

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | POSTER

Can Adolescents with Problematic Sexual Behaviors Improve with Low-Intensity Intervention? Preliminary Findings of an Outpatient Problematic Sexual Behavior-Cognitive Behavioral Therapy for Adolescents Treatment Program

Emily Knight Shier, MA, LPC, NCC
Medical University of South Carolina
Carrie S. Jenkins, MA, LPC
Dee Norton Child Advocacy Center
Simaya van Dooren, MSW, LMSW
Dee Norton Child Advocacy Center

More than one-third of reported child sexual abuse cases are initiated by an adolescent between the ages of 13-17 (Finkelhor, Ormrod, & Chaffin, 2009). Adolescents with problematic sexual behaviors (PSB) have traditionally been viewed as younger versions of adults who commit sexual offenses, without consideration for developmental and etiological differences between these populations. These faulty assumptions have led to a field rich with policies and interventions based on myth and fear rather than objective evidence. Furthering this, only two treatment interventions have undergone rigorous analysis related to their efficacy of reducing PSB: Multisystemic Therapy (MST) and Problematic Sexual Behavior-Cognitive Behavioral Therapy for children aged 7 to 12 (PSB-CBT-S). Each of these treatments examines youths and their social, familial, and environmental contexts to formulate developmentally appropriate treatment plans for the youths that ultimately contribute to a more stable family environment and has greater potential to promote pro-social skills, self-regulation, and critical thinking skills.

The current study's aim is to add to feasibility and effectiveness research for interventions to treat PSB for adolescents. More specifically, Problematic Sexual Behavior-Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A; Chaffin, Bonner, Peirce, Swisher, Schmidt, & Walker, 2016) is a low-intensity outpatient, manualized treatment designed to reduce incidents of PSB in adolescents, improve decision-making, increase family communication, and enhance the development of accountability and empathy.

This study included 130 adolescents referred for an evaluation of PSB at a Child Advocacy Center between 2013 and 2016. Of those who completed pre-treatment assessments, 38% ($n = 49$) were referred to PSB-CBT-A. The majority (55%; $n = 27$) of those referred to PSB-CBT-A successfully completed treatment. Legal involvement while engaged in PSB-CBT-A was associated with higher treatment completion rates (64%). Treatment completers demonstrated a trend towards statistical significance in terms of reductions in PSB from 5.33 (SD = 6.86) at pre-treatment to 0.17 (SD = 0.41) at completion. Additionally, significant reductions in caregiver-reported youth internalizing ($t(13) = 5.00, p < .001$) and externalizing problems ($t(13) = 2.34, p = .036$) were associated outcomes of completing PSB-CBT-A. Implications from this study will be explored to determine the feasibility and efficacy of PSB-CBT-A for adolescents within a community-based setting, specifically a child advocacy center.

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | POSTER

The presentation will provide participants with an understanding of the etiologies of PSB in adolescents, as well as the faulty assumptions made regarding youth who exhibit PSB. Additionally, this presentation will examine PSB-CBT-A's feasibility and efficacy as a low-intensity, manualized outpatient treatment to reduce incidents of PSB in adolescents. Finally, presenters will explore areas of future study.

References:

- Chaffin, M. C., Bonner, B. L., Peirce, K., Swisher, L., Schmidt, S., & Walker, C. E., (2016). *Treatment Manual for Adolescents with Problematic Sexual Behavior*. Oklahoma City, OK: Authors.
- Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). *Juveniles who commit sex offenses against minors*. [Juvenile Justice Bulletin]. Washington, DC: U.S. Department of Justice Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/publications/PubAbstract.asp?pubi=249770>.

Emily Knight Shier graduated from Wofford College with a Bachelor of Science degree in Psychology. Following the completion of her undergraduate degree, she attended The Citadel Graduate College and completed a Masters of Arts in Psychology. Ms. Shier's background includes providing therapy services to youth with behavior problems, youth who have experienced traumatic events, as well as, youth who have engaged in inappropriate/illegal sexual behaviors and their families. She has provided outreach and education both locally and nationally on the topic of providing treatment to youth with sexual offending behaviors and their families. Ms. Shier has also co-facilitated treatment groups for adults convicted of sexual offenses. Presently, Ms. Shier is a faculty member within The Medical University of South Carolina's Community and Public Safety Psychiatry Division, where she acts as a second evaluator conducting forensic evaluations. Further, she co-facilitates treatment groups in a maximum-security prison's restricted housing unit. She is the Program Coordinator for the Forensic Psychiatry Fellowship and Postdoctoral Fellowship in Forensic Psychology within the Community and Public Safety Psychiatry Division. She is a Licensed Professional Counselor (LPC) in South Carolina and a National Certified Counselor (NCC). Ms. Shier currently serves as the Treasurer for the South Carolina Chapter of the Association for the Treatment of Sexual Abusers.

Carrie Jenkins completed her undergraduate studies at Elon University and obtained her Master of Arts in Clinical Counseling at the Citadel Graduate College. Carrie has worked in a Children's Advocacy throughout her career. She currently works as a forensic interviewer, therapist, and the Sub-specialty Leader for the Sexual Behavior Problems Program at the Dee Norton Child Advocacy Center. She completed the University of Oklahoma's training for Youth with Problematic Sexual Behaviors Cognitive Behavior Therapy Program (PSB-CBT) and is a Regional Trainer and With-in-Agency Trainer for the PSB-CBT program. She is also the Co-Chair for the National Children's Alliance Workgroup for Youth with Problematic Sexual Behaviors. Ms. Jenkins is a Licensed Professional Counselor and

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | POSTER

Supervisor Candidate through the state of South Carolina. Ms. Jenkins is rostered as a TF-CBT trained clinician in South Carolina and served on the faculty for Project BEST (Bringing Evidence Supported Treatments to children in South Carolina).

Simaya van Dooren, LMSW, is the SBP Clinical Program Coordinator with the Dee Norton Child Advocacy Center in Charleston, South Carolina. Her work focuses on coordinating services for the Sexual Behavior Problem Program. Originally from the Netherlands, she obtained her Bachelor's degree in Liberal Arts & Sciences from University College Roosevelt in Middelburg, then moved to Charleston to pursue her Master's in Social Work at the University of South Carolina. Ms. van Dooren has been trained under the University of Oklahoma to deliver the PSB-CBT-A model and is currently undergoing training to deliver the PSB-CBT-S treatment model.