

## **SHAPING THE FUTURE**

2019 ATSA Conference | Thursday November 7 | POSTER

### **Improved Coordination in Cases of Youth with Problematic Sexual Behaviors The Impacts of a Clinical Program Coordinator at a Children's Advocacy Center**

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Problematic sexual behaviors (PSB) are defined as youth initiated behaviors that include sexual body parts that are considered developmentally inappropriate or potentially harmful to themselves or someone else (Silovsky, 2012). Literature shows that youth who engage in PSB have greater levels of developmental trauma and family dysfunction (Hunter & Becker, 1994), greater levels of behavioral difficulties associated with attention-deficit/hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD), and greater levels of internalizing and externalizing problems than the general population (Prendergast, 2004; Shields, 1995; Friedrich, Davies, Feher, & Wright, 2003; Grant, Indermaur, Thornton, Stevens, Chamarette, & Halse, 2009). This workshop aims to show the positive impacts of having a dedicated program coordinator for an outpatient treatment program at a Children's Advocacy Center (CAC) to address PSB in youth. Due to the generally higher level of system involvement and clinical needs for this population, having a person dedicated to coordinate their diverse needs is integral to an improved multi-disciplinary team response. Furthermore, as a large number of cases of youth with PSB are interfamilial in nature, there is an increased need to navigate complicated family dynamics which presents another reason for having a designated person to take on this task.

PSB-CBT-S (Problematic Sexual Behavior - Cognitive Behavioral Therapy for School-Aged Children) (Swisher, Widdifield & Silovsky, 2013) and PSB-CBT-A (Problematic Sexual Behavior - Cognitive Behavioral Therapy for Adolescents) (Bonner, Chaffin, Pierce, Swisher, Schmidt, & Walker, 2009; Chaffin, Bonner, Pierce, Swisher, Schmidt & Walker, 2016) are outpatient group treatment programs that target problematic sexual behaviors in youth. For the first few years of the PSB program's existence at a CAC in South Carolina, all direct services, community outreach and case management were completed by therapists charged with facilitating the program. As demand quickly surpassed capacity, client and community partner needs were soon negatively impacted. To rectify this concern, the CAC obtained a grant from OJJDP in 2014 to hire a dedicated program coordinator whose tasks were threefold: coordinating service delivery, outreach and program evaluation.

In order to determine the impacts of having a designated program coordinator in place for an outpatient program treating PSB in youth, several variables will be examined: referral and retention rates, case management activity, and number of trainings and outreach. A correlation was found between improvements across the variables and the hiring of a program coordinator. Results of this analysis will be presented during the workshop. In keeping in line with the theme of this year's ATSA Conference, "shaping the future", this workshop will conclude by exploring how the role of a program coordinator

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enhances potential future connections between CACs and other agencies that offer treatment to youth with PSB. As more CACs begin to explore how their mandates align with ATSA's in their shared purpose of increasing community safety, the role of program coordinator could prove to be a bridge between different professional organizations. Attendees will be left with steps they can take to determine whether designating a program coordinator to their treatment program could be beneficial and feasible for their agency.

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