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PROBLEMATIC SEXUAL BEHAVIOR – COGNITIVE BEHAVIORAL THERAPY (PSB-CBT)

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NC CHILD TREATMENT PROGRAM

- Established in 2006 to support sustainable, statewide dissemination of child, mental health evidence-based treatments (**EBTs**)
  - Learning Collaborative + intensive 1:1 consultation with clinical expert
  - High fidelity standards
  - Rostered and/or national certification
  - Post-training roster maintenance
    - https://www.ncchildtreatmentprogram.org/
  - *PLUS* implementation track for agency administrators
- Funded by NC General Assembly through an annually-recurring appropriation
- Contracted by, and in collaboration with, NC DMH/DD/SAS
- Since 2013, have expanded to include 5 evidence-based treatment for children birth through 18

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CURRENT EVIDENCED BASED TREATMENT (EBT) ARRAY

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent and Child Interaction Therapy (PCIT)
- Child-Parent Psychotherapy (CPP)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- *New* Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT)

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WHAT IS PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH (PSB)

- Child(ren)-initiated behaviors that involve "private parts"
  - Genitals, anus, buttocks, and/or breasts
  - Could involve other body parts: Mouth, hands, etc.

- Focuses on the behavior(s)
  - Although the term "sexual" is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification
  - Separates behavior from the child

WHAT IS PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH?

Children and adolescents may exhibit a wide range of developmentally-typical sexual behaviors involving self and others

Becomes problematic when:

- Causes harm or potential harm to self or others
- Occurs frequently
- Does not respond to caregiver intervention
- Occurs in response to negative emotional states; anxiety, shame, fear or anger
- Occurs between children of vastly different ages or abilities
- Aggressive and/or coercive

GUIDELINES FOR DETERMINING IF SEXUAL BEHAVIORS ARE A PROBLEM

Frequency	Developmental Considerations	Harm
High Frequency	Among Youth of Significantly Different Ages/ Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Longer in Duration than Developmentally Expected	Use of Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Interferes with Social Development	Elicits Fear or Anxiety in Other Children

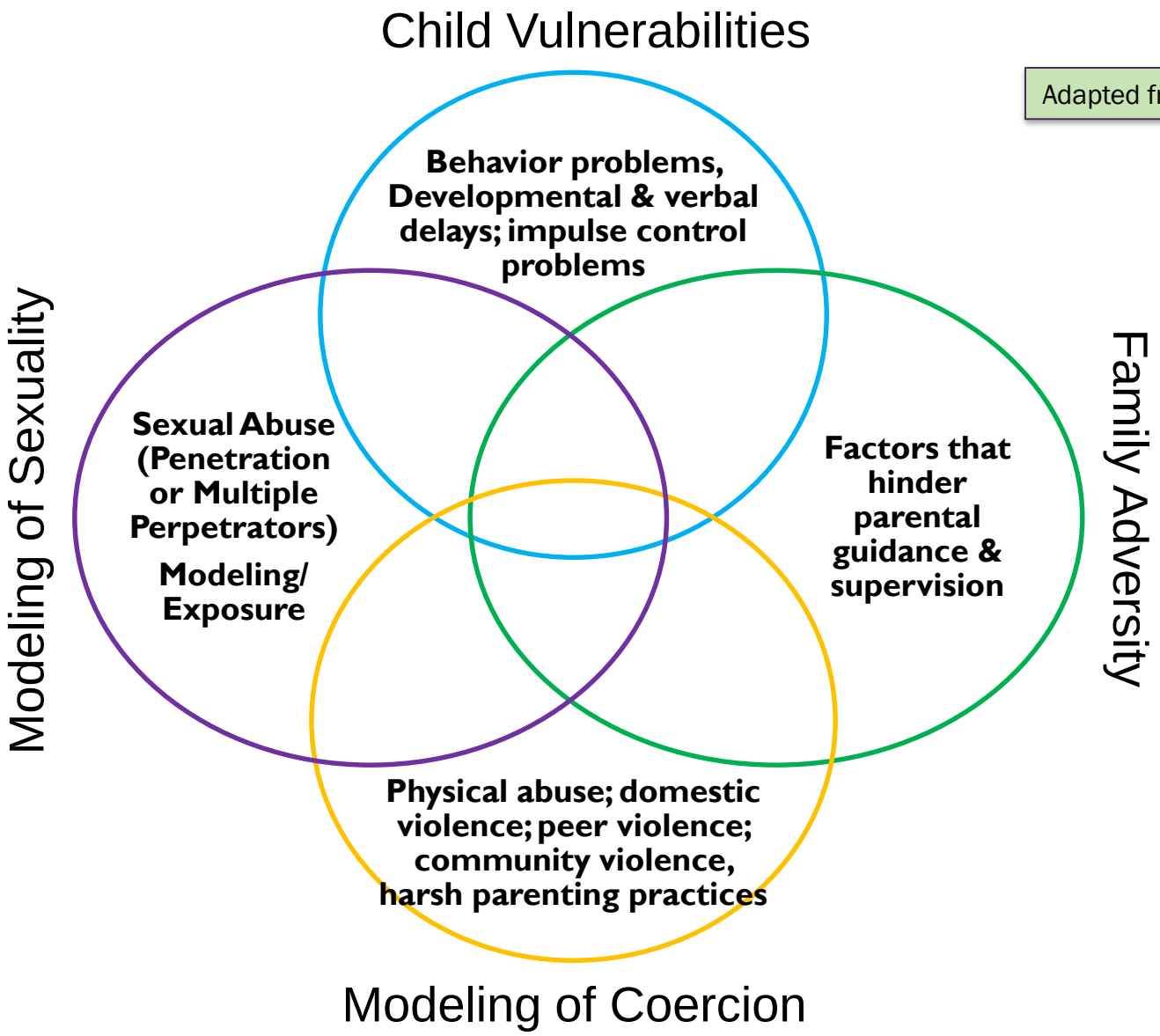
Bonner (1995); Davies, Glaser, & Kossoff (2000); Friedrich (1997); Johnson (2004); Larsson & Svedin (2001)

ORIGINS OF PSB

- Historical assumption – "All children with sexual behavior problems have been abused"
  - Percentage of sexual abuse history in children with PSB samples varies (4%-98%)
  - Sexual abuse maybe more likely in female children with PSB

- Most children who have been sexually abused do not have PSB
  - Of substantiated child sexual abuse cases
    - 36% of preschool children had PSB
    - 6% of school-age children had PSB

Cohen & Mannarino, 1997; Hall, Mathews, & Pearce, 2002; Kendall-Tackett, Williams, & Finkelhor, 1991; McNichol & McGregor, 1999; Friedrich, 2005



Adapted from Friedrich, Davis, et.al, 2003

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ORIGINS OF PSB

Problematic sexual behavior usually occurs when the child:

- feels anxious, angry
- is reacting to trauma
- is overly curious after being exposed to sexual material
- is seeking attention
- is trying to imitate others or is trying to calm themselves down

Children who have problematic sexual behaviors typically have low impulse control, poor social skills, and poor decision making ability

ORIGINS OF PSB

- Compared to adult sexual offenders, most youth (through adolescence) with PSB:
  - Have fewer victims and behaviors, shorter duration of behavior
  - Engage in fewer behaviors involving penetrative acts
  - Have different motivations for their behavior; more experimental or curiosity driven behaviors
  - Less specific, focused sexual behavior
  - Less evidence of sexual compulsivity, "cycles," "grooming" or other features often found in adults
  - No evidence that most have a lifelong, incurable sexual disorder or paraphilia

PREVALENCE

- No research or accurate data on prevalence/incidence
- Greater than one-third of sexual offenses against child victims are committed by other youth.
- PSB primarily occurs with other children known by the youth, with a quarter of victims being family members.
- Few sexual offenses of youth involve strangers.

PREVALENCE

The NC DPS, Juvenile Justice Section reported **that 4,571 minors were adjudicated for sexual offenses** in a 10-year period ending in December 2016.

- Adjudicated children were between the ages of 6 and 16 years, with approximately one-third under 13. The vast majority (96%) were male (J. Steinberg, personal communication, April 21, 2017).

Among the 8,500 children referred to a North Carolina CAC in 2015, **16.4% of sexual abuse cases involved a 'perpetrator' under eighteen years of age** (Children's Advocacy Centers of North Carolina, 2015).

PSB TREATMENT EXPLORATION PHASE

Clinical Consensus Panel

- Conducted key informant interviews and exhaustive research regarding available PSB models
- Findings of research explored with experts

- Experts recommended statewide dissemination of PSB-CBT
  - Continue support of other models including MST-PSB, TASK, and others

SUPPORTING EVIDENCE FOR PSB-CBT

- The majority of children and youth who participate in PSB-CBT cease to engage in problematic sexual behaviors; the recidivism rate in school age children is 2% at ten-year follow-up (Carpentier, Silovsky, Chaffin, 2006).
- Children and youth who participate in PSB-CBT also show significant improvement in non-sexual behavior problems, emotional difficulties, and trauma symptoms (Silovsky, Hunter, Taylor, 2019).
- Decrease in parenting stress and increase in parenting skills (Silovsky, Hunter & Taylor, 2019).

ASSOCIATED OUTCOMES

Most children and youth benefit from outpatient PSB-CBT, avoiding the cost and disruption associated with out-of-home placement.

> The approximate annual costs (2018 dollars) for placement in a North Carolina **psychiatric residential treatment facility or a juvenile justice facility, are greater than $50K and $100K,** respectively (J. Steinberg, personal communication, October 1, 2019).

PROBLEMATIC SEXUAL BEHAVIOR – COGNITIVE BEHAVIORAL THERAPY (PSB-CBT)

- Originally developed by Barbara Bonner, Eugene Walker (University of Oklahoma Health Sciences Center) and Lucy Berliner (University of Washington)
- Revised by Jane Silovsky and the PSB treatment team at OUHSC

  - Group treatment model for children and youth ages 3-18 years
    - Pre-school: *ages 3-6*
    - School-age: *ages 7-12*
    - Adolescent: *ages 13-18*
  - Individual/Family Adaption available

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PROBLEMATIC SEXUAL BEHAVIOR – COGNITIVE BEHAVIORAL THERAPY (PSB-CBT)

PSB-CBT can effectively address a wide range of problematic and illegal behaviors, including:

- Failure to recognize socially acceptable physical boundaries
- Excessive masturbation
- Preoccupation with pornography and other sexualized content
- Generation and/or dissemination of sexualized images of self or others
- Coercive and/or aggressive sexual acts

PSB-CBT (SCHOOL-AGE MODEL)

For children ages 7-12 years

- Cognitive-behavioral and social ecological approach
- 16-18 weekly sessions lasting 60 – 90 minutes
- Requires active involvement of caregivers
  - Caregivers attend concurrent group sessions
- Family adaptation is similar in duration and caregiver involvement

PSB-CBT TREATMENT GOALS

- Eliminate or reduce problematic sexual behaviors
- Improve coping skills and self-control strategies
- Enhance social competence skills
- Develop appropriate psychosexual knowledge and boundaries
- Improve caregiver monitoring, supervision and behavior management skills
- Reduce out of home placement risk

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EFFECTIVE PRACTICE ELEMENTS

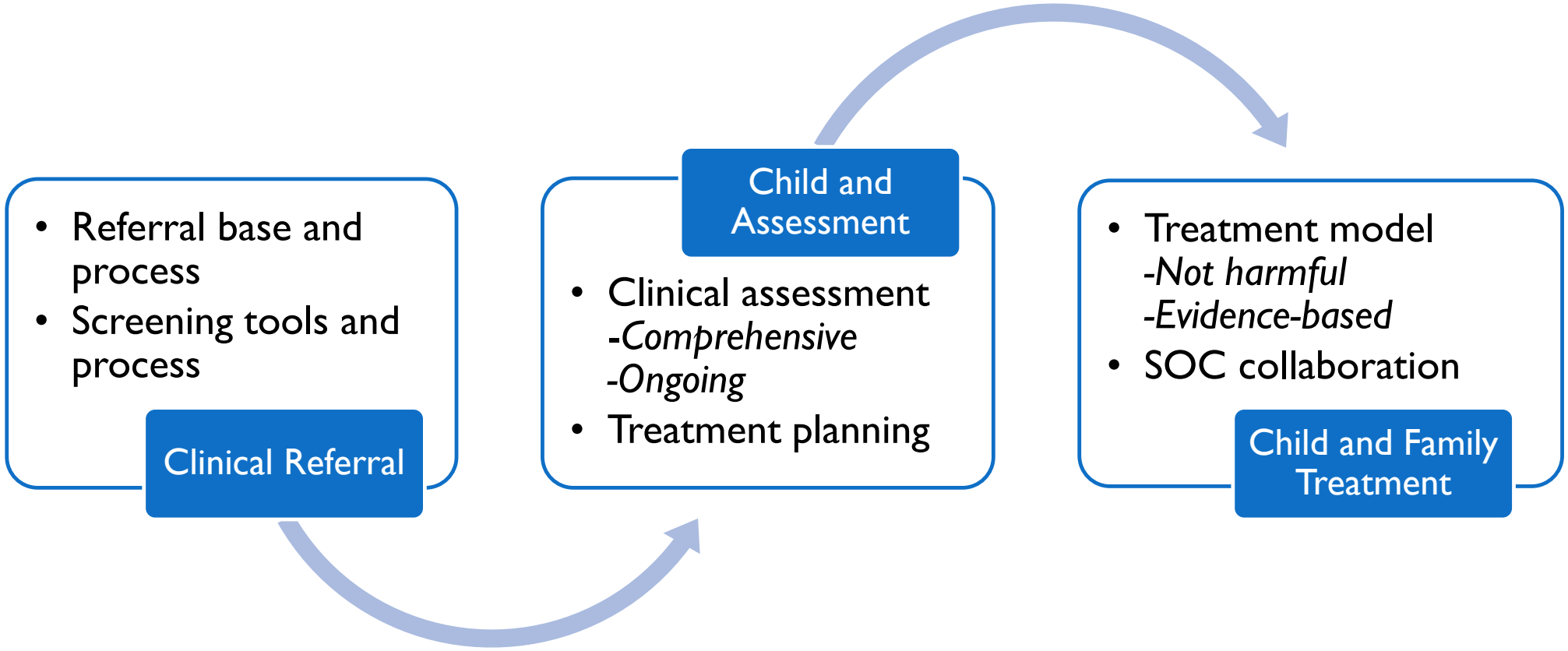
- Meta-analysis of all existing treatments (St. Amand, Bard, & Silovsky, 2008)

- Caregiver practice elements
  - Behavior Parent Training (BPT) most significant/effective practice element
  - BPT co-occurred with other practice elements
    - Rules about sexual behavior and boundaries
    - Sexual education
    - Abuse prevention skills

- Child practice element: Impulse-control skills

- Practice elements evolved from adult sex offender treatments were not significant predictors

DEVELOPING AND SUSTAINING PSB-CBT CAPACITY



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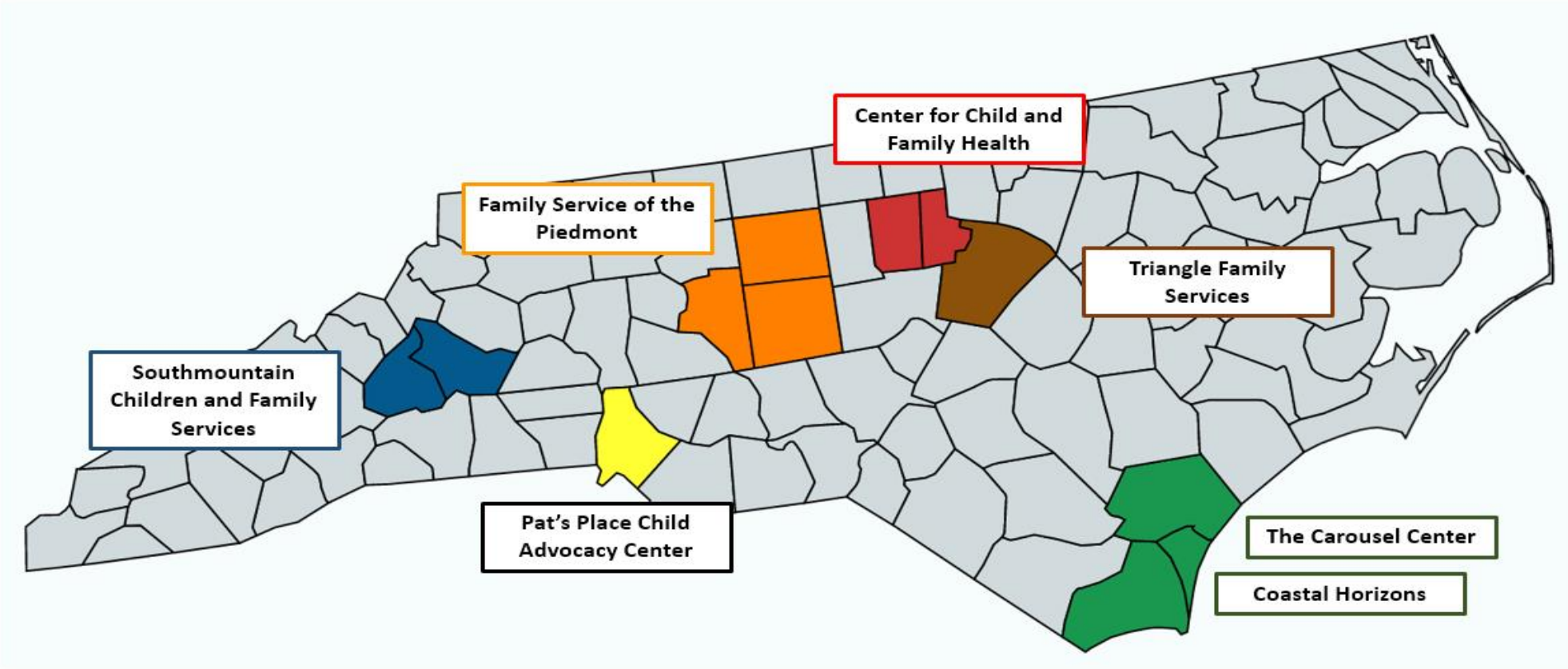
CURRENT PSB-CBT-S TRAINING TEAMS



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