
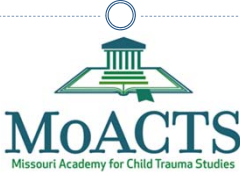



Hope and Healing: PSB Treatment in MO 




MoACTS
Missouri Academy for Child Trauma Studies

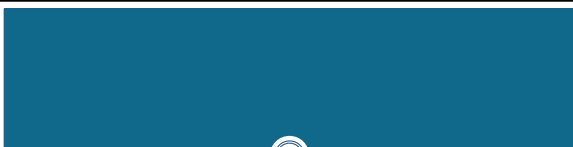


Kate Drewry, LCSW


Laura Kaehler, Ph.D.



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ASSESSMENT



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Purpose of Assessment 

- Treatment planning
- Reunification decisions
- Placement decisions
- Safety planning and education

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Overview of Assessments

- Meet with caregiver and child together
 - Discuss confidentiality, honesty, and purpose of assessment
- Individual interview with caregiver
- Individual interview with child
- Wrap up with caregiver and child together
- Follow up after appointment
 - Collateral sources
 - Caregivers
 - Referral source

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Caregiver Interview: Information Gathering

- History of PSB
- Trauma history and symptoms
- Social, family, developmental, and school history
- Emotional and behavioral functioning

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Caregiver Interview: Educational Component

- Origins of PSB
- Protective factors
- Dispel myths
- Instill hope for treatment success
- Safety planning



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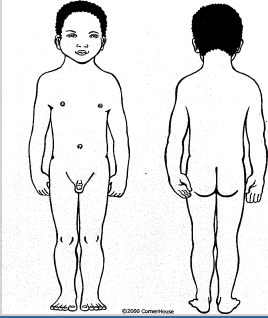
Child Interview

What are the private parts?



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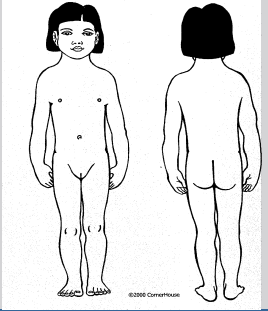
Identify and Label Private Parts



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Identify and Label Private Parts



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Review SBRs



1. It is NOT OK to look at other people's private parts.
1. It is NOT OK to show your private parts to other people.
1. It is NOT OK to touch other people's private parts.
1. It is OK to touch your own private parts, as long as you are in private and do not take too much time.
1. It is NOT OK to use sexual language or make other people uncomfortable with your sexual behavior.

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Exceptions to SBRs



- Toileting
- Hygiene
- Health / medical
- Child sexual abuse

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Elicit Details about PSB



- **What** happened?
- **Who** was involved?
- **Who** initiated? **Where** did the idea come from?
- **When** did it happen?
 - Frequency
 - Duration
- Use of coercion or force?
- Other child's response
- How did adults learn about PSB and respond to it?

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Standardized Measures

Our battery:

Caregiver-report measures

- Trauma Symptoms Checklist for Young Children
- Child Sexual Behavior Inventory, 3rd ed.
- UCLA PTSD Reaction Index -- Parent Report

Child-report

- UCLA PTSD Reaction Index -- Child Report
- Trauma Symptom Checklist for Children*

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Treatment Planning

Possible treatment recommendations following assessment:

- No further intervention needed
- Child and caregiver participation in PSB group treatment program
- Participation in PSB-focused family/individual treatment
- Trauma-focused treatment (e.g., TF-CBT) with additional focus on PSB
- Very rare: residential or inpatient treatment

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Treatment Planning: Special Considerations

- Parents who are divorced
- Foster parents and biological parents
- Siblings in the same group
- Children who acted out with each other in the same group

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How MDT can Support Families during Assessment Phase

- Refer families for assessments as soon as you learn about the potentially problematic behavior
- Assist with safety planning
- Talk with families about what they can expect at the assessment appointment
- Encourage families to be open and honest with clinician/assessor
- Urge caregivers to follow all treatment and safety recommendations offered at conclusion of assessment

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SAFETY PLANNING AND PLACEMENT DECISIONS

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Supervision

- Continuous visual supervision is necessary when child with PSB is around other children
- Many families have to rely on support systems for help to maintain this type of supervision
- Help caregivers think about ways to support children's friendships while maintaining close supervision
- Instill hope; this level of supervision is not needed forever

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Room Sharing



- Ideally, child with PSB should have own room
- At minimum, child with PSB should have own BED
- If child has to share room with other child(ren), other precautions can include:
 - Sharing room with older (vs. younger) children
 - Using audio or video monitors

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Family Rules about Sexual Behavior and Privacy



- All children and adults in the home should follow SBRs and/or privacy rules.
- Caregivers must model modesty -- no nudity in front of children
- Caregivers should insist on privacy in bedrooms and bathrooms
 - All family members must knock before entering
 - Bathing and self-care should take place in private
 - If child needs assistance with bathing or self-care, only an adult should help.

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Sexually Explicit Media



- Children should not be exposed to sexually explicit media
- Close supervision is needed when children are on the computer or watching TV.

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Additional Safety Measures for Caregivers



- Children with PSB should not be placed in a role of authority over other children
- No horseplay, wrestling, tickling
- No sleepovers or overnight camp due to the need for continuous visual supervision
- Teach children about boundaries and respecting others' personal space
- Use the accurate names for private parts

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Safety at School



- Most children with PSB can safely attend school and participate in school activities
- It is not always necessary to inform schools about PSB. Notification is recommended when:
 - PSB occurred at school
 - Child is assessed to be at high risk
- Safety measures that can be implemented at school if necessary:
 - Child with PSB can use bathroom alone
 - Increased supervision during unstructured time, like lunch and recess

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Placement Decisions



- Most children with PSB can live safely with other children
- Placement decisions are based on several factors:
 - Did child engage in PSB with other children in the home? If so, what were those children's reactions?
 - How willing and able are the caregivers to implement continuous visual supervision?
 - What safety measures can be put into place at home (e.g., moving child into own room)?
 - Severity of PSB
 - How well is child responding to supervision?

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Out-of-Home Placements




Necessary when:

- Caregiver can't or won't provide supervision
- Child continues to demonstrate aggressive PSB despite supervision
- Other children experience distress about continuing to live with the child with PSB

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Reunification



- Decisions about when to reunify are based on same factors:
 - Caregiver willingness and ability to supervise
 - Child responding to treatment and supervision
 - Siblings are amenable to living with the child with PSB
- Reunification should be carefully planned
 - Caregiver involved in treatment
 - Safety and supervision plans are in place
 - Should be gradual process, with visits increasing in frequency and duration
 - Should occur during treatment or while therapists have continued involvement

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How MDT can Support Families in Safety Planning and Placement Decisions



- Encourage caregivers to follow all aspects of safety plan and problem solve with them about barriers
- Ensure that alternate placement providers participate in and support child's treatment
- Assess siblings' feelings about living with child with PSB
- Advocate for children with PSB to live at home and attend school when appropriate
- Help caregivers plan for tricky supervision scenarios, such as holiday breaks and swimming

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TREATMENT



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Treatment Format


- Highly structured and interactive
- Directly addresses sexual behavior
- Rule-based learning experiences
- Cognitive-behavioral orientation
- Time with caregivers



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Treatment Format

- Open-ended, rolling enrollment
- Concurrent child and caregiver groups
- ~18 sessions
- Home practice exercises



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General Structure of Sessions



- Check-in: name, age, high/low from week
- Recite SBR and acknowledge if violated
- Review previous session, collect HW
- Main session activities
- Assessment of knowledge
- Check-out
 - Questions about session content
 - Reinforcement for following the group rules
 - Positive time with caregivers

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PSB Curriculum Sequence



Caregiver Group	Child's Group
1. PSB Identification and Response	1. SBRs
2. Supervision	2. Feelings
3. Feelings	3. Feelings to SBR
4. Relaxation	4. Relaxation
5. Self-Control	5. Self-Control
6. Commands and Praise	6. Self-Control
7. Behavior Management Plans	7. Self-Control to SBR
8. Self-Control	8. Self-Control
9. Prosocial Interactions	9. Friendships
10. Peer Pressure	10. Peer Pressure
11. Sex Ed	11. Abuse Prevention
12. Sex Ed Values	12. Sex Ed
13. Sex Ed Talk	13. Sex Ed Talk
14. Abuse Prevention	14. Puberty
15. Selective Attention	15. Empathy
16. Consequences	16. Apologizing
17. Apology and Praise	17. Apology Letter
18. Letter Sharing	18. Letter Sharing

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Orientation



- When to do: before group, separate session
- Information:
 - Confidentiality
 - Purpose of group
 - Group expectations
 - Program structure
 - Criteria for graduation
 - Safety planning (as needed)

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Sexual Behavior Rules



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Sexual Behavior Rules

<p><u>Children</u></p> <ul style="list-style-type: none"> • Private parts • Sexual behavior rules • Acknowledging PSB • Boundaries 	<p><u>Caregivers</u></p> <ul style="list-style-type: none"> • Identification and response to normative vs. PSB • Sexual behavior rules • Supervision
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Sexual Behavior Rules

1. It is NOT OK to look at other people's private parts.
2. It is NOT OK to show your private parts to other people.
3. It is NOT OK to touch other people's private parts.
4. It is OK to touch your own private parts, as long as you are in private and do not take too much time.
5. It is NOT OK to use sexual language or make other people uncomfortable with your sexual behavior.


- Review exceptions to these rules

Adapted from Bonner, Walker, & Berliner (1995)



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Prevention and Response to PSB



- **Supervision and monitoring**
 - Home
 - Media
 - School
 - Community
- **Social network help and support**
- **Family rules**
- **Redirection and distraction**
- **Cues and reminders**
- **Reinforcing following the rules**
- **Following the safety plan**

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Prevention and Response to PSB



- **Respond**
 - Breaking a rule
 - Consequences that lead to learning experiences
 - Importance of follow through
- **Teach and maintain rules about respect for others, including privacy and modesty**
- **Safe, appropriate physical affection**

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SBR Challenges




- **Avoidance of admitting PSB (child or caregiver)**
- **Accidental breaking of SBR**
 - Exposure via media (e.g., art/culture)
- **Caregiver trauma history**
- **Logistical issues with supervision**
- **Family values about sex, sexuality, and self-touch**

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Feelings



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Feelings




<p><u>Children</u></p> <ul style="list-style-type: none">• Foundation for CBT• Feelings identification• Rating intensity• Applying to PSB/SBR	<p><u>Caregivers</u></p> <ul style="list-style-type: none">• Foundation for CBT• Feelings identification• Positive coping skills• Active listening skills
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Affective Concepts



- Feelings: Physical vs. emotional
- Feelings that you like, don't like, in-between
- Identifying feelings and feelings intensities
- Reiterating that all feelings are okay, what you do with them is important
- Mixed emotions
- Cognitive triangle

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Feelings to SBR

- Supportive environment for sharing
- Identification and rating of feelings about activity (before and after)
- Activity: Rule broken (4 W's-no why)
 - Before SBR violation
 - During
 - After (including how adults found out)

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Emotional Development

- Developmental considerations
- Feelings identification in self and their children
- Labeling emotions and physical sensations
- Cognitive triangle
- Active listening and reflecting

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Feelings Challenges

- Feelings vs. Thoughts
- Feelings vs. Sensations
- Shame and guilt
- Difficulty validating feelings in others

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Relaxation



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Relaxation



- Skills: Diaphragmatic breathing, PMR
- Application and practice
- Caregiver support (modeling, practice)

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Relaxation Challenges



- Distraction vs. Relaxation
- Practice?
- Increases silly/active behavior

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Self-Control



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Self-Control and Bx Mgmt


<p><u>Children</u></p> <ul style="list-style-type: none">• Self-Control strategy• Practice!• Applying to PSB/SBR	<p><u>Caregivers</u></p> <ul style="list-style-type: none">• Self-control strategy• Supporting child's use of SCS• Behavior management<ul style="list-style-type: none">◦ Effective commands◦ Labeled praise◦ Bx Mgmt plans◦ Motivators
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Application to SBR

- Supportive environment for sharing
- Activity: Rule broken (4 W's-no why)
 - Feelings Before, During, After SBR violation
 - When and How could have used SCS
- Sharing responses and answering questions



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Supporting Child with SCS



- Developmentally appropriate expectations
- Cue development
- Practice!

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SCS Challenges



- Skipping steps
- Difficulty identifying more than one option
- Aggressive options supported by caregivers
- “What if” game


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Behavioral Parent Training



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Behavioral Parent Training



- **Relationship building skills**
 - Praise, play skills, communication
- **Preventing behavior problems**
 - Structure, consistency, planned activities
 - Clear rules, specific instructions
 - Behavior reinforcement charts (e.g., stickers)
- **Addressing misbehavior**
 - Time Out
 - Logical and natural consequences

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BPT Challenges



- Harsh parenting practices and beliefs
- Discomfort with praise and/or play
- Logistical barriers (e.g., time, other children)
- Identifying motivating rewards
- Specificity in commands and target behaviors
- Parental guilt and/or need to not be “hated”
- Difficulty following through
- Concerns about retraumatizing or child’s distress

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Social Skills



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Social Skills

Children

- Basic social skills development
- Peer selection
- Managing rejection
- Maintaining friendships
- Managing peer pressure

Caregivers

- Encouraging prosocial relationships
- Evaluating children's peers
- Monitoring relationships
- Managing poor social interactions

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Social Skills for Children

- Communication and social skills
- Assertiveness training
- Applying problem-solving to social situations

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Social Skills for Caregivers

- Encouraging participation in activities with age-appropriate, prosocial peers
- Taking an active role in helping their child develop healthy relationships
- Supervising peer relationships
- Supporting their child in responding to negative peer pressure

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Social Skills Challenges



- Developmental stage
- Social awkwardness
- Lack of contact with other children
- Concerns about SBR violations
- Concerns about supervision


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Abuse Prevention



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Abuse Prevention



<p><u>Children</u></p> <ul style="list-style-type: none">• Safety skills	<p><u>Caregivers</u></p> <ul style="list-style-type: none">• Protecting all children• Reducing risk of victimization• Communication with children
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Safety Skills for Children

- Knowing the rules (SBR and otherwise)
- Peer pressure
- No-Go-Tell

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Abuse Prevention for Caregivers

- Caregiver's responsibility
- Risky situations (e.g., known perpetrators)
- Warning signs
- Open communication
- How to react if told, how to protect
- Supervision and challenging situations
- Safety planning


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Abuse Prevention Challenges

- Trauma and abuse histories
- Registration and notification
- Using "perpetrator" terminology
- Caregiver guilt is child was abused

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Sex Education



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Sex Education

<p><u>Children</u></p> <ul style="list-style-type: none">• Who, when, and where to talk about sex ed• Information<ul style="list-style-type: none">◦ Names◦ Functions◦ Conception◦ Puberty	<p><u>Caregivers</u></p> <ul style="list-style-type: none">• Communicating values• Monitoring exposure• Promoting parent-child communication
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Respectful Approach to Caregivers

- Acknowledging few receive information or training on sexual development
- Often ignored in parenting books
- Difficult to talk about directly
- Mindfulness of cultural factors and family beliefs
- Parental knowledge (and lack thereof)
- Personal history



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Sex Ed for Children



- **Appropriate circumstances to discuss sex ed**
 - Reasons peers/media are not appropriate informants
 - Reinforcing caregivers values
- **Medical names and functions of sex parts**
 - Puberty and sexual behavior (i.e., masturbation) for older children
- **Appropriate interactions with others**
 - Friendships, intimacy, trust, romance
- **Applying SCS to sex ed**
- **Special Issues (e.g., LGBTQ, STI's, non-traditional conception)**

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Sex Ed Challenges



- **Embarrassment**
- **Lack of knowledge**
- **Conservative and liberal beliefs**
- **Religious perspectives**
- **Impact of media and pornography**

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Empathy and Apology



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Empathy and Apology

Children

- Impact of behavior on others
- Responsibility for PSB
- Age-expected remorse/amends
- Communicating with caregiver about PSB

Caregivers

- Moral development in children
- Developmentally appropriate expectations for children
- Praise for child's efforts/progress

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Empathy and Apology for Children

- Connecting own feelings to experiences of others
- How does behavior impact others
- Empathy
- Purpose of apologizing
- Apology letter
 - What makes a good apology
 - How to apologize

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Application to SBR: Apology Letter

- Goals vs. apology letter
- Supportive environment for sharing
- Identifying and rating feelings about activity (before and after)
- Activity: Apology letter
 - Admitting rule breakage
 - Feelings about rule breakage
 - Impact on others
 - Lessons learned in group
- Sharing with the group

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Empathy and Apology for Caregivers

- Typical moral development and empathy
 - Kohlberg stages of moral development
- Recognition of child's efforts in group (i.e., praise letter)
- Combined: sharing of apology/goal letters and praise letters


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Apology Challenges

- Denying PSB/breaking SBR
- Difficulty writing
- Shame and guilt
- No clearly identified victim
- Requests for release of apology letter


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Graduation



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Program Completion



- **Team decision**
- **General criteria**
 - Satisfactory attendance and participation
 - Demonstrated skills and knowledge from each component
 - Able to acknowledge and be accountable for SBR violation(s)
 - Able to apply skills to prevent further SBR violations
 - No SBR breakages for 3 months
 - Caregivers demonstrate adequate monitoring and supervision
- **Post-group treatment recommendations (e.g., referrals)**

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How MDT can Support Families in Treatment



- Help families resolve barriers to attendance, such as transportation or child care
- Praise families for treatment adherence
- Celebrate treatment successes with families
- Depending on role, help children generalize skills learned in treatment (e.g., impulse control, relaxation) to other settings
- Use accurate names of the private parts
- Encourage caregivers to take care of themselves

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