

TREATMENT FOR ADOLESCENTS
WITH SEXUALLY ABUSIVE,
AGGRESSIVE AND OR
DYSFUNCTIONAL BEHAVIORS



AGENDA

History of the STAR program

Types of clients served

Program goals – short term and long term

Overview of the 5 phases of treatment

Q & A



Accountability – Education and addressing history of sexual behaviors

Empathy – How to aid development of empathy related to sexual behaviors

Trauma – Understanding the impact of trauma on sexual behavior patterns

Healthy Relationships – Development of understanding of prosocial behaviors

Relapse Prevention – Planning for a return to the community

PHASE 1
ACCOUNTABILITY





AN OBLIGATION OR
WILLINGNESS TO
ACCEPT
RESPONSIBILITY OR
TO ACCOUNT FOR
ONE'S ACTIONS

—

Accountability

VS

Responsibility

6 SEXUAL BEHAVIOR RULES

- It is not okay to touch other people's private parts
- It is not okay to allow, force or coerce other people to touch your private parts.
- It is not okay to show other people your private parts or look at other people's private parts.
- It is not okay to joke, tease, or harass about sexual things to make other people feel uncomfortable.
- It is not OK to view, make or force others to watch pornography.
- It is okay to touch your own private parts, as long as you are alone, don't take too long and don't hurt yourself.



4 PRECONDITIONS FOR SEXUAL ACTING OUT/ABUSE

- *Motivation*
- *Internal Barriers*
- *External Barriers*
- *Victim Resistance*



MOTIVATION

Blockage

Sexual Arousal

Emotional needs

Exploration related to
abuse – “Lightbulb”

BLOCKAGE
SEXUAL AROUSAL
EMOTIONAL
NEEDS
EXPLORATION
RELATED TO
ABUSE

Difficulty relating to peer group, no appropriate outlet for sexual exploration, shy, alone, lack of healthy interactions

Physical and emotional changes occurring based on stimulation. Can include increased heart rate, blood pressure, breathing. Other feelings may be had in the genitals as increased sensitivity.

Need to feel in control or in charge. Loneliness or isolation. Feelings of rejection

Unable to process physiological responses related to abuse. The bodies natural responses to some sexual touch.

INTERNAL
BARRIERS

Ignore or get past the fear
of being caught

Ignore that the behavior is
wrong

Believe that the victim's
feelings do not matter

***Thinking errors related to
overcoming internal barriers

THINKING ERRORS

No one will get hurt.

No one will know.

Everyone's going to learn about sex so, it's ok for me to teach them.

I'm just touching. It's not that bad.

He/She wanted me to do it.

They didn't fight me, so they probably wanted to do it.

I'm just looking at them. Not touching.

I/We won't get caught.

I won't get in trouble.

I don't/didn't care about his/her feelings.

I saw it on the porn site, and it looked OK there.

I got away with it before.

THINKING ERRORS

Adults do it, so that makes it OK for me to do it.

I liked it when it happened to me so I thought they would like it too.

My parents will never find out.

I already did it once so I might as well do it again. I can't get in more trouble.

They were asleep so they didn't even know.

I didn't plan it.

I'm horny, so maybe they are too.

I didn't think he/she would tell.

Nobody will really care.

It's not a big deal.

They touched me first.

Everyone is doing it.

I didn't think I would get caught

They didn't say no, so it's ok.

EXTERNAL BARRIERS

Methods put in place to maintain healthy boundaries in a home setting

Supervision

Bathroom/bedroom

Separate rooms

Open communication

Electronics – access and supervision

Babysitting/caring for other children

Sexual themed games – family, doctor, truth or dare, show and tell

VICTIM RESISTANCE

Verbal resistance

Non-verbal resistance

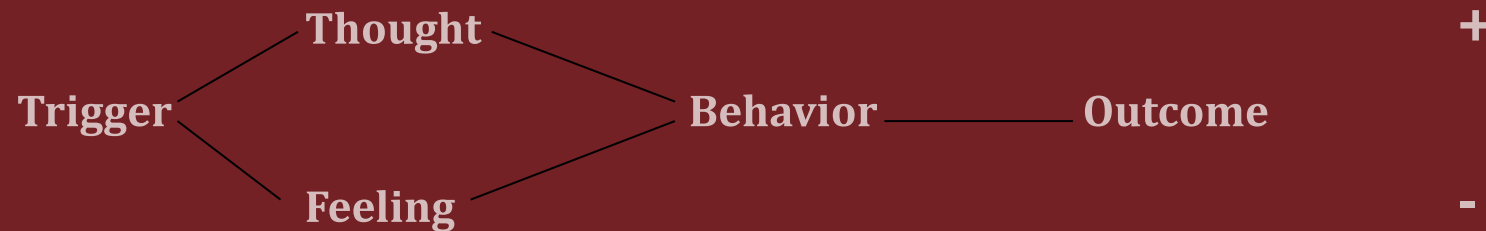
Your own sensitivity to other people

Trust in the abuser

Sibling/family relationship

Coercion/threats/bribery/manipulation/fear/control

BEHAVIOR CHAINS



Trigger – Things that happen to us. They are often out of our control.

Thought – What we think about when the trigger occurs.

Feeling – How we feel about the situation.

Behavior – What we do about it.

Outcome – What happens as a result of our behavior choices. It can be positive or negative.

PHASE 2
EMPATHY





THE ABILITY TO PUT YOURSELF IN SOMEONE ELSE'S SHOES.

THE ABILITY TO UNDERSTAND OTHER PEOPLE'S FEELINGS EVEN THOUGH YOUR FEELINGS ARE DIFFERENT.

THE ABILITY TO BE SENSITIVE TO OTHER PEOPLE'S FEELINGS.

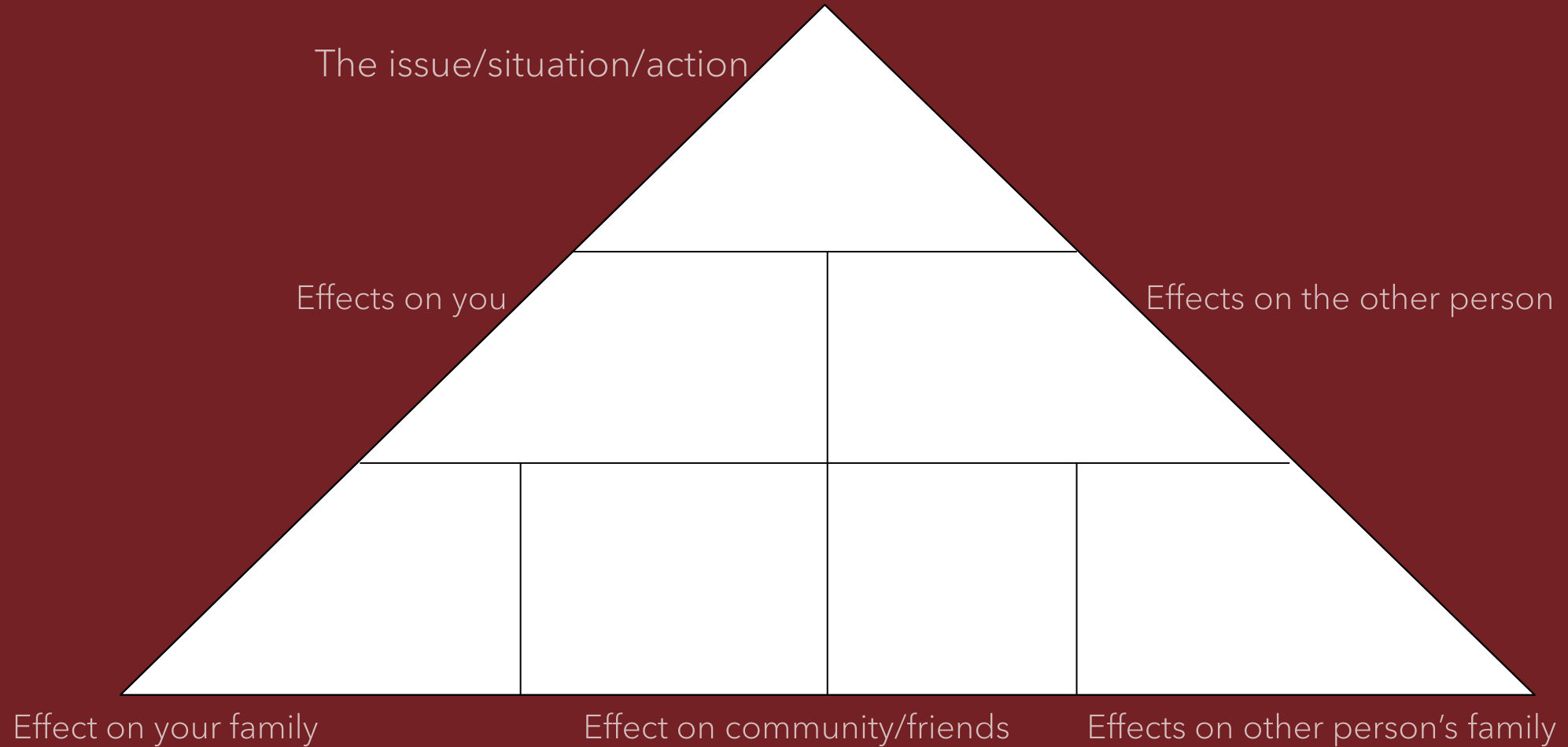
THE ABILITY TO EXPERIENCE OTHER PEOPLE'S FEELINGS.

THE ABILITY TO SHOW CARING BEHAVIORS TOWARDS OTHERS.

EMPATHY QUIZ

- 10 question initial empathy quiz. Parent/caregiver and child to complete quiz separately and view discrepancies.
- Can be a very powerful tool based on perception and reality. Child's scores typically show lack of awareness of actual behaviors.
- Child will require max support at this time.
- Rebuild child's understanding of empathic thinking and behaviors.

RIPPLE EFFECT



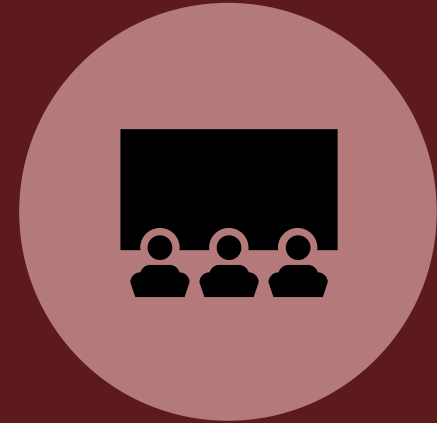
CHANGING YOUR CYCLES OF BEHAVIOR



STOP



THINK



ACT

S – Start

T – Thinking

O – Of other

P – People

STOP

T – Thoughtful



H – Helpful

I – Inensitive

N – Needed

K – Kind

THINK

*IS WHAT I WANT TO
SAY/DO...*

A -Appropriate

C -Compassionate

T-True

ACT

*ARE MY ACTIONS GOING
TO FIT INTO THE A.C.T
ACRONYM IF NOT, REPEAT
THE PROCESS*

PHASE 3
TRAUMA



TRAUMA- A DEEPLY DISTRESSING OR DISTURBING EXPERIENCE

Acute Trauma – Single event – house fire, sexual assault, sudden or unexpected death

Chronic Trauma – Repeated and or prolonged events – domestic violence, physical abuse, sexual abuse

Complex Trauma – Exposure to multiple/varied traumatic events

ASSESSMENTS

Adverse Childhood Experiences - 10 Q's

Life Events Checklist - 17 Q's

PTSD checklist - PCL 5 - 17 Q's

Child Depression Inventory - CDI - 27 Q's

CSSRS - Columbia - Suicide Severity
Rating Scale - 6 Q's

Can aid in developing improved understanding of levels of trauma, types of trauma and experiences the child may have had. Maintaining awareness of depression, anxiety and impact of addressing trauma.



TF-CBT WORKBOOK

Focus of educational materials on developing

- *Definition of trauma*
- *Understanding the different types of trauma*
- *Knowledge of trauma responses*
- *Learning coping skills*
- *Practice coping and relaxation methods*
- *Communication of feelings*
- *Developing a circle of safety*
- *Completing a trauma narrative*



STAR PROGRAM FOCUS ON TRAUMA

- The primary focus is on developing an understanding of the link between history of trauma and sexual behavior patterns. Aiding families and children understand the dynamics of abuse on their own acting out cycles and behaviors. Providing relapse prevention of acting out behaviors. Giving the follow up providers a framework for continuing to address trauma.

PHASE 4
HEALTHY RELATIONSHIPS



SEX EDUCATION

Myths and Taboos

Normal sexual
development

Teen pregnancy facts

Types of birth
control

Safe sex methods

Male and female
reproductive systems

Pornography
use/abuse/addiction

Media influence

TERMINOLOGY

Straight	Heterosexual	STD	Partner
Gay	Celibate	Lesbian	Transvestite
Bi-Sexual	Homophobia	Tomboy	Homosexual
Masturbation	Gender	Orgasm	Sex
Rape	Feminine	Anal Sex	Oral Sex
Contraception	Masculine	Safe Sex	Man
Woman	Boy	Girl	Kissing
Cuddle	Love	Puberty	Friend
Transgender	Sexual	Sexist	Vaginal Sex
Abortion	Consent	Confidentiality	Pornography

TEEN PREGNANCY FACTS

- MORE THAN ONE MILLION TEENS become pregnant each year.
- YOUNG GIRLS have more problems during pregnancy.
- BABIES of young, teen mothers are more likely to be born with serious health problems.
- A BABY'S care costs a minimum of \$500.00 per month.
- TEEN PARENTS no longer have time to be with friends.
- BABIES require a lot of EMOTIONAL support as well as FINANCIAL support.
- MORE TEEN PARENTS drop out of school.
- A sexually active teen using NO birth control for one year has a 90% chance of getting pregnant.
- 20% of teen pregnancies occur within one month of becoming sexually active.
- A girl can get pregnant the very first time she has sex!
- A girl can get pregnant even if the guy “pulls out” before he ejaculates.
- A girl can get pregnant on her period.
- 85% of teen pregnancies are unplanned.
- One in five fathers of babies born to a teen girl are adult men.

WHICH TEENS ARE MORE LIKELY TO GET PREGNANT?

- Sexually active teens
- Lack goals
- Use alcohol and other drugs
- Do poorly in school
- Easily give in to pressure from peers
- Have much older partners
- Have poor school attendance
- Are neglected or abused by their parents
- Have parents that were teen parents themselves.
- Georgia Department of Health

COMMON SEXUALLY TRANSMITTED DISEASES

Bacterial – Curable

Chlamydia

Gonorrhea

Syphilis

Trichomoniasis

Viral - Incurable

Genital Herpes

HPV – Human
Papillomavirus

Hepatitis B

HIV

DSM CRITERIA FOR SUBSTANCE USE DISORDER

1. Taking the substance in larger amounts or for longer than you're meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

CRITERIA FOR USE IN ADDRESSING PORN

Similar criteria can be used to informally diagnose a person with a porn addiction. Using this model, porn addiction symptoms can include:

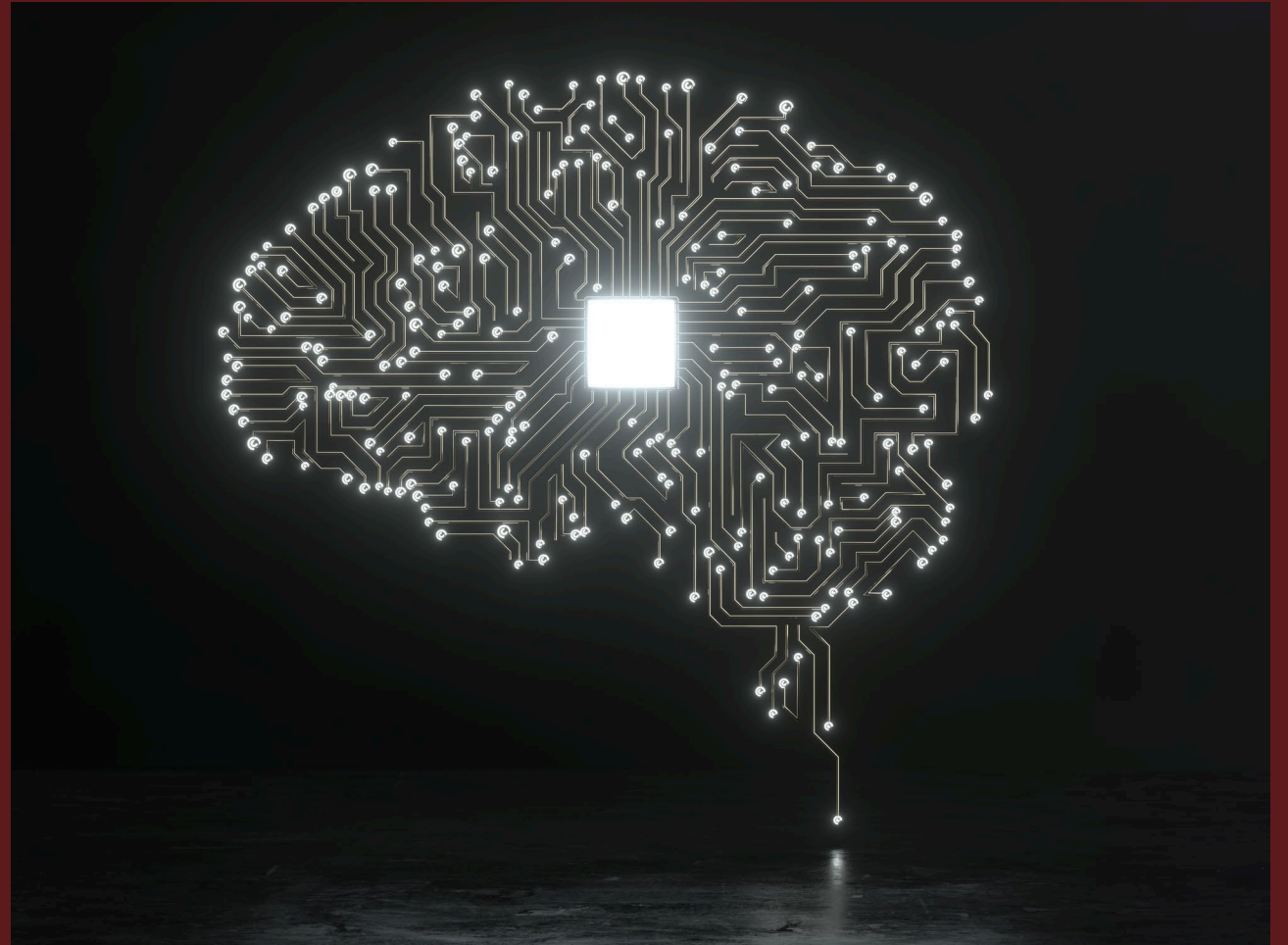
- Using porn in greater amounts or over long periods of time
- Trying to stop using porn and not being able to
- Having difficulty controlling porn use
- Using porn in situations that impose physical risks
- Continuing to use porn despite negative effects on work or relationships.

WHAT CAUSES PORN ADDICTION?

- Like any other addiction, the causes of porn addiction can be mental or physical. Some people use porn to cope with undiagnosed or untreated mental health conditions. People who have suffered sexual abuse or assault can use porn to explore sexual feelings they do not feel safe to talk about or pursue with others. People who have become isolated due to symptoms of anxiety or depression may use porn to counter that loneliness and isolation.
- When people use porn to try to cope with unresolved trauma or other psychological pain, they are at an increased risk of establishing a pattern of regular porn use. People who have suffered trauma often learn to dissociate from emotions and memories related to the trauma. Porn use can become a way to prolong or intensify these states.
- Research suggests that what causes porn addiction is similar to what causes substance addiction. Reward pathways in the brain that release or respond to dopamine can become thrown off after regular porn use. This occurs because porn triggers exaggerated versions of natural events.
- In other words, porn can trigger a flood of dopamine in excess of what a person might feel from sex. Physically, what causes addiction to porn is the repeated pursuit of this state of arousal in combination with avoidance of the negative states that follow.

YOUR BRAIN ON PORN

- <https://youtu.be/i6gk4lW1hPo>
- FreeMedEducation



GREEN LIGHT
VS
RED LIGHT
RELATIONSHIPS



DEVELOPING
UNDERSTANDING
OF HEALTHY
ASPECTS OF
RELATIONSHIPS



GREEN LIGHT – GO FOR HEALTHY RELATIONSHIPS

- You both like to do the same kinds of things
- You say nice things to each other
- You take turns making decisions
- Your feelings and ideas are valued
- The person says nice things about you to others
- You feel comfortable being yourself when you are together
- You can share personal thoughts and feelings even if you disagree
- Your relationship develops slowly over time, and you take time to get to know each other
- Your partner hears the word “no” and stops
- You feel safe, happy and cared about

RED LIGHT – STOP THE UNHEALTHY RELATIONSHIP

- The person puts you down
- The person makes all the choices
- The person tells you how to dress and act
- The relationship moves too fast
- The person wants to keep secrets
- The person wants to keep you away from family and friends
- The person hits you and says they are sorry
- The person gets mad when you spend time with others
- The person pushes you to have sex or do sexual things that you don't want to
- The person refuses to use birth control/protection
- There seems to be a lot of fear, jealousy or anger in the relationship

PHASE 5
RELAPSE PREVENTION AND
TRANSITION



SAFETY PLANNING

Focus of relapse prevention will be on development of safety plans for use in the home, school and community. Victim needs will be considered if child is to be placed back in the home. Safety plans are extensive and require individualization to meet the needs of the client and family to protect against opportunity for relapse, removal of stimuli and decreasing potential for allegations.

MOTIVATION

Address personal triggers, urges and sources of stimulation

Understanding of emotional issues

Problematic situations

Healthy outlets for emotional and social needs to be met

Who is the support system

INTERNAL BARRIERS

Thinking errors linked with SUD's

Unhealthy defenses linked with potential for return to unhealthy behavior patterns

Fantasy/deviant/sexualized thinking

How to build and maintain healthy thinking styles

Who is the support system

EXTERNAL BARRIERS

What are high risk situations for self

List of safeguards –home, school, community

Supervision needs visual/auditory

Placement in home, car, bus, classroom

Who is the support system

VICTIM RESISTANCE

Victim impact long term and short term

Living amends

Ways to implement empathic thinking and behaviors

Who is your support system

THANK YOU



Greg Brown LPC

<https://integrishealth.org/>