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## **Community Based Services for Children with Problematic Sexual Behavior, Child Victims, and Families**

Crown Counseling was awarded a three-year federally funded grant by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) **Supporting Effective Interventions for Adolescent Sex Offenders and Children with Sexual Behavior Problems.**

The OJJDP grant is in collaboration with the University of Oklahoma Health Sciences Center (OUHSC) and the National Child Traumatic Stress Network (NCTSN). The Crown Counseling Sexually Maladaptive Youth (SMY) Team received training in the most current **Evidence-Based Practices (EBP)** for this population; **Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT)**, **Trauma-Focused Cognitive Behavioral Therapy for Problematic Sexual Behavior (TF-CBT for PSB)**, and **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**. Evidence-based treatment is one that has been significantly evaluated and proven to make a significant difference in treatment outcomes.

The OJJDP grant has allowed Crown Counseling to **expand** our services to youth who sexually offend through the SMY Program that Crown Counseling began 12 years ago. **There is no cost for the services provided through the grant for those who qualify.**

## **Our SMY Clinical Team**

Services are provided by licensed therapists who have completed training specific to this population. Most are Credentialed Sexually Youth Clinicians (CSAYC).

Crown Counseling follows the Association for the Treatment of Sexual Abusers (ATSA), Practice Guidelines For The Assessment, Treatment, and Intervention With Adolescents Who Have Engaged In Sexually Abusive Behavior (2017), in addition to adhering to the ATSA Code of Ethics.

The team receives clinical supervision and consultation by the University of Oklahoma Health Sciences Center (OUHSC) OJJDP team:

- Monthly consultation calls
- OJJDP monthly administration calls
- Crown Counseling weekly team meetings
- Journal club focuses on current research and policy change

## **Best Practices for PSB Treatment**

- **Developmentally Appropriate**
  - Treatment should be based on developmentally appropriate models and practices.
- **Evidence Supported**
  - Cognitive-behavioral and skills-based approaches that include caregivers have shown to have the best treatment outcomes.
- **Trauma Informed**
  - Effective treatment will consider past trauma and current coping skills.
- **Family Focused**
  - Evidence-based practices actively involve caregivers in treatment and will address the caregiver's approach of effective strategies to manage the youth's behaviors.
- **Least Restrictive**
  - With proper safety measures and supervision in place, most youth can receive treatment from an outpatient setting. Higher level of treatment may be needed for youth whose behaviors cause considerable risk to self or others despite outpatient treatment.

## **Intake Assessment**

All potential clients will participate in an initial intake which will include a biopsychosocial and administration of measures to gather proper baseline of PSB behaviors.

- A biopsychosocial intake is conducted to gather information to determine if treatment is warranted
- Measures are administered for treatment goal baseline
- Safety plan is completed
- If further assessment such as a Psychosexual Assessment is warranted, recommendations will be made at the time of intake

\*\*\* If it is determined that the client does not meet grant eligibility, but PSB is present, Crown Counseling can provide outpatient services such as individual and/or group counseling. Crown Counseling is a Medicaid and Medicare provider\*\*\*

## **Safety Planning**

Collaborative approach

- Team and frequent CFTM
- Appropriate supervision
- Visual (may need cameras installed depending on the level of need)
- Electronics (assist parents/caregivers with parental controls)
- Important not to alienate or isolate youth
- School – ROI to collaborate with school if risk factors are present

## **Treatment Programs**

### **1.) Problematic Sexual Behavior - Cognitive Behavior Therapy (PSB-CBT) Adolescent Model, Ages 13-18 years (male).**

#### ***Adolescent & Parent/Caregiver Group***

This program is designed to eliminate problematic sexual behaviors and improve prosocial behavior and adjustment in youth. During this process, stress is reduced and enhancement of skills in parents and other caregivers are developed.

The group structure consists of 90-minute weekly **concurrent youth and caregiver group sessions** that address the following throughout the course of 12 learning modules. Group sessions can last anywhere from 6-12 months depending if previous treatment was completed. For example, if the client was in residential treatment.

- Supervision and monitoring
- Family communication skills
- Healthy sexual behaviors
- Taking responsibility for own PSB
- Impact of behaviors on others
- Applicable sex laws
- Self-control strategies
- Community safety

### **Program Requirements**

- Must meet grant eligibility requirements which are determined through assessment at the time of intake. The youth must exhibit PSB.
- Requires active involvement of parent/caregiver
- Weekly attendance
- Cognitive ability to comprehend therapeutic lessons
- Successful completion of all modules

## **2.) Trauma-Focused Cognitive Behavioral Therapy for Problematic Sexual Behaviors (TF-CBT-PSB), Child(ren) ages 12 and under. *Child Individual Therapy***

This model applies to children with a known trauma history and who are experiencing Problematic Sexual Behaviors and Post Traumatic Stress Disorder Symptoms. This treatment focuses areas include behavioral parent training skills (e.g., supervision, guidance, safety, and managing PSB), sex education, empathy and acknowledgement, and sensitivity handling trauma narration when the child has also acted out with another child.

The structure consists of approximately 60 minute individual/family based sessions, which means not only will the child participate in therapy, but the parent/caregiver will also participate. 12-25 sessions can be expected depending on the trauma and PSB. Some treatment focus areas include:

- Behavioral parent training skills (e.g., supervision, guidance, safety, and managing PSB)
- Sex education
- Empathy and acknowledgement
- Sensitivity handling trauma narration when the child has also acted out with another child

## **Program Requirements**

- Must meet grant eligibility requirements which are determined through assessment at the time of intake. The youth must have a trauma history and PSB
- Requires parent/caregiver involvement
- Cognitive ability to comprehend therapeutic lessons

### **3.) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), children or adolescents victim(s) ages 3-18 years. *Victims***

#### ***Individual Therapy***

This model applies to the victim who experienced sexual abuse from the adolescent or child with PSB and **who is also participating in the treatment listed above**. Therapy will never occur on the same day as the youth with PSB. TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes.

The structure consists of approximately 60 minute individual/family based sessions, which means not only will the client participate in therapy, but the parent/caregiver may also participate. 8-25 sessions can be expected depending on the trauma and progress made. Treatment follows the acronym “PRACTICE” which includes the following:

- Psychoeducation to client and parent/caregiver
- Relaxation
- Affective modulation
- Cognitive coping
- Trauma narrative
- In-vivo exposure
- Conjoint sessions with parent/caregiver
- Enhancing safety

## **Program Requirements**

- Must meet grant eligibility requirements which are determined through assessment at the time of intake
- The sexual abuse must be from the adolescent or child with PSB who is participating in the PSB-CBT, or PSB-CBT-PSB service listed above
- Parent/caregiver involvement is highly recommended, but not required
- Cognitive ability to comprehend therapeutic lessons

## Aftercare

For any treatment services listed above that require aftercare, Crown Counseling is a Medicaid and Medicare provider.

## Referral Sources

- Division of Child Services
- Probation (Juvenile Division)
- Outpatient
- School
- Physician

## Comparison of TF-CBT & PSB-CBT for Group

Treatment Component	PSB-CBT Unique	PSB-CBT & TF-CBT Common	TF-CBT Unique
Introductions to treatment		✓	
<b>Rules about sexual behavior</b>	Emphasized more	✓	
Emotional regulation skills		✓	
<b>Boundaries</b>	Emphasized more	✓	
Cognitive coping skills		✓	
Relaxation		✓	
Self-control skills		✓	
<b>Sex education</b>		✓	
Social skills		✓	

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Treatment Component	PSB-CBT Unique	PSB-CBT & TF-CBT Common	TF-CBT Unique
Acknowledging PSB	✓		
Understanding impact of PSB and making amends	✓		
<b>Identifying risky situations and safety factors for PSB</b>	✓		
<b>Abuse prevention skills</b>		✓	
Education about the impact of sexual abuse and trauma			✓
Trauma narrative			✓
<b>Behavior Parent Training</b>	Emphasized more	✓	
Parent-child relationship and attachment		✓	
Self-concept / self-esteem		✓	

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## Disclaimer

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