Evidence-Based Interventions for Children Impacted by Problematic Sexualized Behavior

Elissa J. Brown, Ph.D.
Child HELP Partnership, St. John's University

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The Goal of the Presentation

- There are serious legal and social implications for children who engage in problematic sexualized behavior
- As a result, there can be a lack of attention given to those children (e.g., classmates, siblings, cousins) who are impacted
- This is particularly complicated when the behavior occurs within a family, leaving caregivers torn between the two children
- Goal: To review evidence-based assessment and treatment components for children who experience inappropriate sexual contact, with a focus on intra-familial sexual behavior
  - Assessment
  - Treatment components
  - Reunification recommendations

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Reactions to Inappropriate Sexual Contact: Affective

- Fear
- Sadness
- Anger
- Worry
- Affective dysregulation

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Reactions to Inappropriate Sexual Contact: Physiological

- Fight/Flight/Freeze
- Heart racing
- Sweating
- Choking sensation
- Muscle tension

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Reactions to Inappropriate Sexual Contact: Behavioral

- Avoidance
- Modeling maladaptive behaviors
  - Sexualized behaviors
  - Violent behaviors
  - Bullying
- Traumatic bonding/attachment
- Substance abuse
- Self-Injury

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Reactions to Inappropriate Sexual Contact: Cognitive

- Inaccurate cognitions
- Distrust of people and systems
- Distorted self-image
- Loss/betrayal of social contract
- Accurate, but unhelpful, cognitions

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Possible Diagnostic Consequences of Inappropriate Sexual Contact

- Posttraumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Depression
- Generalized Anxiety Disorder
- Specific Phobias
- Separation Anxiety Disorder
- Secondary Enuresis or Encopresis
- Oppositional Defiant Disorder
- Conduct Disorder
- Substance Abuse/Dependence

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Areas of Assessment

- Trauma History
  - Presenting trauma and its characteristics
  - All other traumas
- Mental health symptoms and behavior problems
  - Current symptoms
  - History of symptoms
- Environment
  - Safety
  - History of caregiver/child relationship/attachment
  - Other supports
  - System involvement with family since trauma

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Culturally Modified Assessment (Michael de Arellano)

- Broader Range of Traumatic Events
  - Migration History
  - Intergenerational trauma
  - Historical trauma
- Acculturation – for all family members
- Beliefs about mental health and mental health treatment
- Include all those with input into child rearing

- Cultural Constructs
  - Gender Roles
  - Spirituality
  - Interpersonal values
  - Family Cohesion

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How Do We Use Assessment Data?

- Functional analysis
- All behavior is functional
  - To determine the "function" of the behavior it is important to determine what is occurring:
    - **Before** the behavior occurs
    - **After** the behavior occurs
  - Behavior that continues to occur is somehow being triggered and reinforced
    - Behavior is NOT repeated if:
      - it is NOT being reinforced or attended to
      - it is being punished

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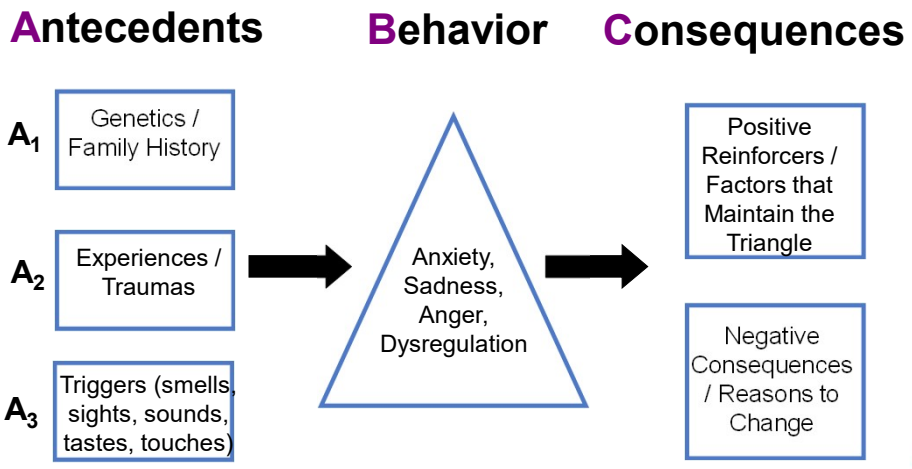
Functional Analysis



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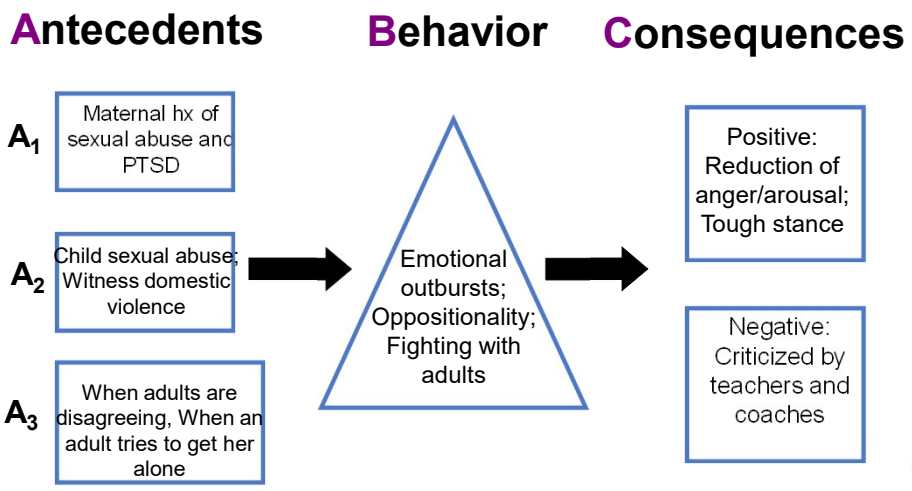
Sample Functional Analysis



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Linking Assessment to Treatment

- Treatments that work:
  - https://www.youtube.com/watch?v=3EyvaEkoK-k&list=WL&index=2&t=0s

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Selecting Treatment Components

• Hyper-arousal	-Relaxation training/mindfulness -Cognitive coping
• Re-experiencing	-Exposure therapy
• Avoidance/Dissociation	-Grounding, Exposure
• Depression	-Cognitive therapy -Behavioral activation
• Sexual Concerns	-Psychoeducation
• Sexual Acting Out	-Behavior management
• Anger/Acting out	-Anger Management, Behavior Management

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Treatment Research on Children

- Trauma-Focused CBT (Cohen, Deblinger, & Mannarino)
  - For traumatized children (ages 3-17) and non-offending caregivers
  - Most rigorously tested (25 randomized trials)
  - Improved PTSD, depression, anxiety, shame and behavior problems compared to supportive treatments
  - Improved parental distress, parental support, and parental depression compared to supportive treatment
- Alternatives for Families: A CBT (Kolko, Brown, Shaver, Baumann, & Herschell)
  - For physically abused children (ages 6-17) and their caregivers
  - Decreases in child externalizing symptoms and PTSD
  - Decreases in caregiver abuse potential and negative parenting strategies
  - Improvements family conflict and cohesion

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Components for Children Impacted by PSB

- Safety and Psychoeducation
  - Safety Planning
  - Psychoeducation (trauma, affect identification)
- Skill Building
  - Physiological --Relaxation
  - Cognitive --Cognitive coping
  - Behavioral --Exposure (imaginal, in vivo)
    --Parent training
- Conjoint work (caregiver-child, couple, family)
  - Communication Training
  - Sharing the Narrative and Clarification
  - Family Problem Solving

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Safety Planning

- Necessary (but not sufficient)
- Assess at baseline and continuously
- Ambient safety—supervision and clear family rules
- Creating safety in the moment—De-escalation
- Building safety outside of session
  - Problem solving
  - Mobilizing social support
  - Involving systems when necessary
- Develop a safety plan which is responsive to the client's circumstances and abilities

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Psychoeducation

- Content
  - Trauma types
  - Common emotional and behavioral reactions
  - Evidence-based interventions and outcomes
- Goal is to provide corrective information
  - Educate
  - Normalize
  - Give hope
- Consider cultural context
- Maintain non-judgmental stance

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Relaxation Techniques

- Start with their own strategies
- Use SUDS/mood meter to assess effectiveness
- Skills to teach
  - Belly/Diaphragmatic breathing
  - Progressive muscle relaxation
  - Imagery/visualization
  - Mindfulness
  - Exercise
  - Yoga
- Consider cultural differences (music, prayer)

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Cognitive Coping

- Help clients view events in more accurate and helpful ways
- Encourage parents to assist clients in cognitive processing of upsetting situations, and to use this in their own everyday lives for affective modulation
- Teach well-established cognitive therapy techniques on everyday stressors; then apply to trauma

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Cognitive Restructuring for Trauma

- Identify and challenge automatic thoughts related to sexual contact
- Common cognitive distortions
  - General attributional style
    - All-or-nothing thinking Catatrophizing
  - Trauma-specific
    - Self-blame Dangerous world Hostile bias
- Consider inclusion of others

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Cognitive Restructuring

Automatic Thoughts	SUDS	Distortions	Reframing	Coping Statement	SUDS
The sexual contact was my fault.	6	-Self-blame -All or nothing	My cousin did the touching. I wanted him to stop.		2
Everyone thinks I ruined my family by telling.	6	-Self-blame -Mind reading -All or nothing	My mom told me that she's glad I told. It stopped because I told.	I was brave to tell.	3
Things are never going to be okay.	8	-All or nothing -Catastrophizing	I don't know how things will be in the future. Therapy is helping me feel better. Therapy is helping my cousin learn not to do this again.	I feel better every week.	3

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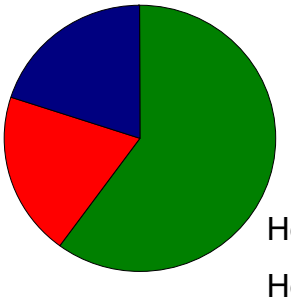
Responsibility Pie for Sexual Contact

I shouldn't have gone back

She didn't give sex

She knew what was happening



He did it

He knew it was wrong

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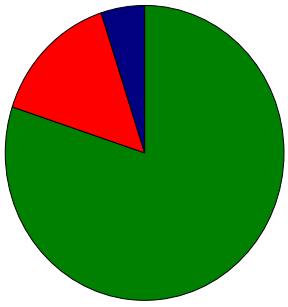
Responsibility Pie for Sexual Contact

She knew that something was happening because she interrupted us

I wish I hadn't gone back but there were reasons



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Other Cognitive Coping Skills

- Positive Self Talk
  - I am safe
  - People will protect me
  - He can't hurt me now
  - I know how to handle feelings
  - I am strong
- Reverse roleplay
  - Child acts like therapist
  - Child act like their best friend

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Parent Training: Common Parental Issues

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Overprotectiveness
- Overpermissiveness
- PTSD Symptoms

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Imaginal Exposure

- Reasons to directly discuss traumatic events:
  - Gain mastery over trauma reminders
  - Resolve avoidance symptoms
  - Correction of distorted cognitions, especially those with trauma-specific themes (e.g., self-blame)
  - Model adaptive coping
  - Identify and prepare for trauma/loss reminders
  - Contextualize traumatic experiences into life

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Imaginal Exposure with Children

- With children, often called a trauma narrative
- Broken into pieces/chapters
  - Disclosure
  - Typical time
  - Worst time
- Developmentally-appropriate implementation
  - With art, movement
  - Link to tripartite model (feelings, thoughts, body)
  - No homework to continue processing

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In-Vivo Mastery of Trauma Reminders

- Like *in vivo* for other types of anxiety/avoidance
- Gradually resolve avoidant behaviors
- Identify the feared situation
- Design the in vivo desensitization plan (hierarchy)
- Praise and reinforce in vivo work
- Therapist MUST have confidence that this will work or it won't
- http://minnesota.cbslocal.com/2012/07/31/facing-down-the-fears-of-the-i-35w-bridge-collapse/

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Preparation for Clarification

- What is Clarification?
  - Clarification is an opportunity for the caregiver to accept and clarify responsibility for what has occurred in the past, what is happening now, and what will be different in the future
- In the Letter, the Caregiver Will:
  - Write a description of the conflict/abuse/PSB
  - Take responsibility for their part
  - Ensure that the child is not to blame
  - Praise the child for telling and talking about it
  - Put responsibility for effects on the family on the person responsible
  - Tell about their treatment/what was learned
  - Express willing to discuss conflict/abuse/PSB and answer questions
  - Explain plans for prevention of future conflict/abuse/PSB

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Communication Training (Family)

- Identifying Communication Patterns
  - Provide rationale to enhance communication
  - Review ground rules for all
  - Identify positive communication strategies in self and other(s)
  - Identify communication obstacles in self and other(s)
- Enhance Communication Strategies
  - Practicing "I" statements
  - Giving feedback (e.g., behavior vs disposition)
  - Select obstacles to change

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Sharing Clarification and Narrative

- Child's Preparation
  - Provide rationale
  - Discuss set up of room (child's choice)
  - Create list of child's questions and "things to tell" (emotions etc. from earlier discussions)
- Therapist's Role
  - Elicit the concerns (ATs) and address (CR)
  - Educate about the process
  - Use coping skills as needed
  - Work with caregiver to develop answers to questions

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Sharing Clarification and Narrative

- Meet alone with Child and Caregiver
  - Review process, questions, and coping skills
- Joint Session
  - Review overall meeting structure
  - Review meeting rules
  - Have parent read letter
  - Child asks questions
  - Practice a coping skill together
- Individual check-ins

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Sharing Clarification and Narrative

- The sharing is for and about the child
- Should the narrative be shared?
  - If caregiver can provide appropriate support
  - If caregiver needs to understand child's perspective for clarification
- Preparation for sharing
  - Share narrative with caregiver in advance
  - Use SUDS to monitor reactions
  - Use coping skills to address anxiety, anger, etc.
  - Encourage caregivers not to discuss with child before sharing session

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Family Problem Solving

- Steps to Problem Solving
  - **Step 1:** Identify the Problem
    - What Is The Problem?
    - What Do I/We Want?
  - **Step 2:** Generate possible solutions
  - **Step 3:** Consider consequences of each solution ("What would happen if…?")
  - **Step 4:** Pick a solution and making a plan
  - **Step 5:** Carry out the plan and reward
- Start with family hassles
- Move to safety/relapse prevention

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Taking Care of the Caretakers

- This work is rewarding, but hard
- We are vulnerable to having our own trauma/grief reactions when hearing other people's stories
- Reactions can be unhealthy/hurtful
  - Emotional
  - Physical
  - Cognitive
  - Behavioral
- At the extreme, secondary traumatic stress

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The ABCs of Self-Care (Saakvitne & Pearlman, 1996)

- Awareness
  - Needs, limits, and resources
  - Thoughts, feelings, and body reactions
- Balance among activities
  - Especially work, play, and rest
- Connection
  - to yourself
  - to others
  - to something larger

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The ABCs of Self-Care

- Apply the ABCs to three realms of your life:
  - Personal
  - Professional
  - Organizational

- Brainstorm: What can you do for your own self-care?

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Questions and Comments

- Suggestions?
- Questions?
- Next steps for your program?

- Browne@stjohns.edu

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Resources

Ross, S., Brown, E. J., Sharma-Patel, K., Chaplin, W. F., & Huntt, J. (online, 2021). Complex trauma reactions in youth receiving trauma-specific cognitive-behavioral therapy. *Child Abuse & Neglect*.

Sharma-Patel, K., & Brown, E. J. (2016). Emotion regulation and self-blame as mediators and moderators of trauma-specific treatment. *Psychology of Violence, 6 (3)*, 400-409.

Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for early childhood trauma: Decision considerations for clinicians. *Journal of Child & Adolescent Trauma*.

www.childhelppartnership.org

www.nctsn.org

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