

Small Towns with Big Possibilities:

Creative Solutions to Providing Treatment for Children with Problematic Sexual Behaviors in Rural and Frontier Communities.

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Objectives

- Participants will learn about at least two resources for professionals interested in working with children and teens with problematic sexual behaviors.
- Participants will learn about at least two of the unique challenges facing rural and frontier communities around mental health services and treatments, including those for PSB in children and teens.
- Participants will learn of at least two strategies for providing problematic sexual behavior treatment in rural and frontier settings.



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Terminology: “Children with Problematic Sexual Behavior” “Adolescents with Illegal Sexual Behavior”

- Developmentally sensitive
- Focuses on the behavior(s)
- Age groups
 - “Children” = ≤ 12
 - “Adolescents” = 13-18
 - “Youth” = all ages
- Separates behavior of children and adolescents from criminal acts of adults

Use of the term “Juvenile Sexual Offender” has been found to be related to harsher responses than terms that separates youth from the behavior
(Harris & Socia, 2014).

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Problematic Sexual Behavior (PSB) of Youth

- Youth-initiated behaviors
- Involve sexual body parts (i.e., genitals, anus, buttocks, breasts and/or mouth)
- Potentially harmful to self and/or others
- Developmentally inappropriate and/or illegal per State and/or Federal statutes
- Clinically concerning behavior
- Could reflect a variety of diagnoses
- Youth who engage in problematic sexual behaviors are a diverse group.

Silovsky & Bonner, 2003

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Characteristics of Evidence-Based Treatments for Youth with PSB

- Directly involves caregivers
 - Behavior parent training
 - Rules about sexual behavior
 - Caregiver sex education
 - Abuse prevention of children
- Plan for safety and preventing future PSB
- Prosocial peers and positive peer interactions
- Youth with deviant sexual arousal (very small subgroup) require specialized individualized treatment (no current EBTs known)



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Effective Treatment for Youth with Problematic Sexual Behaviors



Problematic sexual behavior (PSB) is more than kids playing doctor or showing curiosity about private parts. PSB involves sexual body parts and is outside of typical development. A clear indication of a problem is when the behaviors are aggressive, intrusive, or coercive, and there is harm to the youth and others. The term is also used when youth display sexual behaviors that do not respond to parental intervention, or are frequent, intrusive, or occur among youth of disparate ages or abilities. There is hope through treatment. The first step is a clinical evaluation to examine sexual behavior, functioning, and other needs.

Best Practices for PSB Treatment for Youth

- **Developmentally Appropriate.** Therapy should be based on developmentally appropriate youth treatment models and practices, as adult offender treatment models and practices are inappropriate, ineffective, and potentially harmful.
- **Evidence Supported.** Cognitive-behavioral, skills-based and multi-systemic approaches that involve caregivers have been shown to have the best outcomes. No medication has been proven to reduce sexually abusive behavior in adolescents, but medications may help with co-occurring mental health issues.
- **Trauma Informed.** Effective treatment considers past trauma and current coping mechanisms.
- **Family Focused.** Evidence-based interventions actively involve the caregivers in treatment and address supporting the caregiver's application of effective strategies to manage the youth's behavior.
- **Least Restrictive.** With safety measures in place, most youth can receive treatment within their community. Reserve higher level of care options for youth whose behavior causes considerable risk to self or others despite community supports.
- **Minimize False Assumptions.** When a youth is exhibiting an adult-like sexual behavior, it does not necessarily mean that they have been sexually abused, or that they are on a path to life-long sexual aggression.

When evidence-based treatment models are followed with fidelity and protective factors are enhanced, PSBs decrease and recidivism rates decline.

Evidence-Based Treatment Models

An evidence-based treatment model is one that has been scientifically evaluated and shown to make a significant difference in outcomes. There are currently several evidence-based treatment models for youth with PSBs (find out more at learn.nationalchildrensalliance.org/psb).

- **MST-PSB (Multisystemic Therapy).** Youth between 10 and 17.5 years of age (and their families) when the youth has engaged in sexually abusive behavior toward others and is involved in the juvenile justice system.
- **PSB-CBT School-Age Program (Problematic Sexual Behavior – Cognitive Behavioral Therapy).** Children (ages 7-12) with OLDP expansion, ages 9-14) with PSB and their caregivers.
- **TT-CBT-PSB (Trauma-Focused CBT).** Children (ages 3-12) with a known trauma history who are experiencing PSBs and significant PTSD symptoms.

Effective vs. Concerning Treatment Practices

In the absence of access to mental health practitioners trained in evidence-based treatments specifically for PSB, youth may still respond to positive treatment practices. If your community cannot connect a youth with an evidence-based model, make sure that treatment practices are evidence supported and avoid ones that have been shown to be ineffective or even harmful.

Evidence-Based Practices (Do's)

- **DO** obtain informed consent from family and assent from youth.
- **DO** conduct comprehensive intake assessments using many sources: interviews with youth, caregivers, relatives; mental health records; police records; victim statements.
- **DO** fully integrate caregivers in therapy, supporting their use of positive strategies, tools, and techniques.
- **DO** provide individualized, holistic interventions with considerations for youth/family characteristics and risk/protective factors. Understand and address the impact of any previous victimization on current adjustment.
- **DO** implement rules and limits to promote safety of the youth and others.
- **DO** provide opportunities to practice skills and use social support in real-life situations.
- **DO** consider the youth's physical, social, emotional, and sexual health as well as their developmental level.
- **DO** ensure youth are in a minimally restrictive environment. Only treat outside the community if youth pose a threat to the safety of themselves or others, or due to co-occurring psychiatric concerns.
- **DO** help youth develop self-regulation skills (behavioral, emotional, and cognitive). Focus on what they should do, not just what they shouldn't do.

Don'ts

- **DON'T** use one-size-fits-all treatment plans.
- **DON'T** rely on assessments based solely on information gathered from the youth.
- **DON'T** exclude family from treatment interventions (even in residential placements).
- **DON'T** focus solely on sexual behavior problems without addressing individual risk and protective factors.
- **DON'T** mix populations of significantly different age, developmental level, need, and risk.
- **DON'T** use a "no touch is the best touch" approach. Youth need to learn skills for real-life situations.
- **DON'T** utilize adult-focused interventions, such as physiological measurements (polygraph, penile plethysmograph), aversive conditioning, aversion control (masturbatory secession), chemical/pharmacological controls (including hormonal treatment, relapse prevention cycles, or fantasy journals).
- **DON'T** support lifetime sex offender registries for youth if the current risk is not consistent with this consequence.
- **DON'T** promote coercive practices (fear inducing, confrontation (shame based), or punishment (shown to be ineffective at changing behavior)).

For More Information

National Children's Alliance website at learn.nationalchildrensalliance.org/psb

National Children's Alliance
516 C Street, NE
Washington, DC 20002 US

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Problems in Mental Health Care for Rural Communities

- Currently, more than 80% of U.S. land is considered rural (Carter, 2019)
- Rural populations report their mental health as poorer compared to urban counterparts (Ziller et al., 2010)
- They often report higher levels of depression, substance abuse, domestic violence, child abuse among other concerns (Ziller et al., 2010)
- Research shows that at least 1 in 5 U.S. children have mental health concerns but only ½ receive care. Rates for mental health concerns in rural youth are still unknown (Hoffman et al., 2023)
- Further, rural communities are less likely to recognize mental health concerns than urban communities which can contribute to a persistence of mental health concerns (Svistova et al., 2021)

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Problems in Mental Health Care for Rural Communities

- 122 million are currently in a mental health shortage area
- 62% of mental health professional shortages are located in rural areas (Jensen & Mendenhall, 2018; US DHS, 2017)
- Lack of trained professionals, underutilization of services, lack of convenient access are common obstacles rural communities face when attempting to access resources (Comer et al., 2016)
- Dropout rates for therapy in youth populations are as high as 80% (Cumming et al., 2013; Ros-DeMarize et al., 2021)
- This may be even higher for rural communities who are faced with numerous barriers to access of care

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What we hear from providers.

- There is little is known regarding access to providers who are trained in PSB treatment in rural communities, but our colleagues have discussed these concerns and barriers:
 - Not feeling competent to work with the population.
 - Limited connections between providers for collegial support.
 - Access to continuing education around PSB.
 - Stigma and lack of anonymity as major barriers for engagement in services.
 - This may be even more prevalent in PSB referrals due to the nature of the behaviors.
 - Providing group or family treatment for this population via telehealth can't work.
 - Must have a large team to get trained in PSB-CBT.
 - Cost to get trained.

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Research supporting possible solutions

- Telehealth offers a way to address critical gaps in mental health disparities for rural populations
- TF-CBT conducted over telehealth has found meaningful trauma symptom reduction for youth from pre-to-post treatment with 0% dropout rates (Steward et al., 2021)
- Researchers in rural Wyoming found participants PTSD and depression symptoms reduced at rates comparable than face-to-face treatment when engaged in telehealth treatment (Gray et al., 2015)
- Newman and colleagues (2022) found that providers in rural primary care clinics can aid in destigmatizing mental health services and increase access to care (Newman et al., 2022)
- A 2021 study found that PCIT delivered via home-based counseling services showed positive effects on the reduction of child disruptive behavior and the increase in parental skills.(Abrahamse et al., 2021)

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Alabama

- Youth Services Institute/ University of Alabama School of Social Work
 - Provide in-home/in-community services in a family-based format.
 - Collaborate with juvenile justice, child advocacy centers, child protective services, schools, etc.
 - Directly serve 22 of Alabama's 67 counties, contract with providers in 17 counties and working towards indirectly serving the entire state of Alabama.



North Dakota

- Dakota Children's Advocacy Center and Red River Children's Advocacy Center
 - Two CACs working together to provide services to all of North Dakota and BEYOND.
 - Providing telehealth services in group format.
 - iPad loaner program

"Services for kids with PSB can only be successful when they are accessible" ~ Paula Condol, NCAC Symposium 2024



Texas

- Children's Advocacy Center of Paris
 - One Clinician
 - Family based treatment.



Oklahoma

- University of Oklahoma Health Sciences Center and National Center on the Sexual Behaviors of Youth
 - Provide in clinic and telehealth services for family based and group services.
 - Started with providing services in OKC metro but moved to more rural services via telehealth.
 - Creating a larger network of providers in Oklahoma through training.



Oklahoma Implementation

Oklahoma Treatment Programs for Children Ages 7-12 with Problematic Sexual Behavior

Treatment Program for Families of Children with Problematic Sexual Behavior Oklahoma Children's Center 2022 W. Broadway, Suite 100 Oklahoma City, OK 73101 (405) 271-1171 Serving Carter, Love, Marshall, Murray, Johnston, Rogers, Nowata, Jefferson, Stephens, and Comanche Areas	Treatment Program for Families of Children with Problematic Sexual Behavior Child Study Center 2200 NE 13th St Oklahoma City, OK 73103 (405) 271-8855, 405712 Serving the Oklahoma City Metropolitan Areas
Treatment Program for Families of Children with Problematic Sexual Behavior Kay County Sexual Health Center 400 N. Main Street Muskogee, OK 74401 (918) 424-0344 Serving the Kay County Area	Lawton County Child Advocacy Network 4000 Highway 10 East Lawton, OK 73505 (817) 847-3024 Serving Lawton and Lawton Area
Treatment Program for Families of Children with Problematic Sexual Behavior 2200 NE 13th St Oklahoma City, OK 73103 (405) 271-8855 Serving Tulsa, Creek, Adair, Washington, and Wagoner Areas	Treatment Advocacy and Support for Adults (TASA) Program Forensic Health Services 400 N. Main St Muskogee, OK 74401 (918) 424-0344 Serving Haskell, Pittsburg, Nowata, McIntosh, McCurtain, and Tulsa Areas

Map of Oklahoma: If you are serving outside these counties and would like to consult on a case, please contact the Child Study Center for consultation.

Revised July 2023

Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth Guiding Principles

Problematic sexual behavior (PSB) is a behavior that is developmentally inappropriate and potentially harmful to self or others. These behaviors occur in children as young as three years old. Though the behaviors may appear similar to those of adults who sexually abuse, sexually assault, or sexually harass, children's PSB is not the same. Children are in their formative years and are still developing their understanding of social boundaries and their understanding of the consequences of their actions. PSB is a behavior that is not a crime and is not a criminal offense. The goal of the workgroup is to provide guidance to professionals who work with children who exhibit PSB. The goal is to provide guidance to professionals who work with children who exhibit PSB. The goal is to provide guidance to professionals who work with children who exhibit PSB.

Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth Recommendations

The Oklahoma State Interagency Workgroup's task was to examine current policies and practices for addressing children's sexual behavior in relation to child welfare, child protective services, and child services in Oklahoma, and to develop recommendations for addressing children's sexual behavior in relation to child welfare, child protective services, and child services in Oklahoma. The workgroup's recommendations are based on a review of current research, best practices, and the experiences of professionals who work with children who exhibit PSB. The workgroup's recommendations are based on a review of current research, best practices, and the experiences of professionals who work with children who exhibit PSB. The workgroup's recommendations are based on a review of current research, best practices, and the experiences of professionals who work with children who exhibit PSB.

OKLAHOMA TREATMENT PROGRAMS FOR ADOLESCENTS AGES 13-18 WITH PROBLEMATIC OR ILLEGAL SEXUAL BEHAVIOR

Youth and Family Services 2200 NE 13th Street Oklahoma City, OK 73103 (405) 271-8855	Oklahoma Children and Youth Coalition 211 S. Lincoln Ave. Oklahoma City, OK 73102 (405) 271-8855
Integrity Pathways 2200 NE 13th Street Oklahoma City, OK 73103 (405) 271-8855	CHOCAS Mental Health Services 2200 NE 13th Street Oklahoma City, OK 73103 (405) 271-8855
Child Study Center 2200 NE 13th St Oklahoma City, OK 73103 (405) 271-8855	Family and Children's Services 4301 S. Lincoln Ave. Tulsa, OK 74114 (918) 485-2289
Central Oklahoma Juvenile Center 1901 S. Yale St. Norman, OK 73061 (405) 271-8855	

If you are serving outside these areas and would like to consult on a case, please contact the Child Study Center for consultation.

More information can be found at: <https://connect.ncsby.org/psbcbt/oklahoma-implementation>

Map of Oklahoma: If you are serving outside these areas and would like to consult on a case, please contact the Child Study Center for consultation.

<https://connect.ncsby.org/psbcbt/oklahoma-implementation>

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Similarities between these examples.

- Have a passion for their work and communities.
- Started small but are moving towards bigger/statewide impact.
- Identifying key stakeholders with a shared vision.
- Creative solutions.

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How can you apply this information in your own community?

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Moving forward

- Identifying the systems barriers in your local community
 - Dispelling myths, educating professionals
 - Policy barriers
 - Service priorities for families
 - Financial barriers
- CAC & MDTs support for systems change
- Identifying people with power
- Support from local champions

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PROFESSIONAL RESOURCES

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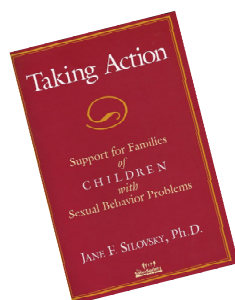
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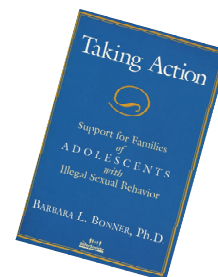
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Training and Technical Assistance



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Quarterly Rural/Frontier Clinical Calls




July 19, 2024




October 18, 2024



January 17, 2025



April 18, 2025



July 18, 2025






Quarterly Rural/Frontier Calls occur at 12 CST/1 EST

Join Zoom Meeting

Meeting ID: 925 4205 5946

Password: 55473403

Join us as we provide a place to have conversations around services, research, and education related to youth with problematic sexual behaviors in our more sparsely populated communities. Come join the conversation and let's learn from each other!!



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WRCAC Telemental Health Resource Center

- The WRCAC Telemental Health Resource Center is designed to provide information and access to current resources regarding telemental health, with an emphasis on the unique needs of CACs and their clients and staff.

<https://www.westernregionalcac.org/tmhresourcecenter>



Western Regional
CHILDREN'S ADVOCACY CENTER



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Association for the Treatment and Prevention of Sexual Abuse

- 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 2nd Edition– Downloadable at:

<https://members.atsa.com/ap/CloudFile/Download/pgGxjO4p>



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QUESTIONS AND DISCUSSION

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