Implementing Trauma-Focused Cognitive Behavioral Therapy for Preschool and School-age Children with Problematic Sexual Behavior Related to Trauma

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Thanks to the many staff, students, and colleagues who are and have participated and contributed to the PSB Programs at the Center on Child Abuse and Neglect
Be mindful of your own mental health. Talk to someone if something the training impacts you in an personal way.

Logistics

• Toilets, emergency exits, electrical outlets, etc.

• Be considerate
  • Silence phones unless you have an amazing ringtone
  • Facebook, Instagram, Twitter, Tinder, Grindr
  • Quietly leave the room when needed
  • Eyes wide shut
  • Raising your hand will get a labeled praise and maybe candy
  • That one kid…

• If we say it once, then we’ll probably say it twice (and more than that): It depends
Learning Objectives

• Background and research on preschool and school age children with problematic sexual behavior.

• Clinical assessment and treatment planning.

• Implementation of TF-CBT to reduce or eliminate trauma symptoms and problematic sexual behaviors in children.

Orientation to Training

• Materials
  • ^= Handout paired with slide

  • = Activity
Is sexual development just about sex and physical development?

- Relationships
- Communication
- Respect
- Boundaries
- Friendship
- Intimacy – level of closeness
- Choices
- Identity
- Connection with others
- As well as physical and emotional changes that occur through puberty

Typical Sexual Development

- Part of overall development
- Curiosity
- Learning about the world
- Language
- Mimicking
- Agreement
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

Friendship, relationships, communication, nurturance and intimacy are challenging to manage well.

Some children are in need of extra support through the process.

Problematic Sexual Behavior
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

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

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

Development of PSB and it’s relationship to trauma exposure

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

Adapted from Friedrich, Davis, et.al, 2003

Sexual Abuse
(Penetration or Multiple Perpetrators)
Modeling/Exposure

Modeling of Sexuality

Physical abuse; domestic violence; peer violence; community violence; harsh parenting practices

Modeling of Coercion

Adapted from Friedrich, Davis, et.al, 2003
Child Vulnerabilities

Behavior problems, Developmental & verbal delays; impulse control problems

Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Adapted from Friedrich, Davis, et.al, 2003

Family Adversity
Behavior problems, Developmental & verbal delays; impulse control problems

Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Sexual Abuse (Penetration or Multiple Perpetrators) Modeling/Exposure

Physical abuse; domestic violence; peer violence; community violence, harsh parenting practices

Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Healthy boundaries supported & modeled

Adaptive coping skills

Successful experiences / skills

Open communication about feelings with a trusted adult

Protection from harm & trauma

Parental guidance & supervision

Healthy friendships

Silovsky, 2015

Adapted from Friedrich, Davis, et.al, 2003

Supportive & Protective Factors Against PSB in Youth

Child Vulnerabilities

Modeling of Sexuality

Modeling of Coercion

Family Adversity

Behavior problems, Developmental & verbal delays; impulse control problems

Sexual Abuse (Penetration or Multiple Perpetrators) Modeling/Exposure

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Silovsky, 2015

Adapted from Friedrich, Davis, et.al, 2003
Trauma and PSB: What else can play a role?

- Often, co-occurring difficulties
  - 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 sexual behavior
  Typical--------Concerning-------------Problematic-------Harmful

Treatment for Children with Problematic Sexual Behavior
Meta Analysis: Effective Practice Elements

• 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
• Coded all treatments
  • Checked coding with program developers

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 was the only significant child focus component
• What did NOT work?
  • Practice elements that evolved from adolescent and adult sex offender treatments (i.e., relapse prevention, cycles of abuse, arousal reconditioning) 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
  - One of two randomized control trials funded by the National Center on Child Abuse and Neglect
  - 1992-1995
  - 135 children ages 5-12 years randomized to:
    - CBT Group Therapy
    - Dynamic Play Therapy Group
  - Both 12 sessions, closed ended, parallel groups with children and caregivers

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

- Long-term 10 year follow up
- Subjects
  - From Bonner, Walker, and Berliner, 1999
    - CBT Group Therapy
    - Dynamic Play Therapy Group
  - Added Comparison Sample of 156
    - Children referred for assessment for ADHD or Disruptive Behavior Disorders and no PSB
  - Matched to administrative records from
    - Child Welfare,
    - Juvenile Court, and
    - State Bureau of Investigations
Does Therapy Work with Children with PSB?

**Success Rates**

- **Cognitive-Behavioral Therapy**
  - 12 Sessions: Caregiver & Child
  - **98%**

- **Dynamic Play Therapy**
  - 12 Sessions: Caregiver & Child
  - **89%**

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

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Does Therapy Work with Children with PSB?

**Rates of Future PSB Compared to Children with No Known PSB**

- **Cognitive-Behavioral Therapy**
  - 12 Sessions: Caregiver & Child
  - **98%**

- **Comparison Group**
  - **97%**

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

Common Misconceptions about Children with PSB

• Safety in the home, community, and school
• Need for restrictive placement

• Utilization of adolescent/adult sex offender treatment approaches
• Recurrence of PSB and pervasive deviant sexual arousal
• Others?
ASSESSING TRAUMA AND PSB IN CHILDREN

Focused Assessment of Children with Trauma and PSB

• Meet with caregiver(s) and child together initially
  • Discuss confidentiality and limits to confidentiality
  • Review purpose of appointment
  • Promote honesty and what to do if bothersome emotions are present

• Conduct separate child and caregiver interviews

• Follow-up and closing with family
Assessment of Children with Trauma and PSB

• Trauma history and symptoms
  • Caregiver interview, child interview, trauma measures
  • Exposure to sexualized materials

• History of PSB
  • Caregiver interview, school age child interview, measures, relevant records
  • For older children, young adolescents – history of personal sexual development

• Social, family, developmental, and school history
  • Caregiver interview, school and medical records as warranted

• Emotional and behavioral functioning
  • Caregiver interview, general measure
  • Current behavior management plan with changes after trauma and PSB
  • ABCs

Assessment of Children with Trauma and PSB

• Previous mental health services, psychotropic medication

• Protective factors, strengths, and supports in child and caregiver
  • Parental guidance and supervision, health friendships/peer relationships, adaptive coping skills, social supports, etc.

• Review sexual behavior rules and safety/supervision plan

• Discussion of healthy sexual development, boundaries, and displays of affection

• Start psychoeducation on trauma and PSB

• Follow up with more intense assessment as needed
Assessing Trauma Symptoms

- Trauma type(s)
- Who, what, when, where
- Reported?
- Outcome of investigation(s)
- Current trauma symptoms
- Gather information on possible trauma symptoms and relationship to PSB

Prior diagnoses and/or treatment for trauma symptoms

Measures
- Weekly Behavior Report (WBR)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptoms Checklist for Young Children (TSCYC)
- Child PTSD Symptom Scale (CPSS)
- Child and Adolescent Trauma Screen (CATS)

History of PSB: Getting Details

Antecedent
What happened prior to the behavior of concern

Behavior
Behavior of concern

Consequence
What happened after the behavior was demonstrated
History of PSB: Getting Details

• What happened and where
• Who was involved
• When did the event(s) happen
  • Duration – when was first and last incident
  • Frequency – how often in a day, week, month
• Use of force, coercion, and/or aggression
• Who’s idea was it and from where did idea come
• Other child’s response
• How did adults learn of sexual behavior
• Caregiver’s response
• Understanding of behavior
• Relationship to previous traumatic events and trauma symptoms

Sexual Behavior Rules^*

• It is NOT OK to look at other people’s private parts.
• It is NOT OK to show your private parts to other people.
• It is NOT OK to touch other people’s private parts.
• It is NOT OK to use sexual language.
• It is NOT OK to make other people feel uncomfortable with your sexual behavior.
• It is NOT OK to touch your private parts in public.
  • It is OK to touch your private parts as long as you are in private and do not take too much time.*

Adapted from Bonner, Walker, & Berliner (1995)
When Adults Are Allowed to Look/Touch Private Parts

- Considerations for SBR for adults with children
  - Hygiene (i.e., toileting, bathing)
  - Health
  - Dressing

- Clarify between “exceptions” and trauma/abuse

History of PSB: Getting Details

- Looking at other people’s private parts
  - What parts
  - Modality: In-person, phone, Internet, printed media
  - Sneaking in person (peeping), obvious, use of recording device

- Showing private parts to other people
  - What parts
  - Clothes on, partially on, and/or off
  - Engaged in any behavior (e.g., masturbation)
  - Modality: In-person, phone, Internet

Was technology involved in documenting the behavior?
History of PSB: Getting Details

• Touching other people’s private parts
  • What parts
  • What used to touch (e.g., hand, stick, etc.; if penis, was it erect)
  • Over, under, or no clothes
  • Penetration, insertion
  • Ejaculation

• Touching own private parts
  • Self-touch vs. masturbation
  • Where and how long
  • Supports, such as pornography, sex toys

Was technology involved in documenting the behavior?

History of PSB: Getting Details

• Sexual language
  • What was said
  • Modality: In-person, phone (talk, text, app), Internet
  • Intention: Banter with peers, flirtatious, malicious, etc.

• Other sexual behaviors that make someone uncomfortable
  • Poor physical boundaries
  • Kissing (open mouth, tongue)
  • Inappropriate touching on parts not considered private
  • Provocative dress, dancing
  • Crude hand gestures, drawings/artwork
  • Taking others’ underwear, sex toys

Was technology involved in documenting the behavior?
Child Sexual Behavior Inventory, 3rd Edition (CSBI)

- Developed by William Friedrich (1997)
- Designed for children ages 2-12
- Developed age and gender norms
- 38 items regarding the frequency of sexual behaviors that occurred within the last six months

Assessing Other Concerns and Protective Factors

- Who, what, when, where
- Caregiver and child strengths
  - Parental response, guidance and supervision; health friendships/peer relationships; adaptive coping skills, etc.
- Caregiver support, factors negatively affecting ability to caregiver, and/or stress
- Function of behavior
  - Antecedents, behaviors, consequences (ABCs)
- Interventions attempted and outcomes
  - Current caregiver interventions / behavior management strategies
  - Caregiver response to trauma and PSB
  - Professional intervention (including previous diagnoses)
- Measures
  - Child and caregiver interview
  - Behavior Assessment System for Children (BASC); Child Behavior Checklist (CBCL)
  - Family Strengths, Skills, and Support Scale (FSSSS); Parenting Stress Index (PSI)
Clinical Decision Making

• Considerations for PSB treatment
  • Safety issues
  • Responsive to parental interventions
  • Aggressive, coercive, force
  • Impact on others
  • Boundary issues
  • Interfering with functioning

• Considerations for trauma-focused treatment
  • 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

Implementing TF-CBT for Children with PSB
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 with additional focus on:
- Sexual Behavior Rules
- Sexual development and education
- Healthy boundaries
- Safety planning

Parenting Skills
  with emphasis on sexual behaviors

Relaxation

Affective Expression and Modulation

Cognitive Coping
  including self control skills

Trauma Narration/Cognitive Processing

In Vivo Desensitization

Conjoint Parent-Child Sessions

Enhancing Future Safety and Development with additional focus on:
- Safety planning cont’d
- Sexual development and education cont’d
- Body safety skills training
- PSB impact on others
- Apology letter and reunification session with child, if appropriate
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:
  • With caregivers
    • What are “normal”, concerning, and problematic sexual behaviors?
    • How did PSB develop?
    • Prevention, parenting, supervision, and safety
  • With child and caregivers
    • Private parts and rules
    • Boundaries
    • Sex education

What Are Private Parts – Preschool

• Body tracing
  • Awareness of own body
  • Abuse prevention
• Use paper swimsuits to cover private part areas
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 other are there or
  • Touching your own private parts when you are alone is okay.
  • Develop rules about ok touches that fit the child and family situation

• 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 not okay to use sexual language.
  • It is not okay to make other people feel uncomfortable with your sexual behavior.
  • It is okay to touch your private parts as long as
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NCSBY.org
Teaching Boundaries to Children

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

Identifying PSB in Children

- Address basic sexual development in children to give foundation
  - Taking Action booklet or handouts available at www.NCSBY.org to guide conversation
  - Focus on healthy sexuality
- Overview of PSB in children
  - How to identify concerning sexual behaviors
  - Development of problematic sexual behaviors
  - Understanding the sexual behavior rules
Making Safe Places for Children with PSB^:

- Close SUPERVISION including technology supervision
- Children 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

Supervision of Children with PSB^:

- Appropriate supervisors
- Visual vs. non-visual supervision
- Increasing social supports system
- Reinforcement for appropriate affection and boundaries

Challenges:
- Sleep/nighttime
- Bathing
- Multiple children, solo caregiver
- Out-of-home situations

Creative supervision:
- Use of available space
- Room dividers
- Electronic monitors
- Scheduling
Parenting Skills

- Parenting Skills and Enhancing Current Safety implementation to include:
  - How has parenting been affected by traumatic events and PSB
  - Engagement of caregivers to commit to reducing trauma symptoms by providing safety, structure, and consistency to increase positive behavior while reducing negative behavior.
    - See PSB as a behavior that responds to parenting skills
    - Cognitive coping/processing, as needed
  - Parenting skills
    - Praise
    - Behavior charts
    - Consequences such as time out
  - Application
  - Utilization for response and prevention

Core Concepts of Parenting Skills

- Engagement and education

- Creating a safe, secure, predictable, and consistent environment/relationship

- Relationship building skills and reinforcement of appropriate behavior
  - Praise, play skills, communication skills

- Prevent behavior problems
  - Structure, consistency, planned activities
  - Clear rules, specific instructions
  - Behavior reinforcement (sticker) charts

- Addressing misbehavior
  - Time out and other consequences
  - Logical and natural consequences
### Functional Behavioral Analyses

- **Antecedent**: What happened prior to the behavior of concern
- **Behavior of concern**: What happened after the behavior was demonstrated

#### Reinforcement
- **Positive Reinforcement**: Adds to increase a behavior

#### Punishment
- **Positive Punishment**: Subtracts to decrease a behavior

<table>
<thead>
<tr>
<th>Adding</th>
<th>Subtracting</th>
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</thead>
<tbody>
<tr>
<td><strong>Positive Reinforcement</strong></td>
<td><strong>Negative Reinforcement</strong></td>
</tr>
<tr>
<td><strong>Positive Punishment</strong></td>
<td><strong>Negative Punishment</strong></td>
</tr>
</tbody>
</table>
Parenting Skills: Relationship Enhancement

- Strengths based approach
  - Therapist model praise of child and praises caregivers
  - Develop and express positives about the child
    - “You are loved and wanted”
    - “I enjoy being with you”
    - “I like it when....”
  - What can you say and do that will let your child know that they did a good job?
    - 100 Ways to Praise a Child
    - Creative ways to give messages to children

- Positive interactions
  - What did you like to do as a kid?
  - What do you like doing now?

- Reflective/Active listening

- Support from others

Barriers to Relationship Enhancement

- Uncomfortable with praise

- Difficulty praising behaviors child should be doing without support

- Did not experience play as a child

- Do not know how to play

- Currently do not like their own child
Developing Labeled Praise

• Powerful tool for managing and shaping behaviors

• Best when paired with active/reflective listening

• Positive statement that acknowledges compliance and/or child’s strengths
  • Catching a child being good

• Easy to sabotage

Selective Attention

• No reaction to certain negative behaviors
  – Defiant or angry verbalizations to parent
  – Nasty faces, rolling eyes, smirking
  – Mocking, mimicking

• Walk away, busy oneself with an activity

• Remain calm, dispassionate

• Expect a reactions of more provocative behavior

• Praise “the opposite”- wanted behavior
What are the typical commands or instructions caregivers repeatedly give?

Qualities of Effective Commands and Instructions

- Direct
- Positively stated
- Single rather than compound
- Specific, not vague
- Neutral tone of voice
- Polite and respectful
- Developmentally capable
- When necessary
- Provide rationale
- Use choices
Making Effective Commands

Developing Effective Rules

- Problem behavior and desired behavior identified; desired behavior is achievable by child
- Rule is needed
- Rule is clear and specific
- Enforceable 100% of time and in a neutral way
- Rewards and consequences identified
- Duration is clear
- Plan for loopholes
Rewards for Compliance

• Must be something the child desires
• Must be provided in a developmentally appropriate timeframe
• Rewards become less effective over time, so they will need to change periodically
• Many free options, help caregiver be creative

Categories for Rewards and Consequences

<table>
<thead>
<tr>
<th>Basic Rights</th>
<th>Growth Privileges</th>
<th>Optional Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFF LIMITS</td>
<td>USE SPARINGLY</td>
<td>IDEAL</td>
</tr>
<tr>
<td>1. Food</td>
<td>1. Youth group(s)</td>
<td>1. Time with friends</td>
</tr>
<tr>
<td>2. Water</td>
<td>2. Sports team</td>
<td>2. Going out to eat</td>
</tr>
<tr>
<td>4. Clothing</td>
<td>4. Volunteerism</td>
<td>4. Late bedtime</td>
</tr>
<tr>
<td>5. Love</td>
<td>5. Faith/worship</td>
<td>5. Electronics</td>
</tr>
</tbody>
</table>
Discipline and Implementing Consequences

• Was the instruction I gave reasonable and understandable?
• Could I use choices?
• Is my child choosing to disobey?
• Does the consequence I plan to give fit the behavior?
• Could I use a natural or logical consequence?
• Tell self – “I am being a good parent/mother/father/grandparent by giving the consequence; I am helping my child learn to be a good citizen and to control him/herself”
• Get support, if needed.

Barriers to Implementing Consequences

• Bothersome feelings: Guilt, shame, anger, etc.
• Difficulty following through (too tired, too busy)
• Concern about re-traumatizing child and/or increasing the child’s distress level
• Want child to “love” and not “hate” them (i.e., emotional reaction to child’s response to consequences)
BPT: Using Behavior Charts Effectively

- Help caregiver choose behavior and goal
  - Start with one target behavior
  - Specific and descriptive
  - Realistic goal; start low and raise the bar

- Explain process to child
  - Positive focus – “We know you can do this”

- Let child help choose rewards
  - Minimal cost
  - Change frequently

- Add stars/checkmarks daily and give rewards weekly

Basic Behavior Chart

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thurs</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make bed before school</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Get dressed before 8:00 am</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Keep hands to self</td>
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<table>
<thead>
<tr>
<th>REWARDS</th>
<th>STICKERS</th>
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<tbody>
<tr>
<td>Pick out a movie to watch</td>
<td>8</td>
</tr>
<tr>
<td>Choose game to play</td>
<td>4</td>
</tr>
<tr>
<td>Stay up 30 minutes late</td>
<td>15</td>
</tr>
<tr>
<td>Extra 30 minutes with friends</td>
<td>10</td>
</tr>
<tr>
<td>Sundae night</td>
<td>8</td>
</tr>
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</table>
Teaching Time Out to Caregivers

• Purpose: Interrupt and decrease child’s negative behaviors

• Remember, it is negative punishment and most useful for preschool and young school age children

• Explain to child before using

• Warning given and then explanation

• Location: quiet, least stimulating

• Once in time out, parent should refrain from comments and providing attention while maintain calm demeanor

• 3 minutes or no more than 1 minute for each year in the child’s age

• Must be silence to end

• Need back-up

• Be consistent and follow through!

Parental Responses to Sexual Behavior in Children

Calmly:

• Stop the behavior and separate children, if necessary

• Determine need for education vs. consequences

• If education, then provide
  • Developmentally appropriate sex education
  • Information about social rules of behavior and privacy/modesty
  • Information about friendships and relationships with others.
  • Information about respecting their own bodies

• When education / redirection is needed repeatedly; move to using mild negative consequences
Parental Responses to Sexual Behavior in Children

If consequences, then...

- Select a consequence that is appropriate given function of PSB
- Determine developmentally appropriate and meaningful consequences
- Alert other child’s caregivers
- Reassess supervision and behavior management plans for enhancements
- Caregiver support
- Determine if need to report (e.g., Child Protective Services)

Applying Prevention Strategies in Your Home: Goals of Scenarios

- Get at underlying emotions
- Discuss coping strategies and support systems
- Acknowledge difficulties
- Develop safety plan
- Develop response plan
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
Application of Feelings to PSB / SBR\(^\wedge\) (School Age Only)

• Supportive environment for sharing
  • Confidentiality, honesty, respect, no judgement
• Identifying and rating feelings about activity (i.e., before & after)
  • Activity – When, Where, Who, What
  • Before breaking SBR – Antecedents
  • During / while breaking SBR – Behavior
  • After breaking SBR – Consequences
    • Add how adults found out
• Identify what function PSB served
• Examine ABCs to determine what need PSB satisfied (e.g. attention, physical pleasure, control, escaping distress)

Emotions Before, During, and After an Event

<table>
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<th>Mad</th>
<th>Excited</th>
<th>Scared</th>
<th>Confused</th>
<th>Guilty</th>
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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
- 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

Integration of Coping Skills to Address PSB

- Remember brain development!
- Relaxation – taking a few deep breaths before acting
- Affect expression and modulation – getting in touch with and managing feelings
- Cognitive coping – understanding relationship of thoughts, feelings and behaviors
  - Above skills help with effective problem solving and impulse control
Impulse-Control: Turtle Steps^

• Stop and go in your shell
• Calm down/relax
• Think of something helpful to do
• Come out of your shell and do it

Impulse-Control: STOP Steps^

• Stop and say how you are feeling
• Relax / calm down
  • Acknowledge and manage feelings
• Think
  • What will happen if I do my first reaction?
  • Will I hurt someone or something?
  • Will I be breaking a rule?
• Options
  • At least 3
  • Put each option through the “Think” step
  • What else can I do to achieve my goal?
• Pick your best option and do it
Supporting Children to Use Self-Control

- Developmentally appropriate expectations for use
- Practice makes perfect
  - Neutral time
  - Role-play and in-vivo
    - Using the worksheets
  - Support from other adults/caregivers
  - Adding to family skills

Application to PSB / SBR (School Age Only)

- Supportive environment for sharing
  - Confidentiality, honesty, respect
- Use feeling thermometers
  - Blank for about activity
  - “Before-During-After” to assist
- Acknowledging SBR
- Using the worksheet
- Sharing responses and answering questions
Trauma Narration/Cognitive Processing

- Proceed as normal with some additional things to think about:
  - Guided reconsideration for thoughts of shame related to problematic sexual behavior
  - Sexual vs. non-sexual trauma
  - Inclusion of problematic sexual behavior
    - Integrated into TN chapter on impact of child’s traumatic experience
    - Separate TN chapter on PSB
    - Separate activity (i.e., Apology Letter)

Acknowledging PSB and Impact on Others

- For some children, including the PSB component that addresses
  - Acknowledging the PSB in a manner that decreases shame
  - Explore and better understand impact on others
  - Discuss PSB and ability to enhance safety 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 and timing for this component
  - Age and cognitive functioning of the youth
  - ABCs
  - Interpersonal nature of the PSB
  - Impact on others (other children, caregivers, family members, other people)
  - Progress with reduction of trauma symptoms and trauma narration
  - Level of “responsibility” about their trauma, shame/guilt about their PSB
  - Insight into link between their traumatic experience and their PSB
  - Perceptions of caregivers
  - Progress of family members impacted by PSB
Empathy, Amends, and Apology (School Age Only; If Applicable)

- Traditional and contemporary ways of restitution and forgiveness
  - Apology letter
  - Act of amends
  - Help community

- Do not deny past problems; history can repeat itself

- Healing/progress occurs when taking responsibility

- Family activity around support, forgiveness, and making amends

Empathy and Apology for Children (School Age Only; If Applicable)

- Connecting own feelings to experiences of others

- How does behavior impact others

- Purpose of apologizing (and connection to empathy)

- Characteristics of a good apology

- How to apologize
**In Vivo Mastery**

- 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

Enhancing Future Safety Skills for Children

• Preparation for future trauma reminders
• Additional preparation for safety, supervision, and monitoring of PSB
• Additional personal safety skills and safety education
• 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
SEX EDUCATION

Barriers to Communication

• “My kid is too young (or naïve) to learn about this.”
  • Your child has already engaged in sexual behavior with another person. Let’s give them the safe place to talk about their questions and curiosity so they get the right information, and know they can come to you about difficult things

• “They are going to talk about sex with other children (e.g., peers, siblings, etc.).”
  • We’ve been teaching the children who, when, and where to talk about sex and discussed why other children are not good people to talk to about sex. The children learned the sexual behavior rules, which includes not using sexual language or making others uncomfortable with their sexual behavior.
Barriers to Communication

• “They'll learn new things about sex, which will make them curious and want to go out and do it.”
  • Anecdotally, that has never happened to our knowledge. Children learn the SBRs and problem-solving skills to help them make good choices.
  • When children learn about other serious things, like drug use, truancy, and violence, most do not try it out.

• “Why does my child need to know any of this?”
  • Research strongly supports that effective therapy for children with PSB includes sex education.

• “This is really uncomfortable to talk about.”
  • Yes, it is uncomfortable. Adults don't want to think about children as sexual beings, so we tend to avoid talking about sex with children. Most caregivers report that it is easier to discuss sex ed with their child in therapy sessions and that the experience wasn’t as bad as they expected. They even report feeling more prepared for talking to their child at home.

• “Can’t you have that session without me?”
  • It certainly can be uncomfortable to talk to children about sex. What is so important is for you to be present to share your values about sex, and for your child to know s/he can come to you in the future if they have questions about sex.
  • Research suggests children prefer to receive sex education from the parents as opposed to peers and other sources.
Barriers to Communication

• “They don’t need to know this until they are 40 years old.”
  • We really want children to be children for as long they can be. However, what we know is that children having been learning about sex from the world around them, especially from their peers, the media and the internet. Unfortunately, much of this information is not accurate. Let’s talk how you learned about sex and how you might want that to be different for your child. How do you want to child to learn your morals and values about sex?

• “The schools teach sex ed already, so why do we have to do it here?”
  • Yes, some schools teach sex ed to children once or maybe twice typically starting at 5th grade. Unfortunately, that learning happens without the most important person – you.

Sex Education for Children

• Appropriate people, times, and places to discuss sex education
  • Reasons peers and media are not appropriate informants
  • Reinforcing caregivers’ values

• Medical names and functions of sex parts

• Appropriate interactions with others
  • Friendships, intimacy, trust, romance
Sex Education for Children

- Older children
  - Puberty
  - Physiological changes to body
  - Sexual behavior (e.g., masturbation)
  - Body image
  - Hygiene
  - Relationships
  - Sexually transmitted infections
  - Sexual health, safer sex practices

- Younger children
  - Applying Turtle/STOP Steps to sex ed

Body Part Names and Functions
Sex Education for Families

• Communication
  • Who/where/when to talk about sex ed
  • Emphasize caregiver/family beliefs and values
  • On-going talks between caregivers and children

• Learn purpose of sex and overall mechanics of how babies are made

You’ve completed the model, now what?

• Review skills and progress achieved
• Fade out and/or plan booster sessions
• Discuss and plan for natural setbacks
• Encourage clients’ confidence in managing setbacks
• Emphasize parents’ role as a continued therapeutic resource for the child
• Celebrate clients’ therapy graduation
You’ve completed the model, now what?

• Ongoing assessment
  • Measure administration at multiple time points in treatment can help with tracking improvements in symptomatology
    • Beginning, middle, end

• Remember, not a new model—we are bolstering what is already at your fingertips to treat trauma-related PSB

• Concerns? Anxieties? Thoughts around treating this population?
“Children are like sponges,” writes Johnson (2009), “They absorb the behavior, values, attitudes, and feelings of those around them. The youth who have learned these behaviors, attitudes, and feelings can learn new, more beneficial behaviors. It’s crucial to remember that these worrisome sexual behaviors are just developing. No deeply rooted patterns have been set. And children change rapidly as they grow up. They are malleable and can absorb healthy attitudes, behaviors, and feelings about sex and sexuality.

Providing a sexually healthy and safe environment is essential for the future development. With treatment and community-based supervision and monitoring, recidivism can be reduced, victims can heal, and parents/caregivers can be empowered to help continue this shift toward health and wholeness, working on the front lines with their children and families.”

Toni Cavanaugh Johnson, Ph.D. (2009)
Questions?

THANK YOU

PROFESSIONAL RESOURCES

NCSBY.org
National Center on the Sexual Behavior of Youth

- Mission: 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 children and adolescents with problematic sexual behavior.

- Website includes resources and sections designed for caregivers and professionals.
  - Topics include definitions, causes, treatment intervention and efficacy, safety planning, implications for public policy, and more.
  - News, websites, factsheets, bibliography, and other resources are readily available.

www.NCSBY.org

National Children’s Alliance

- To achieve their goals of healing, justice, and prevention, NCA developed this video training series and fact sheets to support CACs addressing this issue and serving youth with problematic sexual behaviors (PSBs), their victims, and families.

http://www.nationalchildrensalliance.org/psb
**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.

  **www.atsa.org**

- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:

  **http://www.atsa.com/pubRpt.html**

**The National Child Traumatic Stress Network**

- NCTSN Mission: To raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
- 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**
California Evidence-Based Clearinghouse for Child Welfare

- The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

- Searchable database of child welfare related programs.

- Description and information on research evidence for specific programs.

www.cebc4cw.org

Online Introductory Training in Trauma-Focused Cognitive-Behavioral Therapy

- Recently updated to 2.0
- Acquire 11 continuing education units
- Cost is $35 – a worthy investment!

https://tfcbt2.musc.edu
TF-CBT Manual & Book

[Treating Trauma and Traumatic Grief in Children and Adolescents](#)
Judith A. Cohen
Anthony P. Mannarino
Esther Deblinger

[Child Sexual Abuse]
Esther Deblinger
Anthony P. Mannarino
Judith A. Cohen

[TRAUMA-FOCUSED CBT FOR CHILDREN AND ADOLESCENTS]
Treatment Applications
edited by
Judith A. Cohen
Anthony P. Mannarino
Esther Deblinger

[TF-CBT Manual & Book]

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