# An Innovative Approach to Working with Youth with Sexual Behavior Problems



# Jumping In...





How do you define safety in the context of residential treatment?







Share relevant background regarding Stevens

Describe the nature of problematic sexual behaviors in adolescents

Provide education regarding residential practice with youth with sexual behavior problems

Share how Stevens maximizes safety

Teach about how Stevens' evolved philosophy and practice to become trauma-informed, reduce stigma and create a more inclusive environment





## A LOOK BACK

Founded in 1939 as orphanage

1980's – Special Education School, Residential Treatment

Youth with Sexual Behaviors & Fire Setting

Day School

2006 - Intensive Group Home





# THE STEVENS JOURNEY...

Where we?

Where are we now?

Where do we want to be?

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As of 2/25/22	RESIDENTIAL EDUCATION (22 total)	DAY SCHOOL (5 total)	TOTAL
Sexual Behavior Problems	16	5	21
Fire Setting Behaviors	15	2	17
Substance Use Behaviors		2	13
Criminal Involvement / Charges	10		Ī I



# Sexually Reactive Behavior

MOTIVATION FOR THE BEHAVIOR

Range of sexual behaviors; Participation by others is NOT voluntary



#### Behavior:

May not be in child's full conscious control May appear robotic and compulsive Not typically secretive Child usually stops once discovered

Represents repetition of abusive experiences



## Mutual Sexual Behavior

Same-age or near same-age children who have histories of sexual abuse; Participation is voluntary







May have been a sexually reactive child who did not get help needed

Uses sexual behaviors to cope with feelings of abandonment, anxiety, sadness, and despair and the lack of adult attachment figures

Connects to other children to

meet his/her emotional needs



Focused on engaging in sexual behaviors
Shows little emotion re: the sexual behaviors
Conspire together to keep the behavior a secret
Behavior is usually planned
If discovered, become more adept at hiding the
behavior



# Sexually Abusive Behavior

#### **NOT** voluntary

Younger children or anyone vulnerable, such as someone who is mentally, challenged, a person who is alone, an animal, etc.

MOTIVATION FOR THE

Experience of sexual abuse

Sexual abuse to combat feelings of powerlessness & get needs met

Sexuality and aggression may have become closely linked in the child's mind

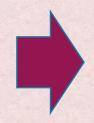
Sexualize relationships and situations

Thinks about sexual behaviors much of the time

Often a compulsive quality to the behavior

May experience intense confusion regarding sexual issues





Frequently uses coercion, manipulation, threat May increase in frequency and intensity May include physical and sexual violence



## A LOOK BACK

#### LANGUAGE

Sexual Offender
Emotional Disturbance
Safety
Consequence
Structure / Routine

# THE WAY THINGS WERE

PROGRAM

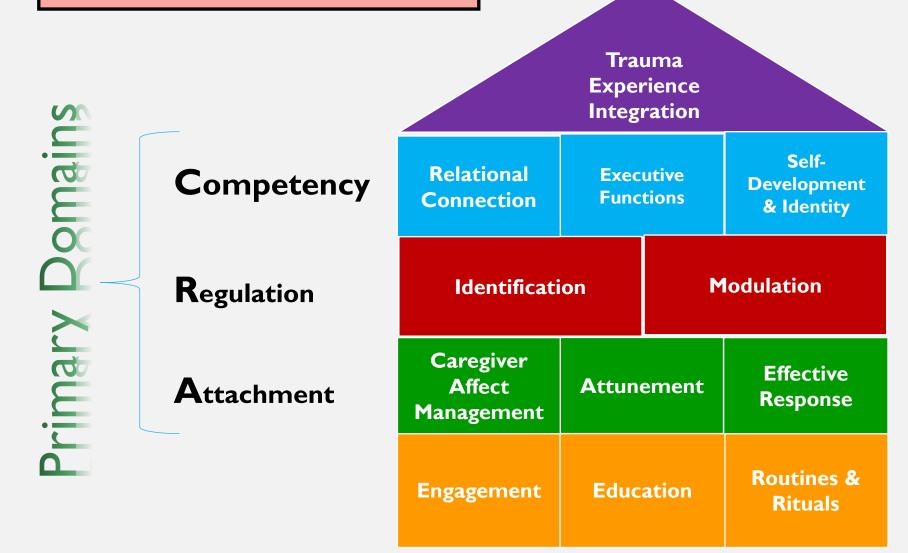
Focus on Consequences for Behavior
Focus on Reduction of Negative Behavior
Focus on Physical Safety
Limited Community Access
Cognitive-behavioral Model
Privilege System

**IMPACT** 

Youth Good at Stevens
Not prepared for Future
Very mixed experience at Stevens

#### **ARC FRAMEWORK**

#### 8 PRIMARY SKILLS







## AGENCY EVOLUTION

**Trauma-informed Care** 

**Commitment to Inclusivity** 

**Strategic Planning** 

**Community Collaboration** 

**National Accreditation** 

**Organizational Culture** 

**Board of Directors Transitions** 

**Program & Financial Diversification** 



### PROGRAM EVOLUTION

Shift in Program Philosophy and Behavioral Support Model

**Youth Voice** 

**Family Involvement** 

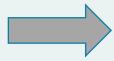


**Permanency Focus** 

....And much more!



#### Uninformed View



## Uninformed Response

Anger management problems; May have ADHD (or other dx); *Choosing* to act out & disrupt classroom / cottage (e.g., disrespectful or manipulative); Uncontrollable, destructive Non-responsive

Youth needs consequences to correct behavior or maybe an ADHD (or other) evaluation; Youth needs discipline or consequences only to correct behavior

#### Trauma-informed View

Maladaptive responses;
Seeking to meet needs met;
Difficulty regulating emotions;
Lacking necessary skills;
Negative view of world
(e.g. adults cannot be trusted);
Trauma response was triggered



## Trauma-informed Response

Youth needs to learn skills to regulate emotions & we need to provide support

## PROGRAM DESIGN

Monitoring & Supervision

Facility & Program Structure

Behavioral Response Safety Restrictions

Individual & Group Therapy

Traumainformed Care

Team-based & Collaborative

Clear Expectations

Be Proactive

Educate & Learn



# SUPERVISION



#### **CONSTANT OBSERVATION AND MONITORING IS KEY**

What do you think staff are looking for??

Observe and remain attuned to ALL other youth... when engaging with youth, during activity, during transition, etc.

Attention to other staff for real-time communication

Supervision at night



# FACILITY / SPACE



Camera Placement

Seating

**Facility Layout** 

**Alarms** 

**Privacy Considerations** 



#### NATURAL POINTS OF WEAKNESS

The view from above...

...is not the same from below

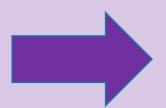


# NATURAL POINTS OF WEAKNESS – SCHOOL

The view from above...



# PROGRAM STRUCTURE



Camera Use

Daily Routine

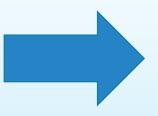
Safety Restrictions

Purposeful Rules

Touch Policy; alternatives for touch



# STAFF PRO-ACTIVITY



- Policies and procedures ~ Read, understand agency, review, clarify
- Be familiar with youth' histories
- Notice patterns of behaviors
- Mind personal space
- Speak your voice ~ Bring observations up in meetings, write them in logs, speak to supervisor
- Observe ~ What are their peer interactions like? Other social interactions?
- Reflect ~ What NEED is the behavior meeting?
- Watch hands!



# BEHAVIORAL RESPONSE

# LOW RISK / NON-SAFETY BEHAVIOR

Sexualized language or gestures,
Inappropriate conversations or
writings,
Clothing manipulated for
exposure,
Items discovered during
room/locker searches

### **RESPONSE**

- Ask youth to step aside to a discreet, public location
  - Speak to the youth about the behavior
- Inform residential director and clinician
  - Document
  - Possibly consequence
- Make change to individual safety plan, if needed



# BEHAVIORAL RESPONSE

# HIGH RISK / SAFETY BEHAVIORS

Exposure,
Frottage,
Inappropriate
Touching

#### **RESPONSE**

Quickly approach the youth and ask them to step into a timeout room or other private area (on camera)

If youth stops, proceed...

If youth does not stop, minimize exposure and risk to others by removing youth or others; Notify others & make changes to individual safety plan

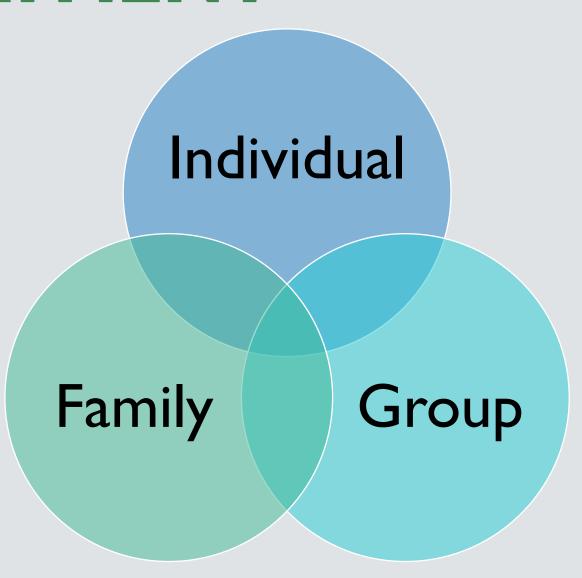


## CLINICALTREATMENT

TASBI – Treatment for Adolescents with Sexual Behavior Issues

Major components:

- Address own trauma
- Acknowledge behavior
  - Learn new coping
    - Apology





## EDUCATION

#### Staff

- Training
- Supervision
- YouthRoundtable
- TreatmentTeams

#### Youth

- HumanSexuality
- Consent
- Rules & expectations
- Bias

#### **Families**

- FamilyTherapy
- Visit Plans
- FamilyWorkshops



#### PROGRAMMATIC CONSIDERATIONS

ADDRESSING BIAS - INTERNAL AND COMMUNITY

ONGOING QUALITY IMPROVEMENT - ALWAYS ASK WHY

COMMUNITY RISK - MANAGING OFF-GROUNDS ACCESS

NORMALIZED ACTIVITIES - INDEPENDANCE VS. RISK MANAGEMENT



# Stevens Commitment to Inclusivity & Social Justice

**Inclusivity Committee Training Series on Racial** Injustice, Privilege, Bias **Gender Affirmation PQI Personal Care PQI Training on Gangs Training on Working with LGBTQ Youth** 

**Staff Recruitment Board Recruitment Policy & Practice Changes Community Access Social Justice Club Pride Club Cultural Presentations Diversity & Inclusivity Celebrations** 

"HOW DO WE HOLD PEOPLE ACCOUNTABLE FOR WRONGDOING AND YET AT THE SAME TIME REMAIN IN TOUCH WITH THEIR HUMANITY **ENOUGH TO BELIEVE IN THEIR** CAPACITY TO BE TRANSFORMED?"

- bell hooks