

A watercolor illustration of a riverwalk. In the foreground, there are several colorful umbrellas in shades of blue, green, yellow, and red. In the middle ground, two silhouettes of people are walking along a path. The background shows a river with a bridge and trees. The text 'RIVERWALK' is written in large, purple, stylized letters at the top. The text 'to the' is written in a cursive font in the middle. The text 'FUTURE' is written in large, purple, stylized letters at the bottom.

RIVERWALK

to the

FUTURE

*Creating Healthy Relationships  
for Youth who have sexually offended*

2017 NAPN 31<sup>st</sup> Annual Conference

San Antonio Riverwalk, TX | February 12 - 14, 2017

**Book of Abstracts**

# NAPN 2017

31<sup>st</sup> Annual Conference

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## RIVERWALK *to the* FUTURE

**Creating Healthy Relationships**

for Youth who have sexually offended

### **Sponsored by**

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**February 12–14, 2017**

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## Seminar S1

# BUILDING MOTIVATIONAL INTERVIEWING SKILLS WITH ADULTS AND JUVENILES

*David S. Prescott, LICSW*

Motivational Interviewing is a client-centered counseling method for exploring how and why a person might change, and is based upon a guiding style. Its principles and techniques match those known to produce positive outcomes with sexual abusers (e.g., Marshall, 2005). MI can be very useful for motivating adolescents who are ambivalent about change and ambivalent about engaging in treatment. This workshop will review research related to MI, recent updates to the structure of MI, and what works in treatment with adolescents who have sexually abused. Participants will practice MI skills in a supportive and enjoyable atmosphere.

### Learning Objectives

1. Review sexual offender treatment outcome literature and discuss implications
2. Learn four motivational interviewing techniques
3. Experience and practice key motivational interviewing skills.

## Seminar S2

# FOUNDATIONS IN UNDERSTANDING AND WORKING WITH SEXUALLY ABUSIVE YOUTH

*Phil Rich, Ed.D, LICSW  
Amherst, Massachusetts*

The workshop will provide a contemporary foundation not only for understanding sexually troubled youth, but also working with this group of young people, and a developing model and approach to treatment. Treatment for sexually abusive youth, and in the way in which we view young people who engage in sexually abusive behavior, has shifted during the past few years, and continues to do so, recognizing the importance of understanding sexually abusive behavior as a complex behavior that develops under different circumstances for each individual, but significantly influenced by early and on-going developmental experiences. This workshop discusses the onset of sexually abusive behavior from a developmental and attachment perspective, aiming to provide workshop participants with a way to understand adolescents who engage in sexually abusive behavior from a developmental, contextual, and ecological perspective. Treatment has also shifted to embrace ideas about the nature of the therapeutic process rather than being focused solely upon the delivery of psychoeducational and cognitive behavioral concepts related to sexually abusive behavior. It has become more sophisticated, recognizing and embracing elements common to all effective forms of treatment rather than cognitive behavioral concepts alone, and in which treatment is, perhaps above all, about relationships, social connection, and engagement in a healthy and safe community. In this more holistic model of rehabilitation, not only is treatment significantly about attachment and connection but must itself be delivered in a manner that is connective and relational. In this contemporary approach, the role of the clinician, the clinician's engagement in the treatment process, and the therapeutic relationship are each central and critical. This workshop will describe and discuss these shifts in our thinking and practice and the elements of this relationally-based approach to treatment, and will ensure the opportunity for participant interaction through at least one case study and question-and-answer.



## Seminar S3

# CRITICAL COMPONENTS FOR EFFECTIVE SEX OFFENSE-SPECIFIC SERVICES... CHALLENGING OLD SCHOOL PRACTICES & POLICIES

*Kevin M. Powell, Ph.D.*

*Licensed Psychologist/ Clinical Director*

*Colorado Division of Youth Corrections*

*Platte Valley Youth Services Center*

Over the past couple decades there has been tremendous progress in our understanding of effective sex offense-specific (SOS) services. Many of the old-school beliefs and practices have been found to be ineffective and even cause harm. The purpose of this training is to talk about effective components of SOS services and to challenge some of the old beliefs, practices, and policies, which unfortunately are still present in some circles. Topics to be covered include specific strategies about forming therapeutic relationships; being trauma-responsive; maintaining a strengths-based emphasis; creating a psychologically safe environment; promoting hope; individualizing services; being proactive & prevention-oriented, and utilizing the RNR model in an effective, balanced manner.

## Seminar S4

# TRAUMATIC BRAIN INJURY - THE SILENT EPIDEMIC: COMPLEXITIES AND CHALLENGES

*Robert E. Longo, MC, LPC, NCC, BCN*

Traumatic Brain Injury (TBI) is often referred to as a silent epidemic. In recent years, we have heard increasing amounts of research about head injury, mTBI (concussions), and how head injuries may be cumulative, and can lead to long term problems emotionally, cognitively, and physically. In many cases, TBI can impact individuals throughout the life span. It is estimated that 45% of juveniles in the juvenile justice system have head injury and 60% or more of adult prisoners have head injury.

Traumatic brain injuries are increasing in developed countries. The World Health Organization has predicted that by 2020 TBI will become the third largest contributor of disease and disability in the world, following heart disease and depression. TBI can result in cognitive, emotional, behavioral and physical problems; and TBI can often mimic a variety of disorders including ADD/ADHD, Anxiety, Depression, Oppositional Defiant Disorder and PTSD. This workshop will provide an overview of TBI, causes of TBI, symptoms of TBI and the use of neurofeedback to treat TBI. Case examples will be used throughout the workshop.

TBI is a contributing factor to a third (30.5%) of all injury-related deaths in the United States. About 75% of TBIs that occur each year are concussions or other forms of mild traumatic brain injury (MTBI). An estimated 1.7 million people sustain a TBI annually. Of them:

- 52,000 die,
- 275,000 are hospitalized, and
- 1.365 million, nearly 80%, are treated and released from an emergency department.

Each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from "mild" to "severe".

Overall rates of TBI climbed slowly from 2001 through 2007, then spiked sharply in 2008 and continued to climb through 2010. The increase in TBI rates in 2008 was much sharper for men (nearly 40% increase) than for women (20% increase). In 2007, overall rates of TBI were 26% higher in men compared to women. In 2008, that gap began to widen, reaching 61% in 2009 before narrowing to 29% in 2010. Rates of overall TBI are largely driven by rates of TBI-related ED visits. (CDC)

Head injury is not always assessed and many practitioners do not know what questions to ask and how to properly assess if a patient or client has a head injury. This workshop will provide useful information that can be easily used and implemented by mental health professionals from all backgrounds and disciplines who work with sexual abusive persons.

## Seminar S5

# STEPPING STONES: BREAKING DOWN STEPS OF A DECISION MAKING MODEL

*Carl C. Blake III, PsyD, LPC*  
*Jennifer Leonard, MA, LPC*

There are many theories in developmental psychology as to the origins of behavior; whether it is through conditioning, reinforcement, or social observation. Each of the various theories shares a belief that understanding the origins of a behavior will aid in altering the behavior. This session will focus on the premise that all behavior stems from our thoughts, whether conscious or unconscious. These thoughts, which link to our behaviors, may also be the result of conditioning, and reinforcement of social learning. When working with an individual to change maladaptive behavior it is important to understand the thought process that led the individual to the behaviors. In this context it is highly valuable and effective to teach a decision making model aimed at identifying the common steps individuals take when making decisions in response to an event in their life. For over 15 years I have taught and trained on a step by step decision making model using the stages of the Cycle of Abuse as a foundation. This allows the individual to look at their behaviors in terms of their thought process and decision making even though their behaviors may not have a repetitive pattern. While not all people have the same decision making process we all do in fact have a process. By providing steps in the process we allow individuals to have a framework from which to analyze their decision making process. The steps are identified only as a means of providing a structure but what each of the steps looks like is individual to each person. The steps coincide with the Cycle of Abuse as a means of providing common language and an existing paradigm. The intent is not to suggest offending behavior is cyclical but rather to give clients a foundation from which to examine their decision making. This session will present a decision making model and explore how this model can be used to understand both negative and positive decisions. The model will be applied to common life decisions beyond just that of sexually offending. In providing such a model professionals working with individuals who sexually offend will gain in understanding of how to help clients break down their decisions and gain a better understanding of their behavior as well as mechanisms in to prevent such behavior in the future.

## Seminar S6

# SIBLING SEXUAL ABUSE: REALITIES & REUNIFICATION

*Jacqueline Page, Psy.D.*

Sibling sexual abuse is a serious and challenging issue within the field of sexual abuse. Krienert & Walsh (2011) studied eight years of data from the National Incident-Based Reporting System and cited 13,013 incidents of sibling sexual abuse. Sibling sexual abuse continues to present some of the more challenging cases for professionals who work with adolescents who have engaged in sexually abusive behavior. The challenges may be related directly to the circumstances of the abuse or may be related to efforts to achieve effective collaboration with other professionals. In addition, professionals in the field have noted the lack of research specific to sibling sexual abuse as a barrier in efforts towards reconciliation and reunification. While interventions to address the abuse can help strengthen a family, the healing process is emotional and not without difficulties as cases of sibling sexual abuse are inherently complex due to the impact on individual family members and the family system as a whole. It is not unusual for reunification to be an emotionally charged issue with this in part being related to the range of feelings the parental unit may experience.

Approaching reunification from a continuum perspective allows for more flexibility in the process and can enhance opportunities for healthy healing within the family. This interactive workshop is designed to provide the professional with helpful information including an overview of sibling sexual abuse, treatment and a framework for reunification. We'll explore core considerations that inform decisions about reunification and address challenges in the process. Real life situations that professionals face will be examined as roles and responsibilities in the reunification process are explored.



## Seminar S7

# HAS OUR UNDERSTANDING OF ETIOLOGY CHANGED THE WAY WE DO TREATMENT?

*Kevin Creeden, M.A., LMHC*

Over the past 10 years, new theories and research have informed a broader and more integrated view of the etiology of sexual behavior problems. These include increasingly prominent research on neurological issues, the ongoing consequences of adverse life events, the impact of specific deficits such as self-regulation and other executive functioning skills on behavior, and the recognition of a wide range of developmental influences on adolescent sexual attitudes and behavior.

Increasingly, treatment providers have explored taking a trauma-informed or developmental approach to treating sexual behavior problems in children and adolescents, however it is unclear if and how these approaches have been integrated into practical treatment interventions. This workshop examines how changes in our understanding of the causes and course of problematic sexual behavior in youth influence our treatment interventions and case management decisions. We will also discuss how individual providers and treatment programs translate changes in their views regarding sexually problematic behavior to other involved systems such as juvenile justice and social services.

## Seminar S8

# GROUP WORK IN THE TREATMENT OF SEXUALLY ABUSIVE YOUTH

*Phil Rich, Ed.D., LICSW*

This workshop discusses the nature and role of group work in the treatment of sexually abusive youth, and describes approaches to group work and types of groups. It includes a focus on underlying principles of group therapy, the nature of content/task groups and process groups and differences between the group types, and key aspects of group culture, group development over time, and group leadership and the role and skills of the group leader. The session will include opportunities for interactive discussion and question-and-answer.

## Seminar S9

# APPLYING TYPOLOGY RESEARCH TO THE ASSESSMENT AND TREATMENT OF SEXUALLY ABUSIVE ADOLESCENTS

*Tom Leversee, LCSW*

The National Criminal Justice Association, Office of Justice Programs (SMART), as part of their Sex Offender Management and Planning Initiative, published a comprehensive document summarizing the research to date on adults and juveniles who have committed sexual offenses (2014 and currently being updated). This document included a chapter authored by this Social Worker entitled, Etiology and Typology of Juveniles who have Committed Sexual Offenses (Leversee, 2014- [http://www.smart.gov/SOMAPI/sec2/ch2\\_etiology.html](http://www.smart.gov/SOMAPI/sec2/ch2_etiology.html)). This workshop will focus on summarizing and synthesizing the typology research as it applies to individualizing the treatment of juveniles who have committed sexual offenses.

An empirically based typology provides important information for clinical intervention by identifying key constructs for assessment, possible etiological factors specific to each subtype of juvenile, and unique risk and needs for each subtype that should be targeted in treatment (Faniff & Kolko, 2012)(p.7). The information gained from typology research provides the foundation for designing and implementing more effective and efficient treatment programming and supervision that reflects individualized risk and needs.

Typology research to date has primarily differentiated subtypes of juveniles who have committed sexual offenses based on victim age, delinquent history, and personality characteristics. There is increasing research support suggesting important differences between subtypes who offend against children vs. those who offend against peer age and older victims. Increasing research also supports differences between “sex only” (offending history is narrowly focused on sexual) and “sex plus” (sexual offending may be part of a broader pattern of antisocial behavior) offenders. The research has provided very useful information in regard to factors associated with offending that include trauma and chaotic family environments, attachment, psychosocial adjustment, delinquent history and orientation, co-occurring mental health problems, sexual drive and preoccupation, and atypical sexual interests.

This workshop will summarize the typology research, focusing on illuminating differential etiological pathways and identifying subtype specific dynamic risk factors/treatment targets. Two primary examples of subtypes that will be discussed in detail is the differentiation between those youth characterized by psychosocial adjustment problems and those who are more generally delinquent in their behavior and orientation. Subtype specific skills deficits and specific skill needs will be discussed as will the importance of family, school, and community involvement. Evidence based intervention models will be integrated. The information presented will provide evaluators, treatment providers, and supervising officers with practical application knowledge that will increase their ability to provide individualized treatment and supervision. Case examples will be provided that represent the different subtypes and workshop attendees will be encouraged to apply the information to their own cases.

## Seminar S10

# A PRACTICAL APPROACH TO USING DBT WITH ADOLESCENTS WITH ID WHO DISPLAY HARMFUL SEXUAL BEHAVIORS

*Anette Birgersson Thell, BSc*  
*Christin Santiago-Calling, CTRS*

It is known that youth who have experienced trauma, be it physical abuse, sexual abuse or neglect, and those that engage in problematic sexual behaviors, often have difficulty in the social domain. They struggle to build trusting, reciprocal relationships (Lisak and Ivan, 1995; Marshall and Marshall, 2000). Often, they experience the world as one of constant threat, which heightens their baseline arousal level. This negatively impacts their ability to regulate their arousal, often leading to self-destructive behaviors. Coupled with that, experiencing repeated trauma, often leads to deficits in brain development, which leads to less hemispheric integration, causing difficulties with problem solving, emotional regulation, language and executive functioning (Doucette, 2004; Teicher, et al, 2002).

Utilizing a DBT approach with these clients places a greater emphasis on improving the skills relating to improved intrapersonal and interpersonal skills (Brown, J. F., Brown, M. Z., & Dibiasio, P. ,2013). DBT offers a strengths based approach that directly targets the major areas of concern that youth who display problematic sexualized behaviors display: guilt, shame, anxiety, anger, dysregulation, and self esteem. The addition of mindfulness training, as well as experiential learning, allows for a more complete whole-person treatment model to increase emotional regulation and competency (Singh, N. N., et al 2011). Using experiential learning as a major tool within this model also addresses the language based deficits that these youth display.

This workshop is a vital component to those practitioners that work with youth who engage in problematic sexual behaviors. There will be focus on a multi-sensory approach and skills based treatment. It will be lecture based, as well as experiential, giving participants the opportunity to fully engage in the treatment model, to learn best practices, gain skills and offer techniques for incorporation into their own practice.

## Keynote

# MOVING FORWARD FROM THE BIRDS AND THE BEES

*Brenda Garma Ph.D., LMHC*

*Board Certified Clinical Sexologist; American Board of Sexology*

*Clinical Professor, American Academy of Clinical Sexologists; Winterpark, Florida*

*Private Psychotherapy Practice; Palm Beach Gardens, FL*

Although strides have been made in informing youth about sexual health, there are still significant gaps in their knowledge about safer sex options, contraceptives, risk, and sexual health care services, advice on talking openly with their partners about their relationships, desires, STIs, birth control, and setting sexual boundaries. Many youth also lack the skills to create positive relationships, to treat their partners well and with respect, and to communicate about sexuality and sexual health. It is essential that youth have access to accurate, science-based, comprehensive sexual health information—in schools, in communities, in the media, and online, and that we use the research information we do have about youth to enhance their lives.



# Workshop A11

## BAD EXPERIENCES IN THERAPY: SEASONED PROFESSIONALS REFLECTING ON THEIR MISTAKES

*David Prescott, Dave Fowers, DeLynn Lamb, & Michele Gourley*

Everybody makes mistakes, right? All too often, our field does not take a long look in the mirror and face up to our failings as therapists. Sometimes professional development seems to be more about avoiding mistakes than learning from them. In this open-dialog workshop, seasoned professionals will reflect on their therapeutic blunders. Far from being a set of “war stories”, this workshop encourages honesty and explores what people can learn from the mistakes of others.

As a backdrop, consider these recent scenarios from the lead presenter’s experience:

A discussion of the role of Volunteer Probation Officers (VPOs) recently took place at the United Nations Asia and Far East Institute in Tokyo. VPO’s are typically older and well-established citizens who mentor young offenders, from around Japan. The role of the VPO’s is to assist the young offenders with their behavior, actions, and plans for the future. It is a system designed to provide support and bring about hope and accountability, even as the young offenders can be at risk for disengaging and participating minimally. During the panel discussion, one attendee asked what regrets the VPOs had about their work. The answers were as heart-rending as they were similar; each participant described a time when they had listened more effectively, worked harder to understand the young person, or helped them to achieve the goals that were meaningful to them and not just the legal system.

On their own, these responses are unsurprising, and resemble other human situations where desired outcomes aren’t achieved, such as parents whose children haven’t lived to their full potential or whose lives have ended early. What was striking among the VPOs was what was not said. Reflecting on their failures, no VPO regretted that their young charges had not gotten the diagnostic clarity, effective medication regimes, or the correct empirically supported protocols they needed. In further discussion of this fact, the VPOs acknowledged, as do all professionals, that diagnostic and treatment considerations are vital to success, but that the prevention of failure can reside in the moment-by-moment interactions that all professionals have with their clients.

Likewise, in the Autumn of 2015, the Australian Psychological Society issued an apology to the indigenous peoples of that country. They stated: To demonstrate our genuine commitment to this apology, we intend to pursue a different way of working with Aboriginal and Torres Strait Islander people that will be characterized by diligently:

- Listening more and talking less
- Following more and steering less
- Advocating more and complying less
- Including more and ignoring less
- Collaborating more and commanding less

A take-home message from all of this is that what works in treatment can look quite different depending on the case and the point at which one is reflecting on success or failure.

# Workshop A12

## SUPERVISION OF JUVENILES WITH SEXUAL BEHAVIOR PROBLEMS

*Ludim Guerrero, BS & Diane Martinez, MSW*

Juvenile Probation Officers (JPO) that supervise juveniles that have sexually abused others have a very unique relationship with treatment providers (both outpatient and residential), family members, the court, and other agencies as they strive to ensure that the juvenile is in the correct setting to safeguard the youth, their family and the community. The JPO must balance their charge of protecting the community with providing support in the treatment of the youth. In doing so, the JPO must maintain a neutral stance while gathering information from the youth, the family, the therapist and other agencies as an officer of the juvenile court that is required to make recommendations to the judge. The relationship between probation officers and each entity will be examined. A review on how to maintain consistent, frequent, and encompassing communication between treatment providers and probation will be discussed. We will discuss the work we do to identify possible unsafe situations that the youth may encounter and how to use skills to minimize those risks. We will also disclose what things we look for when trying to identify possible risk for the youth, such as social events, family gatherings, social media and school. We will also disclose our experience in maintaining a cohesive team unit and how this helps with self-care and easing the supervision of these juveniles.

# Workshop A13

## RISK-NEED-RESPONSIVITY: THE ROLE OF RESPONSIVITY IN OUR WORK

*Jacqueline Page, Psy.D.*

The knowledge base about adolescents who abuse has grown significantly and provides information about some evidence based/evidence informed practices and approaches. Research supports utilizing the risk-need-responsivity principles as a framework for our work with this population of youth. The risk and need principles can easily receive more attention than the responsivity principle yet all three principles are important. Application of the responsivity principle can directly impact the effectiveness of treatment of sexually abusive youth through the use of cognitive behavior treatment and social learning model, use of evidence informed interventions and modifying how we intervene to take into consideration individual and family factors, including bio-social factors, learning style, and motivation as well as strengths and protective factors. Given that adolescents who sexually abuse are a diverse and heterogeneous group, a treatment provider is likely to encounter a variety of responsivity factors that can impact how a youth and his/her family response to treatment. While we may be aware of, and recognize these factors, it can be challenging to ensure that we are taking them into consideration on an ongoing basis in our interventions and approaches. Sometimes the needed adjustments may be straight forward and fairly simply, while at other times we may need to think outside the box, step back and re-assess the situation or look at it from a different perspective or reach out to others for ideas.

The workshop will explore the responsivity principle including a framework to incorporate the principle. Building on protective factors will also be addressed. Participants can just sit back and listen and observe or take a more active role as we explore ideas to address some of the some of the responsivity factors impacting our work with youth.

# Workshop A14

## INNOVATIONS IN TREATMENT: THE ROAD TO SUCCESS IS NOT A STRAIGHT LINE

*Tricia St. Pierre, M.A., LCPC, LSOTP, LSOE*  
*Gary Bishir, M.A., LPC*

This presentation will focus on Onarga Academy, Program 4/Victory Lane's efforts and successes in implementing new techniques and models in the sexuality treatment curriculum.

The abusive behavior road map was an intervention that was introduced by Jim Worling during his presentation at Onarga Academy last year. This treatment model is primarily being used instead of the 12 step abusive behavior cycle. What makes this treatment model unique from the 12 step cycle is that it allows clients to identify their abusive behavior pattern while pointing out what coping skills and healthy reminders the client can utilize when they are in their cycle. This helps the clients learn coping skills and healthy stoppers early on in the treatment process. Since implementing the treatment intervention, clients have been able to easily identify when their behaviors start to go off track and what they need to do to get back on the path of success.

The future focus is the fusion of the good lives model and the relapse prevention plan. This treatment model allows clients to seek out what motivates them to behave well. A typical relapse prevention plan typically identifies what a client cannot do or offers short term distractions and coping mechanisms. The future focus prompts clients to explore how they can meet their needs by setting personal, educational, career, long term and short term goals.

"Wrestling with Your Behaviors" is an art and experiential therapy project where clients made Paper-Mache figures that represented their abusive behavior cycle. The clients were able to face their cycle in a verbal confrontation. During the show down they were directed to defeat their abusive behaviors by utilizing positive self-talk and talking about how they can use their treatment and coping skills to overcome their negative behaviors. On the day of the match, each client would have a pre-match interview talking about their abusive behavior cycle and their game plan on beating their opponent by using their relapse prevention plan. They then stepped inside of the ring with their abusive behavior cycle which was played by the sexuality therapist. The client would then defeat their cycle by talking about how they can utilize coping skills, healthy reminders, and positive relationships to body slam their abusive behaviors. Once they defeated their cycle they would be handed the Paper-Mache project that represents that cycle and they were able to destroy it. Client's power bombed it, snapped it, and stomped on it. The client then would have a post-match interview processing how it felt to overcome their abusive behavior. A group was held to talk about what their lives would be like if they were able to consistently defeat their abusive behavior cycle. The matches were filmed by a staff member which allowed clients to process the confrontation in a group setting and with staff. After the matches, there was a program party where the clients celebrated victory over their abusive behaviors.

## Workshop A15

# THE APPLICATION, OR MISAPPLICATION, OF ADULT SEX OFFENDER MANAGEMENT TO YOUTH

*Christopher Lobanov-Rostovsky, L.C.S.W.*

*Tom Lerversee, L.C.S.W.*

This session provides a review of the application, and misapplication, of adult sex offender management strategies to juveniles who commit sexual offenses. Prior to the 1980s, juvenile sexual offending tended to be minimized by society, and many of the identified juveniles who commit sexual offenses were status offenders. Based on research from adult sexual offenders, juveniles who commit sexual offenses became the object of policy and practice beginning in the 1980s, utilizing an adult intervention model. In particular, recent federal legislative and policy initiatives related to sex offender registration and notification (e.g., the Adam Walsh Act) have equated juveniles who commit sexual offenses with adult sex offenders. However, more recent research on this population suggests a juvenile-specific model may be more appropriate. This session will summarize the research related to the use with juveniles of adult sex offender management policies such as registration, civil commitment, polygraph, and others; will debate the pros and cons of using such strategies; and will make recommendations for policy/legislation including sex offender registration and notification.



## Workshop B16

# KNOWN UNKNOWN AND UNKNOWN KNOWN: THE IMPACT OF PORNOGRAPHY CONSUMPTION ON CHILDREN & ADOLESCENTS WHO SEXUALLY HARM

*Russ Pratt, DPsych  
Office of Professional Practice, DHS, Victoria*

What is the impact of pornography on youth who sexually harm others? In their 2014 presentation and subsequent paper (Pratt & Fernandes, 2015) the presenters commented regarding the potentially changing relationship between duration of behaviors and severity of abuse. One of the more accepted 'givens' within this work has been that the more serious the act or acts committed against victims by abusers, the more entrenched the behaviors are likely to be, and that the perpetrator has progressed to more serious acts as they become both desensitized to the harm caused and the need to engage in more severe offences to gain the original level of arousal. These learnings underpin the notion that sexual assault behavior is entrenched and difficult to shift.

Therapists (n=214) working with youth who sexually harm responded to an online survey regarding their views of the impact of pornography on their sexually abusive clients. This presentation provides results of this research. Of particular interest are the analysis of data exploring relationships between the use of pornography and the committing of sexually abusive behaviors by youth. Questions discussed include: are we seeing relationships developing between pornography use and sexually abusive behavior; are there links or correlations regarding the duration of pornography exposure, the severity and type of pornography viewed, and the type and severity of the sexually assaultive acts committed, and how does pornography use relate to both the risk of recidivism and the potential for rehabilitation, if at all?

The presenter draws on current research and treatment/practice knowledge to explore issues. Questions, comments and interactions from the audience are welcome.

Workshop B17

**LAST STOP IN TEXAS:  
THE ROCKDALE REGIONAL JUVENILE JUSTICE CENTER**

*John B. Hertenberger, Ph.D.  
Nicolas Carrasco, Ph.D.*

Outpatient and residential treatment programs for juveniles with sexual behavior problems started in Texas in the mid-to-late 80's and currently there are many programs throughout the state that provide excellent services for these youth. Most youth are successful during their first course of treatment for sexual behavior problems. There is a small number of youth, however, who for a variety of reasons "fail" their first, second, and sometimes third course of treatment. For those youth frequently there is only one option prior to being committed to an institution of the Texas Juvenile Justice Department until their 19th birthday. For those youth, the final recourse is the Rockdale Regional Juvenile Justice Center (RRJC) treatment program for juveniles with sexual behavior problems. In this presentation, we will discuss the structure of the RRJC treatment program for juveniles with sexual behavior problems and the criteria for successful completion of the program, including the curriculum, major assignments, the Chaperon Contract and Chaperon Training.

# Workshop B18

## TASK® TALK: CAREGIVER TRAINING FOR CHILDREN WHO SEXUALLY HARM

*Sarah Renema, MSW, LCSW; & Alexis Barnes, MS, LMFT*

Traditional models of treatment have suggested problematic sexual behavior can be best explained as a fixed trait of the individual, with extreme suppression or separation from society being the only hope to prevent further sexual harm by the individual (Shore & Sidoli, 2016). However, research now shows that problem sexual behavior is a treatable symptom of dysregulation, not an inherent trait (Chaffin et. al., 2008). By addressing the underlying dysregulation with a focus on reduction of symptomatic problem sexual behavior, additional problematic and maladaptive behaviors are also being addressed.

So, where do caregivers come into play with this treatment? Family has been identified as the primary source of attachment in relationships, which are critical to youth development. While family plays a beneficial role in youth development, it can also be a source of trauma, unhealthy beliefs, and destructive habits (Shore & Sidoli, 2016). Therefore, caregivers and family members of children who sexually harm who engage in treatment with their child become key players in the change process. By assisting and supporting the child through processing past experiences, developing an understanding of sexual health, and creating healthy relationships stemming from family morals and values, caregivers can effectively assist in the reduction of maladaptive behaviors within the home and community (Creeden, 2013).

Often parents and caregivers have limited knowledge about healthy sexual development and have not processed their own values around sexual relationships. Providing parents education regarding healthy sexual development across childhood, tools for assessing their child's current understanding of sexuality, and timelines or markers for when to introduce new topics of sexuality will empower them to be the primary support and educator regarding their children's sexuality (Friedrich, 2007; Hart, 2010). This prevents youth from understanding the values and expectations of sexuality and sexual health in their family setting.

The workshop we are introducing is designed to provide parents with that foundation of typical childhood sexual development and means to assess their child's levels of development and understanding. This workshop also provides therapists and parents with a shared understanding from which to build upon throughout individual and family treatment. Ultimately this will allow caregivers and parental roles the opportunity to further their understanding of accurate sexual health creating an environment for parents to normalize sexual development and healthy sexual relationships for the youth in their care. Thus youth are provided lasting resources how to avoid insignificant or maladaptive knowledge of and attitudes towards sex and sexuality. Creating a comfortable, balanced, and supportive environment for understanding of sexual development and healthy relationships is key.

# Workshop B19

## UNDERSTANDING THE STAGES OF DEVELOPMENT

*DeLynn Lamb MSW, LCSW*

The youth we treat are in the process of development across multiple areas. Research is indicating a more positive holistic approach to treatment is best for youth with sexual behavioral problems. It is critical to treatment success that youth are aided in understanding development in all areas (physical, emotional, cognitive, sexual, and spiritual). Youth must be helped in achieving developmental competence across all areas. This allows them to reach adulthood as successful, healthy, capable, and competent. Risk for reoffense significantly decreases as youth become healthy in all areas of their life. Therefore, a youth's ability to achieve developmental competencies and obtain needed social skills is critical to their success. Development of these competencies requires the youth to successfully accomplish or master specific developmental tasks. A significant focus of individual treatment should be in aiding the youth in successfully accomplishing developmental tasks and establishment of developmental competencies. Each youth must also develop social skills including interpersonal (relating or interacting with others), intrapersonal (regulating self or establishing self-mastery), and achievement skills (managing life on a day-to-day basis) to be successful.

This presentation is designed to:

- First define emotional, cognitive, spiritual, and sexual competency.
- Second, to define the goals and tasks of each competency;
- Third, discuss clinical techniques and assignments to help therapists teach youth to achieve developmental competencies.

# Workshop B20

## THE GOOD LIVES MODEL, A PERSONALLY MEANINGFUL APPROACH

*Sam E. Phifer, LCSW, Executive Director, New Hope Treatment Centers*

What actually works to initiate positive changes in clients? Research is telling us that change and success in therapy is not necessarily based on the experience or credentials of the therapist. Success is not related to the type of therapy being done. Increasingly we are beginning to understand the best predictor of how well our clients do is based on the style of the therapist and how engaged or motivated the client is. Internal motivation and meaningful engagement is essential to sustaining the efforts often needed for our clients to overcome the challenges which bring them to our attention. Our historical focus on diagnoses and pathology, or risk oriented models often leaves our clients unmotivated about and dis-engaged with the process we call therapy. This knowledge should be informing our practice and challenging us to take a closer look at how we work to motivate or engage our clients.

The Good Lives Model, provides an integrated practice framework which is strengths based, and designed to help clients live a good or better life that is socially acceptable and personally meaningful. This presentation provides participants with an overview of the Good Lives model and examines how this model is congruent with the concepts which have always been associated with motivation and engagement, and challenges us to listen to what the emerging research is telling us.



# Workshop C21

## ADLERIAN BASED POSITIVE GROUP COUNSELING INTERVENTIONS WITH EMOTIONALLY TROUBLED YOUTH.

*J. Steve Hamm Ed.D., LCPC, LSOE, LSOTP, ACS*

This session is based on a Positive Counseling group, facilitated by the first author at Indian Oaks Academy as part of a dissertation project. Interventions used in the group are derived from a Positive Psychotherapy Curriculum, giving intentional focus and attention to strengths vs. deficits to yield positive outcomes. The presenter will describe how the approaches and interventions practiced in the group are rooted in Adlerian theory. The presentation will additionally discuss the practical application of the Positive Counseling Group highlighting positive outcomes and lessons learned.

The focus of Adlerian therapy is to help individuals discover their resources, strengths, and help them to be more encouraged in reaching their goals in a more functioning way. Recently, positive psychology movement has become the major focus for researchers and mental health providers. Adlerian theory and ensuing humanistic approaches have been considered as the basis of positive psychology. Positive psychology, like Adlerian theory calls for looking at individual strengths, virtues and areas of well-being. This workshop describes an Adlerian based group counseling program which integrated positive psychology interventions with youth in a residential treatment center, describing how Adlerian theory aligns with the positive psychology interventions along with recommendations for practitioners.

Hamm, J., Erguner-Tekinap, B., & Carlson, J. (in press). Adlerian based positive group counseling interventions with emotionally troubled youth. *Journal of Individual Psychology*, 72(4).

## Workshop C22

# **PRACTICAL METHODS FOR ASSESSING AND TREATING PROSOCIAL SKILLS IN JUVENILES WHO SEXUALLY OFFEND.**

*Norbert Ralph, PhD, MPH.*

The workshop will present theory, research, and practical methods for the assessment and treatment of prosocial reasoning in probation youth, including those who sexually offend. The model used targets prosocial reasoning as related to important outcomes in probation youth, including recidivism. The model of prosocial reasoning is based on the theory and research of developmental and neuropsychological researchers including Luria, Piaget, Kohlberg, Loevinger, and Roberts. It is also based on Aggression Replacement Training, and more recent neuropsychological research regarding adolescents. Practical methods for assessing prosocial reasoning will be described, including one developed by Dr. Ralph. Likewise, practical treatment methods to promote prosocial reasoning are discussed, based on three outcome studies by Dr. Ralph. Also a new prosocial treatment approach developed by Dr. Ralph will be discussed.

Workshop C23

**THE PRACTICE OF EMPATHY:  
ALTERNATIVE STRATEGIES FOR STRENGTHENING  
EMPATHETIC BEHAVIORS WITH JUVENILES**

*Robert Wilkinson, MA, LPC  
Susan Southard*

This presentation explores the benefits and challenges of providing group therapy to adolescents and children with sexual behavior problems. The theories and practices of group therapy will be reviewed along with the reasoning of why it is done with this population. The importance of experiential activities and role plays in group therapy with children and adolescents will be discussed and participants will be provided with ideas on how to keep group therapy exciting and dynamic for clients.

The specific psychodrama program (Playback Theater) that is utilized by Youth Development Institute will be taught and presented. The history and background of the program will be discussed and how the program is used to help clients develop empathy for others. Attendees will be invited to participate in various psychodrama activities that will provide ideas on how to help clients with sexual behavior problems put themselves into the shoes of their victims and families.

Workshop C24

# SOLUTIONS FOR THE SEXUALLY ABUSIVE YOUTH: DEVELOPMENTAL ISSUES, RISK ASSESSMENT AND INTERVENTIONS

*John S. Kubis, MEd*

The treatment of adolescents with sexual behavior problems has historically focused on treating the adolescent offender with a model borrowed almost exclusively from the treatment of adult sex offenders.

Within the last 10 years there has been a much needed paradigm shift for clinicians, treatment providers and educators to take into account essential developmental differences and empirical clinical interventions in the treatment of youth with sexual behavior problems.

This didactic, interactive presentation will demonstrate the relevance of the treatment provider, probation officer, county district attorney, children's advocacy center, polygrapher & other mental health professional) in the healing process by teaching early identification of inappropriate sexual behaviors, adolescent brain development research and empirically supported intervention techniques; thereby effecting positive change for the victim, offender, and caregiver.

Audience participation will be encouraged and case examples and video clips will be shared to illuminate concepts addressed in the presentation.

## Workshop C25

# WHERE THE RUBBER HITS THE ROAD: RISK MANAGEMENT IN SUPERVISION, SAFETY PLANNING, AND RELAPSE PREVENTION

*Gail Ryan MA*

A lot of attention has been directed at risk assessment and the external sources of containment and control for persons known to have sexually offended. Relapse prevention to prevent offending across the lifespan has been the heart and fist of offense specific risk management strategies. Conditions of probation, treatment contracts, supervision, safety plans, and relapse prevention plans have been variously described in the literature and in practice, but the terms are often interchanged and may confuse the implied function of risk management.

Research shows that a majority of juveniles who have committed a sexual offense are not rearrested for sexual offenses after treatment and probation end. Nonetheless, the risk of offenses occurring during treatment, and the risk of sexual or other types of abusive behaviors reoccurring across the lifespan are very real concerns for the professionals making decisions in these cases. When providers are scrutinized for decisions preceding some new harm in the community, risk assessment and containment are only the first line of defense. Our ability to clearly articulate daily decisions, as well as case management recommendations, is critical. Equally important is the accurate attribution of responsibility for the lifespan management of risk, which impacts our ability to sleep at night as well as the community's confidence in our field. In the end, the most critical measure of our success will be whether the individual youth we treat have acquired the understanding and skills for risk management to be successful.



## Workshop D26

# IMPORTANCE OF MALE CAREGIVERS IN THE TREATMENT OF YOUTH WHO OFFEND SEXUALLY

*Janice K. Church, Ph.D. and Karen Boyd Worley, Ph.D.*

The involvement of male caregivers is often critical to the success in treatment of youth who have sexually offended. This presentation will explore theoretical views of the importance of the male role model on developing youth, as compared and contrasted with views of mental health, probation, and family members themselves on the importance of the male caregiver in the treatment of the youth who has committed illegal sexual behaviors. Therapeutic issues commonly faced by male caregivers involved in the treatment of youth who have sexually offended may include management of anger, single parenting, supervision and safety plan monitoring, sexual education, allegiances particularly in blended family circumstances, role model values, and the like. Such issues may overlap with treatment issues faced by the youth's female caregiver(s) but may also represent unique challenges for the male parenting figure dealing with the offending behavior of the youth. The presentation will examine what it means for a male caregiver to provide support in treatment to a youth who has sexually offended and will highlight what support translates into and at what points in therapy such support is particularly critical. The impact of the absence or failure of a key male role model to participate in a youth's treatment will also be explored. Videotaped interview segments of a male caregiver involved in the treatment of a youth who has sexually offended will be used to illustrate how father figures themselves view their critical role in treatment.

## Workshop D27

# ENGAGEMENT STRATEGIES WITH YOUTH AND THEIR FAMILIES: COLLABORATION, CONNECTION AND ENHANCING MOTIVATION

*Geoff Sidoli, MSW, LCSW*

Much of our work with youth who cause sexual harm and their families hinges on our ability to move them from compliance to consensus. Engagement and motivational interactions start from the initial contact with the client and create a foundation that will shape the course of assessment and treatment. We may not win them over in the initial communications, but we can certainly lose them. Evoking, listening and understanding a client's needs, attitudes and investment in the process (Mary MacKay, 2014) are key elements to creating positive outcomes with youth and their families. While this presentation will focus on approaches to working collaboratively with youth who cause sexual, significant attention will be paid to working with the youth's family. Research will be presented to help identify best practices in developing plans of engagement, problem solving with clients, and increasing caregiver investment and efficacy.

Participants will be able to describe what the research tells us about client engagement; will hear strategies to engage youth and families more effectively; and learn how to increase family involvement in services by decreasing stigma and empowering clients to resolve their concerns

# Workshop D28

## SECONDARY TRAUMA, COMPASSION FATIGUE, BURNOUT...OH MY!

*Shannon Shore, MSW, LCSW and Mathew Weisner, MSW, LCSW*

Program administrators are not just tasked with ensuring that clients are experiencing positive mental health outcomes but also ensuring that clinicians and support staff are not experiencing the impact of secondary trauma, compassion fatigue, or burnout. Because researchers have begun to use these terms interchangeably Sabin-Farrell and Turpin identified the symptoms therapists might experience apart from the labels:

1. Cognitive, emotional, behavioral, and physical responses, which might be considered normal responses to hearing traumatic material;
2. Symptomatic responses, which might be considered as extreme versions of the responses described in 1;
3. Cognitive changes in beliefs and attitudes; and
4. Additional effects on interpersonal and occupational functioning.

These effects may occur in the short or long term (Sabin-Farrell & Turpin, 2003).

Research has shown that the more time a person spends with a traumatized client, the more they are at risk for developing secondary trauma symptoms. Within the field of mental health, those who work with victims of interpersonal violence such as wife assault, child abuse, rape and torture have higher distress scores than those who work with clients who experienced workplace trauma, victims of violent crime and unexpected death (Bober & Regeher 2006). However, many of the effects of secondary trauma are subconscious and not related to whether or not they are maintaining a good work/home life balance, have high professional efficacy, or utilizing recommended coping mechanisms (Bober & Regeher, 2006). This is why it is critical for both clinicians and their supervisors to understand secondary trauma.

This presentation will offer an overview of the research on secondary trauma, compassion fatigue, and burnout. Additionally attendees will learn interventions and supervision strategies used by the presenters to manage the impact that secondary trauma, compassion fatigue and burnout have on personnel, client outcomes, and turnover.

# Workshop D29

## PRESERVING THE SIBLING RELATIONSHIP

*DeLynn Lamb MSW, LCSW*

The experience of sexual abuse may change or destroy the sibling relationship. There needs to be a treatment approach that focuses on healing and preserving the sibling relationship. How the trauma of sexual abuse is resolved is significant in restoring relationships. Most families desire to remain together. Unresolved sexual abuse, or damaged sibling relationships create problems that can last a lifetime. Successful treatment must account for the unique difference that sibling incest and intrafamilial abuse creates. Intrafamilial relationships complicate sexual abuse dynamics, which in turn complicates treatment. The differences in intrafamilial sexual abuse appear to lie in several categories: The Nature of the family, The Nature of the sibling relationship, and Parental trauma and confusion.

Healing sexual abuse, resolving sexual trauma, and restoring and preserving relationships occurs through a series of steps: Clarification; Resolution; Reconciliation; Reintegration; Reunification; and Closure. Each step will be defined and discussed.

As siblings move through abuse resolution and reunification phases a parallel treatment process works to heal and provides a clinical method for restoring and preserving a healthy sibling relationship.

The parallel treatment process creates communication points where victims and offenders interact and communicate over a specific treatment assignment or goal. This communication facilitates the achievement of the goal in a more effective way. For example, many victims struggle to eliminate misattributions of their own responsibility for the abuse, while offenders struggle to own responsibility for commission of the offense. This parallel treatment process creates the opportunity for both to address and correct this issue through a clinically-facilitated communication. between youthful sexual offenders and victims.

The parallel treatment process indicates that there are common clinical themes in the treatment of youthful sexual offender and victims of sexual abuse. Many of the individual treatment goals are interrelated as are many of the individual treatment tasks and assignments. This interrelatedness creates a potential for clinical interaction or clinically facilitated communication between the offender and the victim. This communication also works from the very beginning to restore and preserve relationships.

The parallel treatment process allows for the accomplishment of treatment tasks in a more effective and efficient manner, thereby allowing healing to occur at a faster pace. It creates a symbiotic forum that simultaneously empowers victims while increasing the accountability of the offender. It aids the offender in understanding the true impact of their actions while validating the victim's abuse experience. It allows victims to explore and express their emotions while aiding the offender in developing empathy. Overall, it encourages, supports, and facilitates the accomplishment of individual treatment goals and tasks for both.

A clinically facilitated communication may take on many forms. It could be a therapist-conveyed message, written or recorded (audio or video) communication, or face-to-face session. The exact form of communication should be selected that best conveys the message while protecting the victim from further trauma.

# Workshop D30

## FAMILY FINDING AND ENGAGEMENT

*Tricia St. Pierre, M.A., LCPC, LSOTP, LSOE & Janelle Bagley, M.A., LCPC*

This presentation will focus on Onarga Academy, Program 4's advancements, successes, failures and tips for family finding. We have found this is a very difficult, long and tedious process and have learned firsthand that initial attempts may not always be welcome or answered but that also doesn't mean you should give up and take NO as a final answer. We will provide personal experiences of how the clients have benefited from our efforts and also provide some stories of it not going so well! Overall we have had far more successes than failures which has encouraged us to expand our efforts. We recognize that no family is perfect and that like magnets, families will eventually find each other and we would rather help navigate that process as opposed to having the clients do it on their own. We will also discuss how we have implemented increased family collaboration/partnership on the program and how we actively engage families at day 1 of treatment and keep them engaged throughout the treatment process. Throughout the presentation we will discuss how to go through the steps of finding family for youth with limited family involvement by asking the client who they would like involved, soliciting the help of collateral agencies, review of file documentation and using various forms of social media to find family members who youth may have lost contact with. We will also explore various ways to help get and keep the family involved in treatment from day 1 and the benefits this has on a youth's treatment outcomes. In doing so we will share how our family vision has changed throughout the years and discuss some innovative approaches to involving family members in residential care. In doing so we are partnering with the families in order to increase their child's success rates and work towards returning them home in a shorter amount of time.

## Workshop D31

# COMMUNITY BASED PROGRAMMING/COLLABORATIONS FOR CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

*Juliana Gerena, Psy.D. & Freddy Perez-Mercado, Ph.D.*

This workshop will present a unique diversion program and family strengthening program designed to work with children and adolescents who have been alleged to have engaged in inappropriate sexual behaviors. Both of these exceptional programs were created in response to identified service gaps for children within the community, who were coming to the attention of the delinquency and dependency systems as well as the Child Protective Investigations Section (CIPS), as a result of alleged sexual misbehavior. Through proactive community collaboration involving the State Attorney's Office, CPIS, and the Children's Services Council of Broward County, an innovative process for handling cases of inappropriate sexual behavior involving children emerged. This process allowed for early intervention and appropriate treatment services in the community, instead of entangling youth in the state systems that traditionally address dependency or delinquency issues. The overall goal of both programs is to provide tertiary prevention services, strengthen family relationships, reduce recidivism, and keep children and adolescents out of the foster care system. Other benefits of the juvenile diversion and family strengthening programs will be discussed in detail. The presentation will introduce attendees to the GATE, a diversion program wherein referrals are made directly from the State Attorney's Office along with SAFE, a family strengthening program where referrals are welcomed from any provider or organization. The presentation will address the specific aspects of the programs, including the integral role of community partnerships, data collection, and outcome measures. The presentation will highlight the empirically supported treatment modalities utilized, including the theoretical models and interventions implemented as well as goals and interventions for therapy.

## Seminar E32

# TRAUMA-SENSITIVE YOGA IN THE TREATMENT OF SEXUAL ABUSE AND AGGRESSION

*David S. Prescott, LICSW, RYT-200*

Before a person can monitor their own behavior, they must first have the capacity to observe themselves. Trauma-Sensitive Yoga has established itself as an excellent adjunctive treatment in the treatment of PTSD and complex trauma. This workshop will explore the research on complex trauma and its prevalence in people who have sexually abused. It is well established that high rates of adverse experiences are commonplace among criminal-justice

As many in the field have noted, treatment programs often ask people to change their behavior before they are even able to observe their thoughts and actions. Because the nature of trauma often involves dissociation and fragmentation of experience, trying to talk about traumatic events can be fruitless and in some cases even harmful (e.g., Prescott, in press). Further, trauma treatment itself is often delivered separately from treatment for sexual aggression. This begs the question: how can we help adolescents build new futures without first allowing them to transcend their pasts?

This workshop will describe how trauma-sensitive yoga differs from traditional yoga classes, and outlines how it can be used in treatment programs. The primary emphasis of areas covered includes: Six key elements of trauma-sensitive yoga; Establishing a foundation for yoga in programs; Tips and traps of implementation.

Neurological and clinical research in press by Bessel van der Kolk and his colleagues at JRI in Boston has found that trauma-sensitive yoga can serve as an excellent adjunct treatment for PTSD and complex trauma. The presenter is certified by JRI in trauma-sensitive yoga.



## Seminar E33

# EVALUATIONS FOR THE "IN BETWEENER": NOT A JUVENILE ANYMORE BUT NOT QUITE AN ADULT? WHAT SHOULD I DO?

*Jon Burnham, LCSW*

As an evaluator there is a group of individuals that are difficult to evaluate. One article refers to them as "in betweeners"; those who are older juveniles but not quite adults who get caught between systems. We will evaluate this population, look at different evaluation tools and discuss options for reporting risk.

## Seminar E34

# BUILDING COMPETENCE AND CONFIDENCE IN ADOLESCENTS WHO DISPLAY PROBLEMATIC SEXUAL BEHAVIORS

*Christin Santiago-Calling, CTRS*

We know that adolescents who display problematic sexual behaviors struggle with building confidence due to histories of trauma and abuse, low self esteem, and poor interpersonal skills. Often, trauma and neglect histories alter brain functioning, impairing fine and gross motor skills, memory and language. This leads to difficulties in traditional clinical settings and they often feel less competent because of their limitations. Because of low confidence, many choose isolation and avoidance as a coping mechanism. This isolation and avoidance often fuels feelings of anxiety, fear, anger, apathy and poor self-image.

Utilizing strength based experiential and activity based interventions, adolescents often quickly gain improved skills and are able to tap into newfound talents and unknown capacities for change. Focusing on what they are good at and enjoy, often leads to increased motivation in treatment and a willingness to explore new treatments. Tapping into body-based and sensory-based interventions, allow clients to explore trauma and experiences they may not have words for. Building on this confidence, clinicians are able to build a stronger therapeutic relationship and clients are better able to tackle more complex challenges.

This workshop will be experiential, offering an opportunity to participate in activities to gain perspective on the activities themselves, and to develop the confidence to incorporate the activities into treatment.

This presentation is a vital component to those doing clinical group work to enhance the work being done by providing tools your clients can use to better communicate, trust and interact with their world. By using the tools provided in the presentation, providers will gain a better understanding of how to truly build confidence and competence within their clients, as well as make treatment and interventions experiential in a safe, non-threatening and practical way, allowing treatment to be fun for all involved thus allowing for greater work to be done.

Seminar E35

# THE LURE OF SEX: HELPING OUR YOUTH BUILD HEALTHY RELATIONSHIPS

*Wayne D. Smith, PhD, LPC*

The struggle is real! Hormones are running wild and sex is the hot topic on the mind of our youth. Temptation is everywhere and adolescents are being lured into a world of instant gratification and self-pleasure. This presentation will reveal how teenagers are being enticed into sex through media and their natural physiological drive. The audience will learn strategies they can use to help youth shift their focus from sex and build healthy relationships with other individuals in their life. There is hope and by helping adolescents manage their time, satisfaction can be achieved through alternate means.

Seminar E36

**YOU SHOULD BE ASHAMED OF YOURSELF!...**  
**OR SHOULD YOU?:**  
**HOW SHAME AND GUILT INFORM THE TREATMENT OF**  
**ADOLESCENTS WHO SEXUALLY ABUSE**

*Robert W. Parham, M.A.*

The purpose of this workshop is to present an approach to treatment of adolescent's who sexually abuse that views shame as central to the therapeutic process - shame as a precursor to sexual abuse perpetration, as well as resulting from the stigma of being observed by the self and by others as a sex offender. This approach to treating adolescents who sexually abuse emphasizes the need to reduce shame-based avoidance strategies and to increase guilt-based approach strategies in order to foster healthy self-esteem, pro-social relationship dynamics, and reduced risk of recidivism.