

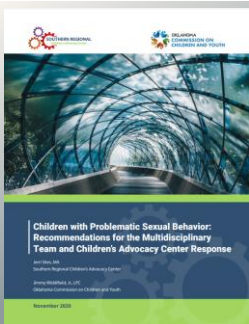
CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS: RECOMMENDATIONS FOR THE MDT AND CAC RESPONSE

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Accessible through:

- Calio.org
• srcac.org
• NCA Engage

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Our focus today...

Cases involving *children*
(ages 12 and younger)

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THINK ABOUT

What challenges have you experienced when handling cases of children with problematic sexual behavior?

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OUR OBJECTIVES TODAY

1. Identify four areas in which MDTs and CACs can enhance professional response to children with PSB and their families.
2. Learn how MDTs and CACs can use assessment and treatment to support an integrated response to cases of children with PSB.
3. Learn available resources that support MDTs and CACs to provide a comprehensive response to children with PSB, recipient children, and their families.

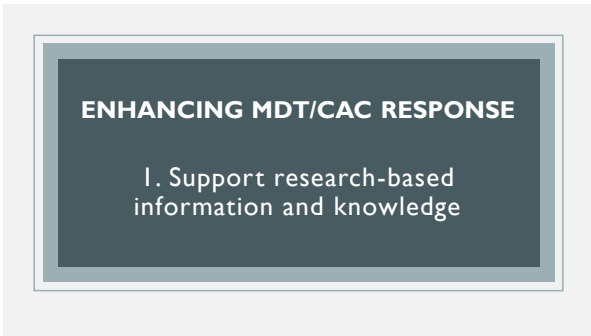
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**ENHANCING
MDT/CAC
RESPONSE**

1. Support research-based information and knowledge
2. Become knowledgeable about child development and sexual behaviors
3. Adapt the MDT response and CAC model for cases of children with PSB
4. Engage families

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ENHANCING MDT/CAC RESPONSE

1. Support research-based information and knowledge

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**HISTORICAL
ASSUMPTION**

"Children with PSB have been sexually abused."

Fact:
Many children with PSB have no history of sexual abuse.

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HISTORICAL ASSUMPTION

"Children with PSB should be placed inpatient or in similar intensive treatment facilities."

Fact:

Most children with PSB can be treated while living at home or in the community with appropriate supports (e.g., supervision, intervention).

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HISTORICAL ASSUMPTION

"Children with PSB are life-long abusers."

Fact:

2-13% of children with PSB who receive evidence-based treatment re-engage in PSB.

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ENHANCING MDT/CAC RESPONSE

2. Become knowledgeable about child development and sexual behaviors

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FIRST THINGS FIRST...

Person First Language

Helpful Words

- Initiator
- Child with PSB
- Defined as a child who exhibits problem behaviors

Unhelpful Words

- Juvenile Offender
- Perpetrator/perp
- Predator

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THE CONTINUUM OF SEXUAL BEHAVIORS

Ranges from:

Typical

- Exploratory
- Mutual agreement
- Close in age, size, and/or development
- Intermittent
- Responds positively to parental intervention

Problematic

- Disparity in age, size, and/or development
- Preoccupying
- Planned
- Coerced, forced
- Does not respond to parental intervention

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ENHANCING MDT/CAC RESPONSE

3. Adapt the MDT response and CAC model for cases of children with PSB

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MDT/CAC
RESPONSE

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- Historically CACs have been known for forensic interviewing services.
- Today, other standards of services have been enhanced and are offered regardless of whether a forensic interview is warranted:
 - Evidence-based mental health
 - Medical treatment
 - Victim advocacy
 - MDT approach



MDT/CAC
RESPONSE

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- Ideally, CACs and MDTs should consider expanding their team to address the needs of children with PSB to include:
 - Family Courts
 - Probation/Juvenile Justice
 - Schools




MDT/CAC
RESPONSE

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- Children with PSB must be seen as children first:**
- They have the right to receive child-focused services
 - They have the right to feel and be safe
 - The CAC environment is most conducive to MDT collaboration

“Many CACs serve a vital role in their community by providing services to children with problematic sexual behaviors. CACs offering services to this population should have policies and procedures in place to maintain physical and psychological safety for child victims and their families.”


(Child-Focused Setting, pg. 53)



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Protocols and procedures should be developed or adapted to address:

- How the MDT will respond and how children with PSB will be referred to the CAC
- What services are available
- Communication guidelines between agencies regarding:
 - Services
 - Treatment
 - Monitoring treatment and progress



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Protocols and procedures should be developed or adapted to address:

Forensic Interviews – Keep in mind, there currently is no recommended protocol for interviewing children with PSB regarding the PSB

- The interviewer must be trained in and utilize a nationally recognized forensic interview protocol
- The FI is not about self-incrimination
- If a child discloses PSB, the MDT must immediately collaborate to determine the best course of action



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Protocols and procedures should be developed or adapted to address:

- Case Review
- Case Tracking
- Child-Friendly Environment
- Cultural Competency

NCA STANDARDS FOR ACCREDITED MEMBERS

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ENHANCING MDT/CAC RESPONSE

4. Engage families

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TRAIN MDT ON HOW TO ENGAGE FAMILIES AND EXPLAIN RESPONSE TO CHILDREN WITH PSB

Child and family-focused approach

Enhance levels of trust

Enhance participation in treatment services

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TRAIN MDT ON HOW TO ENGAGE FAMILIES AND EXPLAIN RESPONSE TO CHILDREN WITH PSB

- Refer to MDT/CAC *within 48 hours*
- Use *people-first* language (verbal and written communication)
- Ensure a *safe environment* for intervention
- Convey *seriousness of behavior and a SENSE OF HOPE*
- Continue *ongoing* communication and collaboration

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ASSESSING CHILDREN WITH PSB

Initial stage of investigation

- **ALWAYS** include Mental Health (MH) provider
- Gather info from collateral witnesses
- Approach caregivers in supportive manner
- Explore adversities in both children's lives beyond reported sexual behaviors

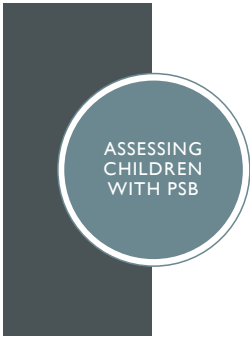
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ASSESSING CHILDREN WITH PSB

Forensic Interviews

- It's the MDT's decision
- Consider FI referral criteria for PSB
- Trained interviewers should conduct FI early on in investigation
- If interviewing child who initiated behavior, redirect if they begin disclosing exculpatory details of their behavior

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Clinical Assessments

- Trained MH provider
- Determine treatment needs
- Inform safety planning
- Meet with MDT to collaborate on decision-making (i.e. family safety planning, placement of child with PSB)
- Clinical assessment vs. Psychosexual evaluation

Continue to monitor progress of children and families



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MH PROVIDER QUALIFICATIONS

IF NOT TRAINED IN PSB TREATMENT MODALITIES...



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- Typical PSB treatment duration is 3-6 months
- Parents/caregivers must be actively involved
 - Primary agents of change
 - Enhance parenting skills
 - Psychoeducation
- Inpatient and residential treatment are rarely necessary

THINK ABOUT

What challenges have you experienced in identifying trained MH providers for children with problematic sexual behavior?

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ONLINE RESOURCES

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ONLINE RESOURCES

- California Evidence-Based Clearinghouse for Child Welfare <https://www.cebc4cw.org/topic/sexual-behavior-problems-in-children-treatment-of/>
- National Center on Sexual Behavior of Youth www.ncsby.org
- National Child Traumatic Stress Network www.nctsn.org

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ONLINE RESOURCES

- **National Children's Alliance**
<https://learn.nationalchildrensalliance.org/psb>
- **National Institute of Justice – Results in Program Records** (Enter **PSB - CBT** in search engine) <https://www.crimesolutions.gov/advsearch.aspx>
- **Office of Juvenile Justice and Delinquency Prevention Model Programs Guide**
<https://www.ojjdp.gov/MPG/Program> (Enter Children with Problematic Sexual Behavior in search engine)

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ONLINE RESOURCES

- **The University of Oklahoma Health Sciences Center** Problematic Sexual Behavior Cognitive-Behavior Therapy Training and Technical Assistance Program
- **Map of Providers** - <https://psbcbt.ouhsc.edu/Find-a-Provider/List-of-Providers>
- **Training Resources** - <https://psbcbt.ouhsc.edu/PSB-CBT-Training/Resources>

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**REMINDER: UTILIZE THE MESSAGE BOARD
&
FEEL FREE TO CONTACT US DIRECTLY**

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