Behavior (PSB)

- Child(ren) initiated behaviors that involve body parts considered sexual or private
  - Genitals, chest, hands, mouth, etc.
- Potentially harmful to self and/or others
  - Physical and/or emotional
- Developmentally inappropriate



# Guidelines for Determining if Sexual Behaviors are a Problem

Frequency	Developmental Considerations	Harm
High Frequency	Occurs between Youth of Significantly Divergent Ages/Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Behaviors are Longer in Duration than Developmentally Expected	Includes Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Behavior Interferes with Social Development	Elicits Fear & Anxiety in Other Children

Bonner, 1995; Davies, Glaser, & Kossoff, 2000;  
Friedrich, 1997; Johnson, 2004; Larsson & Svedin, 2001



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# Impact of Technology on Status of Sexual Behaviors

- Devices (most of which have digital cameras)
  - Smart phones, music players, personal/portable video game players, video game systems, miscellaneous items (pens, eye glass frames, etc.)
- Modalities
  - Texting/chatting/instant messaging (text, image, video, audio)
  - Social networking
  - Email
  - Blogging
- Child pornography vs. youth produced images
  - Who is creating and distributing and what is the intent?
  - Typical child sexual behavior strongly and adversely impacted; long-term consequences
  - Are policies having the wrong impact?



# Origins of PSB

- Complex familial, historical, social, developmental, and perhaps, biological factors
  - Trauma history
  - Coercive Environment
  - Family adversity and disruption
  - Sexualized environment



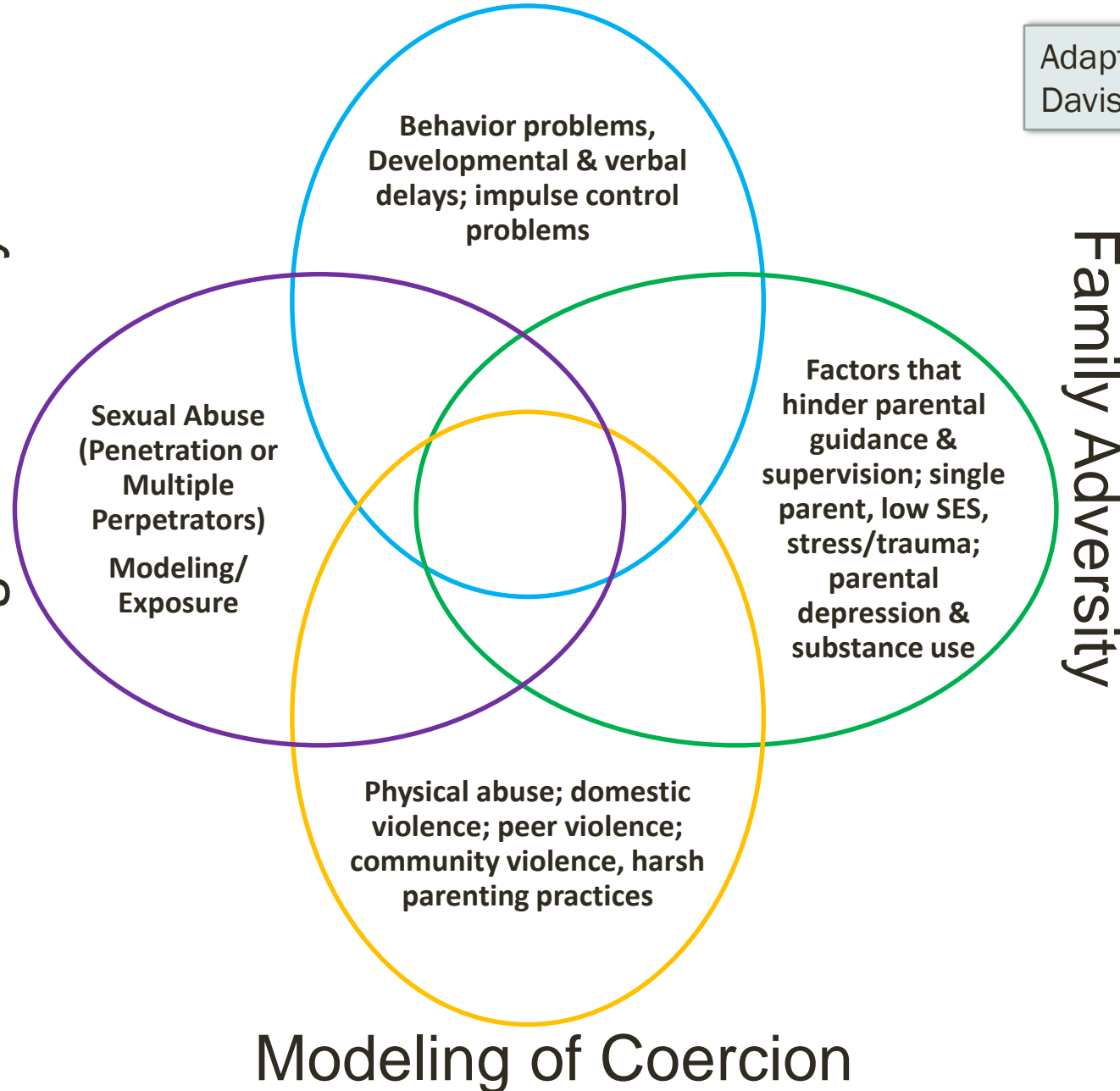
Elkovitch, Latzman, Hansen, & Flood (2009);  
Friedrich (2007); Silovsky & Bonner (2003)



# Child Vulnerabilities

Adapted from Friedrich,  
Davis, et.al, 2003

Modeling of Sexuality



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# Problematic Sexual Behavior (PSB)

- Not a diagnosis. Instead, clinically concerning behaviors
- Often, co-occurring difficulties
  - Trauma symptoms
  - Disruptive behaviors (especially, younger children)
  - Other internalizing difficulties (e.g., anxiety, depression)
  - Developmental Delays
  - Family adversity
- Does not necessarily infer origin or goal of behavior
  - Multiple origins and multiple goals.
- Continuum of normal sexual development to sexual behavior problems



# Treatment for Children with Problematic Sexual Behavior



# Meta Analysis: Effective Practice Elements

- St. Armand, A., Bard, D., & Silovsky, J.F. (2008)
- Purpose to identify “what practice elements lead to greater reductions in PSB” in children
- Examined studies in which PSB were either primary or secondary target for treatment for children
  - 11 studies identified
  - 18 treatments evaluated





# Meta Analysis: Effective Practice Elements

- What worked?
  - **Parenting/Behavior Parent Training (BPT)** was the strongest component to reduce PSB
  - BPT occurred with rules about sexual behavior/boundaries, abuse prevention, and sex education
  - Self-Control Skills for children
  - Additionally, see “Trauma-Focused Cognitive Behavioral Therapy for children: Impact of the trauma narrative and treatment length” (Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A., 2011).
- What did NOT work?
  - Practice elements that evolved from adolescent and adult sex offender treatments were not significant predictors
- **PSB specific CBT and TF-CBT treatments effective in reductions in PSB**



# OU Problematic Sexual Behavior – Cognitive Behavior Therapy (PSB-CBT)

- Treatment Program for Children with PSB and their caregivers
- Original Group Therapy developed by Drs. Bonner and Walker and Lucy Berliner
- 10 year outcomes for the Randomized Clinical Trial – official arrests or reports of PSB
  - 2% recidivism for PSB-CBT
  - 11% recidivism for the play therapy group
  - 3% rate for children who had disruptive behavior but no PSB

Carpentier, Silovsky, Chaffin (2006)



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# PSB-CBT and TF-CBT Treatment Models



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# Overlap of Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Children with PSB present with history of a wide range of traumas, and not just sexual trauma (e.g., Silovsky & Niec, 2002)
- 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, and Hecht, 2007)



# Clinical Decision Making: What Should I Do First?

- Considerations for PSB

- Safety issues
- Responsive to parental interventions
- Aggressive, coercive, force
- Impact on others
- Boundary issues
- Interfering with functioning

- Considerations for trauma-focused

- Trauma history/background
- Trauma symptoms
  - Particularly, re-experiencing symptoms
- Interfering with functioning
  - Level of distress associated with the trauma

- How much is reminders of their own trauma the primary trigger for the child breaking sexual behavior rules?
- What protective, safety, and support factors need bolstering?
- Other factors: Family and system preferences and priorities
- Not one treatment or another



## Poll Question 2

What is your previous training in TF-CBT?

1. None
2. Completed online
3. Completed online and in-person
4. Completed online, in-person, and calls
5. Nationally certified



## PSB-CBT

Psychoeducation about PSB  
Sexual Behavior Rules & Boundaries  
Safety Planning for PSB  
**Behavior Parent Training**  
Feelings  
Relaxation  
Self-Control  
Social Skills  
Abuse Prevention  
Sexual Education  
Impact on Others\*

## TF-CBT

**P**sychoeducation and **P**arenting Skills  
**R**elaxation  
**A**ffective Modulation  
**C**ognitive Coping  
**T**rauma Narration/Cognitive Processing  
**I**n Vivo Desensitization  
**C**onjoint Parent-Child Sessions  
**E**nhancing Future Safety and Development



# Treatment Planning: What Should I Do First?

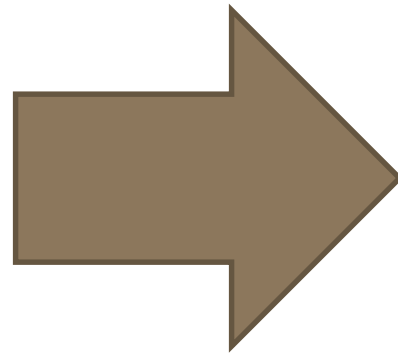
- Think → NOT one treatment or another
- Assessment and decision making is an ongoing process throughout treatment
- Many factors can influence the decision making process





# Implementing TF-CBT for Children and Families with PSB

Psychoeducation  
Parenting Skills  
Relaxation  
Affective Modulation  
Cognitive Coping  
Trauma Narration/Cognitive Processing  
In Vivo Desensitization  
Conjoint Parent-Child Sessions  
Enhancing Future Safety and Development



Psychoeducation and Enhancing Current Safety  
Parenting Skills and Enhancing Current Safety  
Relaxation  
Affective Modulation  
Cognitive Coping  
Trauma Narration/Cognitive Processing  
In Vivo Desensitization  
Conjoint Parent-Child Sessions  
Enhancing Future Safety and Development



# Considerations within treatment

- Be mindful of family's personal values around sexual behavior
- Is the behavior reportable?
- Child discomforts?
- Caregiver discomforts?
- Other engagement factors?
  - Caregivers' own trauma history
  - Impact on siblings
  - Level of disbelief
  - Caregivers' emotional response
- Therapist discomforts?
  - Behavior parent training
  - Sex education
  - Directly talking about PSB
  - Belief in myths about children with PSB



# Psychoeducation and Enhancing Current Safety

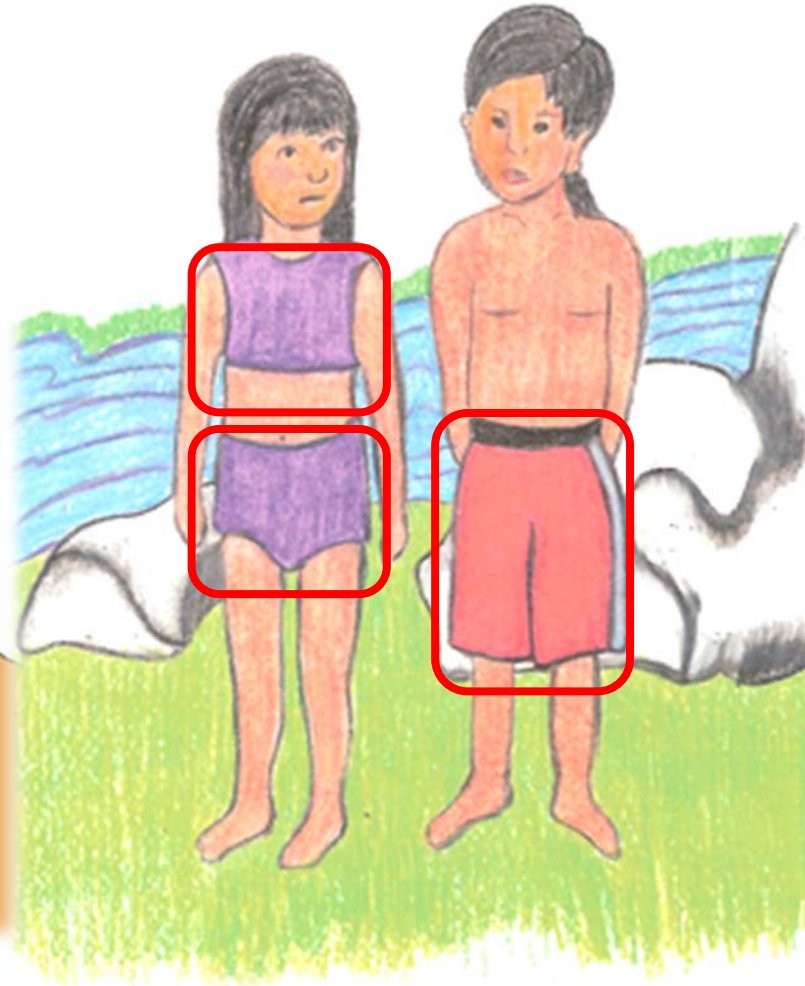
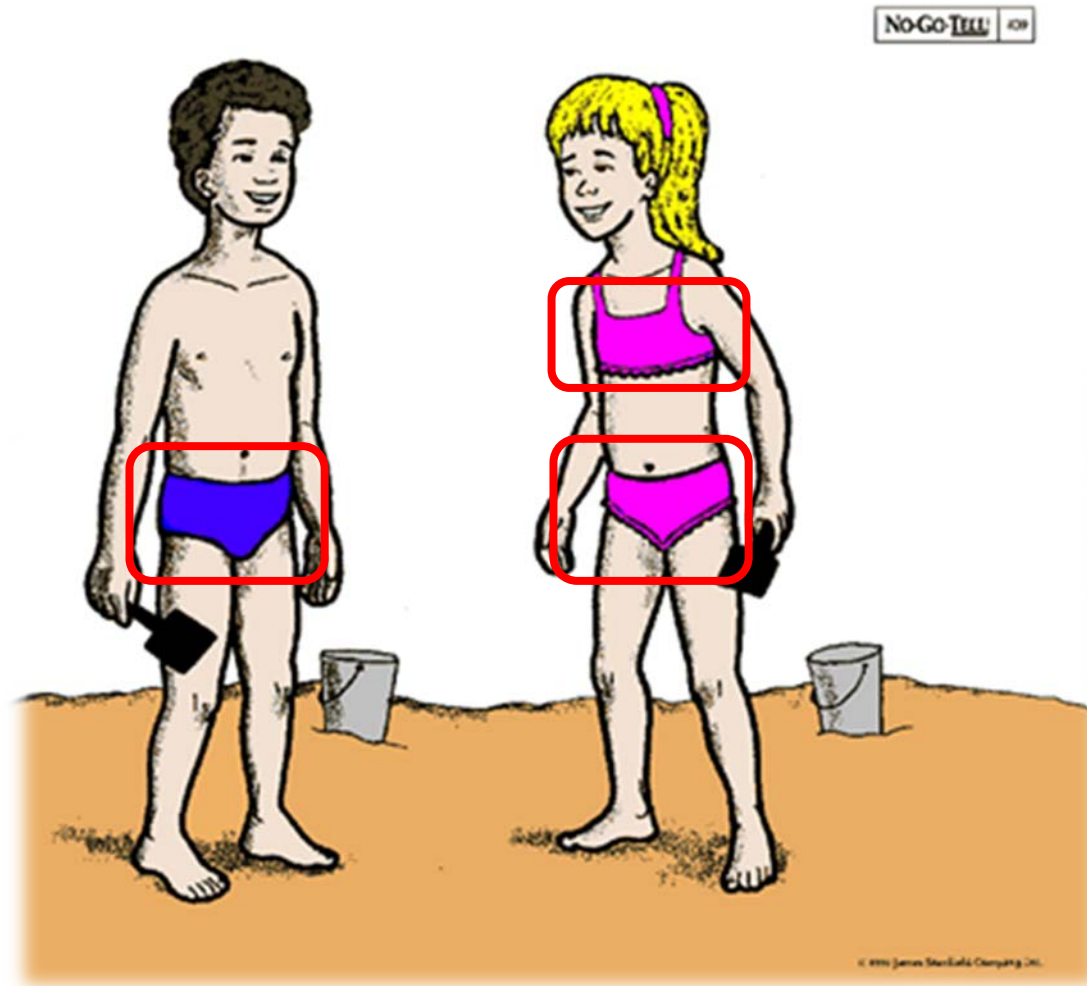
- Psychoeducation for trauma to include education about trauma and trauma symptoms while continuing gradual exposure

AND

- Psychoeducation for PSB and Enhancing Current Safety, to include:
  - Identification of private parts
  - Teaching sexual behavior rules
  - Teaching boundaries
  - Developmentally appropriate sex education which could include anatomical names of private parts, functions of private parts, reproduction, and puberty
  - Development of problematic sexual behaviors (Caregivers)
  - Guidelines for determining if a sexual behavior is problematic (Caregivers)
  - Guidelines for supervision and safety (Caregivers)



# What Are Private Parts?



# 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 looking at other people's private parts.
  - No touching your own private parts when other are there or
    - Touching your own private parts when you are alone is okay.
- **School-Age Sexual Behavior 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.
  - It is not okay to make other people feel uncomfortable with your sexual behavior.

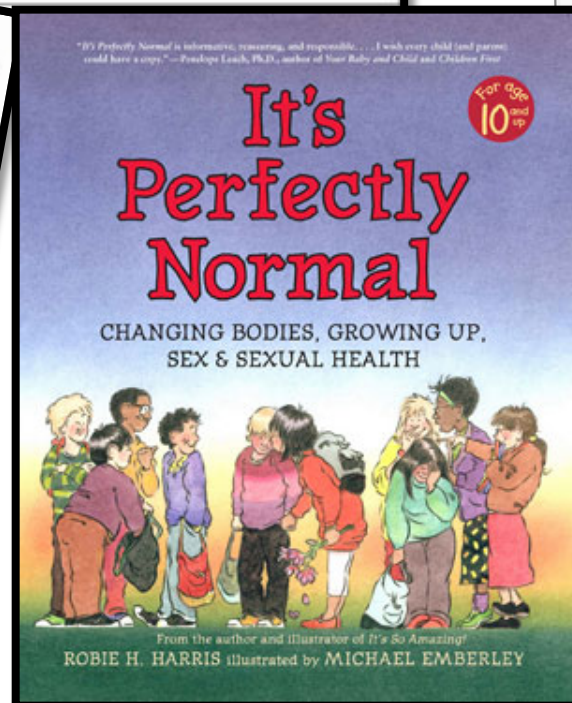
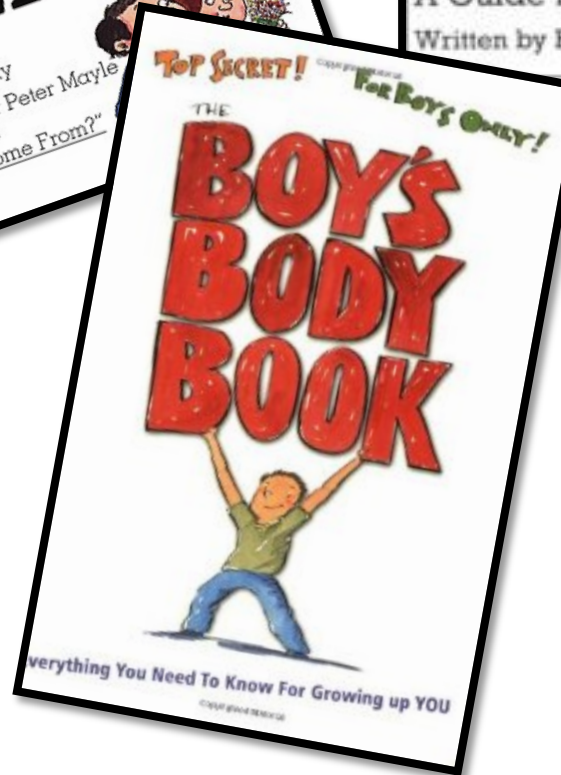
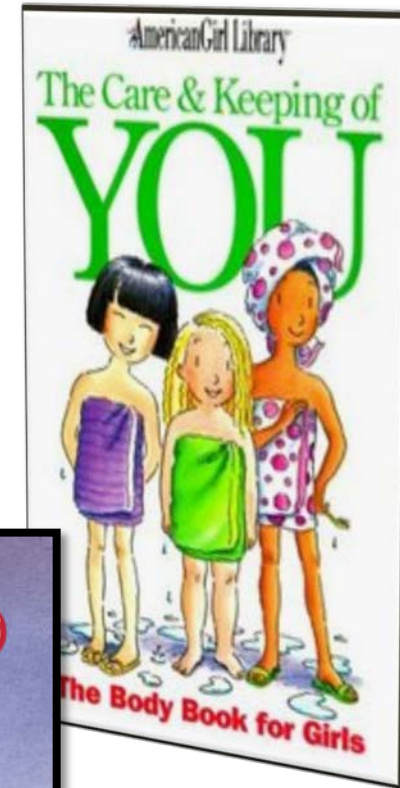
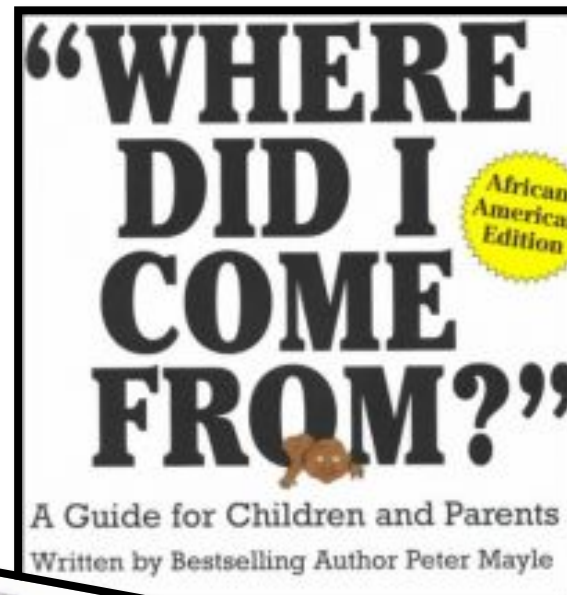


# Teaching Boundaries to Children

- Hula/Bubble Space
- Arm's length
- Special Handshake
- Assertiveness
- “Mother May I”
- Greetings







# Sex Education for Families

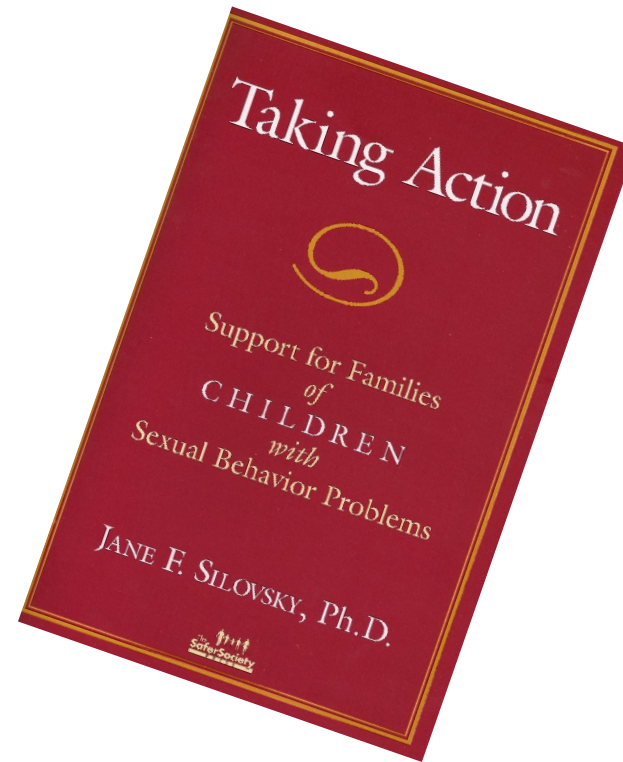
- Appropriate people, times, and places for child to discuss sex education
  - Reasons peers and media are not appropriate informants
  - Reinforcing caregivers' values
- Appropriate interactions with others
  - Friendships, intimacy, trust, romance





# Identifying PSB in Children

- Address basic sexual development in children to give foundation
  - Taking Action booklet or handouts available at [www.NCSBY.org](http://www.NCSBY.org) to guide conversation
- Overview of PSB in children
  - How to identify concerning sexual behaviors
  - Development of problematic sexual behaviors
  - Understanding the sexual behavior rules



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# Making Safe Places for Children with PSB

- Close SUPERVISION including technology supervision
- Youth not placed in charge of other children
- Bathe and sleep alone
- No exposure to sexual material
- Maintain adults' privacy
- Appropriate modesty
- Communicate clear rules about privacy
- Include all members of the family



# Parenting Skills

- Parenting Skills and Enhancing Current Safety implementation to include:
  - Behavior management skills (e.g., praise, behavior charts, consequences)
  - Application of behavior management skills to sexual and non-sexual problematic behavior.
  - Utilization of parenting skills for response and prevention of problematic sexual behavior
  - Engagement of caregivers to see PSB as a behavior that they can change by reinforcing appropriate behavior and having clear rules and consequences to breaking the rule.
  - Cognitive processing (as needed) and implementation of consequences/boundaries for children with trauma history and caregivers' reluctance in doing so



# Response to PSB

- Stop the behavior if in progress and get kids safe
- Try to calm yourself, then:
  - Gather information with open-ended questions
  - Provide relevant rules around behavior
  - Provide developmentally appropriate education
  - Consequences as needed
  - Safety plan and prevention strategies for the future



# Prevention

- Supervision, **Supervision, Supervision**
- Family rules
- Redirection and distraction
  - Activities that use up energy
  - Activities that take attention away
  - Activities to avoid
- Cue and reminders
- Application of behavior management skills to problematic behavior



## Scenario 1

A parent discovers his/her child in the closet with a cousin of the same age and their clothes are off.



## Scenario 2

A child engages in sexually explicit talk and his/her brothers and sisters giggle.



## Scenario 3

A 10-year-old child touches his own private parts in the living room while the family is watching television.





## Scenario 4

A caregiver discovers their child with his mouth on the genitals of another child.



## Scenario 5

Another parent calls and says that your child has been talking about sex.



# Relaxation

- Relaxation as a tool for managing trauma-related symptoms and other difficult situations
- Utilized in decision making
- Maintaining sexual behavior rules
- Deep breathing
- Progressive muscle relaxation
- Others?



# Affective Modulation

- Address feelings identification for the purposes of skill utilization.
  - Following sexual behavior rules
  - Increasing awareness and coping with trauma reminders while decreasing tendency to avoid.
- Children that have broken sexual behavior rules generally break these rules when experiencing heightened levels of emotion
  - Curiosity
  - Anger
  - Excitement
  - Boredom
  - Confusion



# Cognitive Coping

- TF-CBT typically utilizes cognitive triangle for teaching relationship between thoughts, feelings, and behaviors.
  - No processing of trauma related cognitive distortions during this component
- PSB-CBT uses a set of steps for children to work through

## SAME CONCEPT, DIFFERENT FORMAT

- Utilized across both treatment models to:
  - Help in decision making
  - Increase awareness of consequences
  - Emotion management
- Pre-cursors for important pieces of treatment:
  - Trauma narrative/cognitive processing
  - Acknowledging PSB, impact on others, apology



# Trauma Narration/Cognitive Processing

- Proceed as normal with some additional things to think about:
  - Developmental impact on Trauma Narration and Cognitive Processing component
  - Inclusion of problematic sexual behavior
  - Guided reconsideration for thoughts of shame related to problematic sexual behavior
  - Sexual vs. non-sexual trauma



# Acknowledging PSB and Impact on Others

- For some youth, including the PSB component that addresses
  - Acknowledging the PSB in a manner that ↓ shame
  - Explore and better understand impact on others
  - Discuss PSB and ability to prevent in the future with caregivers
  - Address PSB with siblings or other family members and receive support from caregivers
- Factors that impact decisions on the need for this component
  - Age and cognitive functioning of the youth
  - Interpersonal nature of the PSB
  - Impact on others (other children, caregivers, family members, other people)
  - Progress with the trauma narrative
  - Level of shame about trauma, shame about PSB, sense of guilt and responsibility
  - Perceptions of caregivers
  - Progress of family members impacted by PSB



# In Vivo Desensitization

- Continue what you are doing for feared situation(s) to gain mastery over trauma reminders
- For PSB, gradual exposure to real-life situations with support while gradually decreasing supervision (Allen, 2017)





# Conjoint Parent/Child Sessions

- Use conjoint sessions **throughout treatment** to:
  - Increase communication
  - Enhance relationship
  - Share psychoeducational knowledge
  - Practice skills
  - Acknowledge impact of trauma and PSB
  - Share progress
  - Heal!



# Enhancing Future Safety and Development



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# Enhancing Future Safety Skills for Children

- Preparation for future trauma reminders
- Additional preparation for safety and prevention of PSB
- Additional abuse prevention
- Any remaining sex education



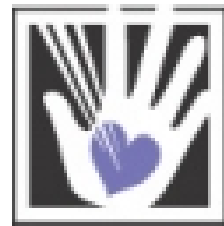
# Enhancing Future Safety Skills for Children

- No-Go-Tell strategy
- Boundaries
- Assertiveness
- Confident body language
- Peer pressure



# Enhancing Future Safety for Caregivers

- Not just “stranger danger”
- Additional safety planning
- Appropriate dating/healthy relationships
- Internet/Electronic Monitoring
- STOP IT NOW! as resource



## Stop It Now!®

*Together We Can Prevent the Sexual Abuse of Children*



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# Conclusions

- PSB in children with trauma symptoms CAN be addressed in the context of TF-CBT
- Strategies to assess and prioritize treatment components
- Address own comfort and skills as a therapist
  - Dispelling myths about the youth
  - Perception of the children
  - Enhancing safety
  - Engaging the caregivers throughout the processes
  - Managing child behavior and PSB with behavior parent training skills
  - Directly talking about PSB in the context of family, situations, and trauma



# Questions?



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# Professional Resources



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# National Center on the Sexual Behavior of Youth: *Better lives through better choices*

- The mission of NCSBY is to promote better lives, through better choices by youth, caregivers, and professionals for healthier responses to and prevention of problematic sexual behavior of youth. NCSBY provides national training and technical assistance to improve the accessibility and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of youth with problematic sexual behavior.
- Resources include
  - Educational material
  - Fact Sheets
  - Web Links
  - News and Events
  - Bibliography

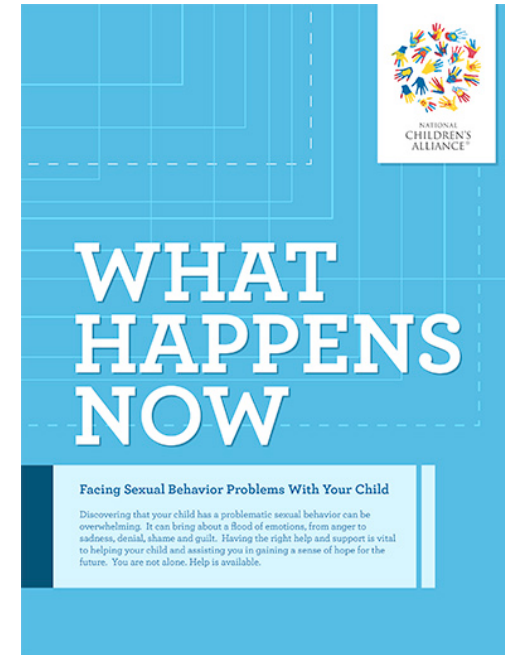
[www.NCSBY.org](http://www.NCSBY.org)



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[www.nationalchildrensalliance.org/psb](http://www.nationalchildrensalliance.org/psb)



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# The National Child Traumatic Stress Network

- Mission: to raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
- Funded by SAMHSA
- Publications and other information for parents and caregivers as well as professionals on trauma
- Fact sheets on children with PSB collaboratively developed with NCSBY

**[www.nctsn.org](http://www.nctsn.org)**



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# California Clearinghouse of Evidence-Based Treatment for Child Welfare

[www.cebc4cw.org/](http://www.cebc4cw.org/)

- Provides child welfare professionals with easy access to vital information about selected child welfare related programs.



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# Indian Country Child Trauma Center (ICCTC)

The mission of the ICCTC is to improve treatment and services for Native children and adolescents in Indian Country who have experienced traumatic events. Originally, a member of the National Child Traumatic Stress Network funded by SAMHSA

- Honoring Children, Respectful Ways
- A treatment program for American Indian/Alaska Native children with PSB
- Adapted with Lorena Burris, Ph.D.
- NCSBY's fact sheets modified for parents

[www.icctc.org](http://www.icctc.org)



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# Association for the Treatment of Sexual Abusers

- ATSA was founded to foster research, facilitate information exchange, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:

<http://www.atsa.com/pubRpt.html>



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# Stop It Now! ®

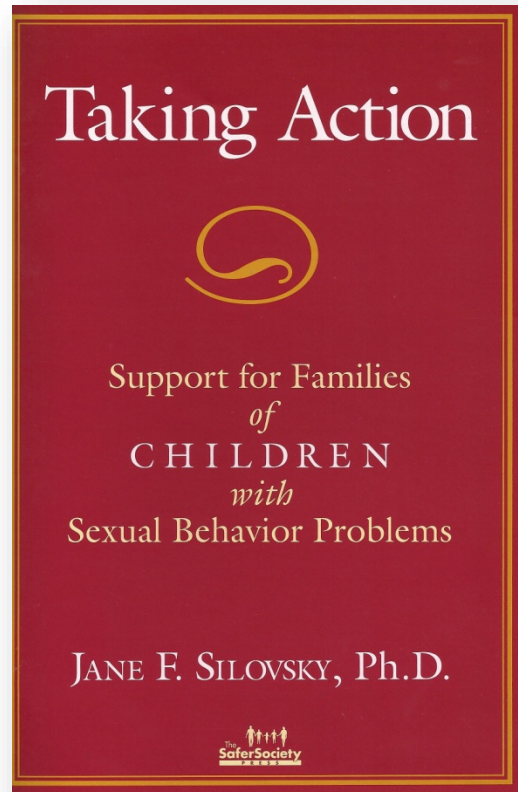
- Prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

<http://www.stopitnow.org/pubs.html>



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# Safer Society Booklets



<http://www.saferociety.org/allbks/wp136-wp137.php>



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# Questions?



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