

Military OneSource Podcast — Parent and Other Caregiver Engagement

Episode transcript

Intro voiceover:

Welcome to the Military OneSource podcast. Military OneSource is an official program of the Defense Department, with tools, information and resources to help families navigate all aspects of military life. For more information, visit militaryonesource.mil.

Bruce Moody:

Welcome to the podcast. I'm Bruce Moody.

Today, we'll discuss problematic sexual behavior in children and youth. It's a topic we've discussed in previous episodes and we'll continue that conversation today. It'll be a frank discussion. It may be one for the earbuds if you have young ones around.

I'm really happy to introduce to you today our guests, Amanda Mitten and Dionna Weixel. Both are with the University of Oklahoma at their National Center on Sexual Behavior of Youth. Amanda and Dionna, it's great to have you with us today.

Amanda Mitten:

Hello. Thank you so much for having us.

Dionna Weixel:

We're so glad to be here.

Bruce:

Yes, we're glad to have you here. Do us a favor though, before we get started and maybe Amanda, we'll start with you. We'll go in alphabetical order. Tell us a little bit about the center and what it is that you do.

Amanda:

Absolutely happy to. So I am, and really both of us are clinicians and trainers, and we specialize in training on and the treatment of children and families who are experiencing difficulties associated with problematic sexual behavior. What I think is really special about the National Center on Sexual Behavior of Youth, or NCSBY, as you'll sometimes hear it referred, is it is in an international center that really specializes in this very unique population that many people don't have a lot of resources or information on. And our goal through NCSBY is to provide both professionals, as well as families, youth, anybody that's caring for children with problematic sexual behavior, many resources that they can utilize to best help this population. Dionna, anything that you would add?

Dionna:

There are also some great resources for families who have not yet met a threshold of problematic sexual behavior, so just as we know that youth and children are sexually developing, resources for those families as well.

Bruce:

Well, great. It's good to be talking to you about this topic. Let's just get some definitions that will really help us with this conversation. So, how are we defining problematic sexual behavior in children and youth?

Dionna:

This is a great question and wonderful to review. It's also been discussed more in depth in previous podcasts and recently in a podcast by our colleague, Andrew Monroe. Shortly, problematic sexual behavior, or PSB, is a behavior that involves private parts that most professionals would consider problematic or outside of the typical range for the age or situation.

Bruce:

So, is there a line there? Are we talking about illegal behavior?

Dionna:

Problematic sexual behavior falls on a spectrum or a continuum that starts with typical sexual behavior, moves into more concerning, to problematic, certainly to illegal sexual behavior as well.

Bruce:

OK. All right. And there is a stigma around PSB, problematic sexual behavior. We'll try to avoid the acronyms, but problematic sexual behavior in children and youth comes with a stigma. Can you explain that and explain why it exists?

Amanda:

Absolutely. I really appreciate you bringing up the stigma associated with this type of behavior. I think it's really important that it is something that we talk about. I also want to communicate to folks who are listening to just normalize people's reactions to hearing that a child has demonstrated problematic sexual behavior or that their own child has themselves engaged in problematic sexual behavior, because it can be very scary, incredibly nerve-wracking, shocking. It may even lead the person to have very difficult thoughts about themselves as a parent or a professional or questioning how they got to this place.

I think the stigma surrounding problematic sexual behavior can really be driven by a number of factors, cultural factors, religious factors, those factors that are built in family values and beliefs, but also the nature of problematic sexual behavior, really involving parts of the body considered to be private kind of increases that sensitivity as well.

Unfortunately, there continue to be many stereotypes maintained about those long-term impacts of demonstrating problematic sexual behavior and connecting those to adult initiated behaviors, which is really much different. There's a significant amount of research that's shown that there's really no correlation or connection between a youth with problematic sexual behavior developing sexual deviant behaviors into adulthood. In fact, when children are labeled as perpetrators, predators or, even many, pedophiles, these labels can and do have an adverse effect on their self-esteem and feelings of self-worth, which I think was also mentioned by our colleague, Mr. Monroe, and in his episode as well.

Bruce:

Yeah, absolutely. We spent a whole episode on that, just the labels that you use when you're talking about a child. And I don't want to rehash the whole thing, but one of the things that really stuck with me in my conversation with Andrew, and maybe you can just briefly touch on this, and we're definitely going to get into this later in the conversation, but there's the behavior, but then there's the child. And you really need to look at the child and the behavior in a way that the child's behavior doesn't necessarily define the child. Do I have that right?

Amanda:

Absolutely. I think it's incredibly important that we separate the behavior from the child and always think about this child as a child first. Just as we would think about other individuals as a person before their disorder, their difficulties, we want to give the same privilege to children as well. The good news about behavior problems and what we know from the research with problematic sexual behavior is it is an incredibly treatable level of behaviors. It's not even a diagnosis. I think that's really important to remember, too, is these are behavior problems that can be treated with appropriate intervention, and a lot of evidence to support that when done so, it dissipates, it goes away and we don't see these things coming back up again. And so, ultimately, really, they are kids who have developed these difficulties for a variety of different reasons, but still children.

Bruce:

Yeah, most definitely. And that's something not to forget, they're definitely children. But when we look at the behaviors that you refer to, what are the degrees of problematic sexual behaviors that you treat that manifest in youth?

Dionna:

As we mentioned, we think of PSB as being on that spectrum ranging from behaviors that would be considered a normal part of sexual development to inappropriate to problematic to harmful or illegal. As with any behavior, there can certainly be varying degrees of intrusiveness or frequency, but for something that is labeled problematic, wherever it falls on that end of the spectrum, largely there would be the same

treatment and there is an evidence-based service that is effective for decreasing incidents of problematic sexual behavior in those children and youth.

Bruce:

So, I want to shift a little bit, and I really want to talk about caregivers and what they can do and how they can think about this. And again, with the definitions, because I think it really helps the conversation. When we are talking about a caregiver, we're talking about teachers, childcare providers. Who else is out there that falls into the realm of a caregiver?

Amanda:

Yeah, I appreciate that distinction. We tend to, in our clinical practice, we'll often reference caregivers as the individual that is providing the most amount of care for a child. We're often communicating that as that person is the individual that lives in the home environment, sort of has the most access to the child. But I really think you're absolutely right that we should not go without mentioning teachers and other professionals who are involved in children's lives as well. So, as we continue through this conversation, I think you'll hear both of us use the language of parent and caregiver, and really it's these trusted important adults in children's lives that have the opportunity to influence and impact their behaviors and their choices.

Bruce:

OK. So that adult, the trusted and important adult, has concerns about a child exhibiting or being impacted by problematic sexual behavior. What's the first thing that they should do?

Amanda:

I think it's really important to create a space for having open and honest conversations with children. We always want to be mindful of jumping to conclusions and first starting with a conversation before assuming that there is an issue at hand or a behavior that is taking place. It can be really helpful to take advantage of natural opportunities to talk with children about sexual topics, promote that that individual is a safe person that the child can come to with questions, thoughts and other curiosities.

I think it's also really important for caregivers and those trusted adults to hear that that gut reaction to figuring out or having a concern about a child having problematic sexual behavior is really normal. Being concerned about problematic sexual behavior or finding out your child has engaged in problematic sexual behavior is a really huge situation that can bring within it a number of significant feelings, perhaps shame, guilt, sadness, anger, frustration, disappointment.

So, the first step really is to check in on your own feelings. After that is safety, above all else, of anybody that may be involved in those situations. You may need to separate children. For example, if clothes were removed, it may be important to get them in a space where we are, again, putting them back into safe situations. This is also a great

time to provide some education surrounding rules for our body parts, normalizing curiosity and creating a space for your child to ask those questions.

Depending on what they say and what you learn, this may also be a great time for putting some structure into place, setting boundaries and rules around what's OK and not OK to do with our bodies. A lot of times, kids just don't know that there are rules around our bodies, and they need to be communicated that information just like they need to learn rules around how to use walking feet at a swimming pool and not touch a hot stove. I think what's important also is that caregivers create a listening space for their youth to share the difficulty and the questions and the curiosities that they have. And it's important to have caregivers continue to see their child as their child and this is not something that's going to ruin their lives.

Bruce:

You do mention that really, the first thing to do, if the situation requires it, is to put them in a safe situation. But beyond that, it does seem like you're saying that a gut reaction is probably not the best move, but to kind of catch your breath, catch your thoughts and then move forward. Is that accurate to say?

Amanda:

Yeah, I think that is accurate, Bruce, absolutely, that these behaviors, if you're finding out that it's happening with your child or your child is having these behaviors, can be really scary. And we all know that we sometimes have big reactions when we're scared or frustrated or worried. And so, making sure everybody's safe, of course, as you said, is incredibly appropriate and should happen. And then, secondly, is checking in on ourselves and, "Do I need to take a space to kind of calm my own reaction so I'm not reacting too strongly to the situation and really creating an open space for having a conversation."

Bruce:

So, what are some of the barriers that may keep parents from asking for help?

Dionna:

There are certainly barriers and we have to consider those, as they will impact engagement. Barriers can include things like a caregiver's perception of therapy and support and how others might perceive them if they seek help, and even how they might impact how they view themselves. It can be difficult to ask for support, and sometimes systems make it difficult to seek therapeutic interventions. Unfortunately, families are still hearing those unhelpful messages that we mentioned about their role with problematic sexual behavior. And it's tough to blame a caregiver for being hesitant if they're worried that they may hear this difficult information and those unhelpful labels about their family.

Bruce:

Right. So, there's getting help, but there's really preparing to get that help, too, really being ready for that. So, what are some of the ways that a parent can prepare for a meeting with a clinical provider following an incident of problematic sexual behavior?

Amanda:

I think it's really important that we started much of this conversation talking about the stigmatized nature of this behavior and sort of starting to bust some of those myths. What we find is that there is often a similar, maybe not exactly the same stigma, but there is also a stigma around seeking help and reaching out to a clinical provider. In fact, many families develop their own perceptions about what it means to do so. They may be worried about how others perceive them, that, "If I seek help, does that mean I've not been an effective parent or caregiver?" And those are really scary and heavy thoughts to enter into this experience with.

Therapy can feel very much like a mystery to families and parents if they've never had exposure to it or if they've only had negative experiences. I think it's important for parents and caregivers to remember that clinical providers are going to want to know details about what took place with their child, in addition to their child's previous experiences and history, but all from the perspective and the guise of providing support and help. I think it's always OK and encouraged for families to come into these clinical experiences with their own questions and work toward getting onto the same side of the street with that clinical provider. Our goals, hopefully, are all here to support the family and help them however we can, and a family's openness and honesty with that provider is really going to help with that as well.

Bruce:

Right. So, as you say, it's scary, it's heavy, it's an uncomfortable topic. But on the other side of the equation, there's a provider who really needs to know the details, who needs to know what's going on. So, what are some of the tips for a clinical provider as they are communicating with a caregiver in discussions about problematic sexual behavior?

Dionna:

Step one is always validation. It's so important for caregivers to hear from us that we hear them, that we're listening, and that we're willing to support their family. When you look at the research on family engagement, it supports that the first encounter with the family is one of the most important.

And some strategies to remember during that time are clarifying your role with the family, helping them understand what therapy will look like and who will be involved in their therapy, and also giving them the opportunity to share their previous experiences with therapy, whether good or bad.

It's so important for these clinical providers to praise caregivers on just being present and working to empower them as the expert on their child and their family. The

research also supports that families should leave their first appointment with at least one resource or idea that they can implement between that initial appointment and their next session.

Bruce:

Oh, that's really interesting. So, are there any strategies used by caregivers that are producing positive results?

Amanda:

Yeah. I think can ... This reminds me of the question you asked around step one, really needing to catch our own emotions and check in with how we are doing and remaining calm during those moments in which you've identified that your child is demonstrating inappropriate or problematic behavior. I think that continues to really be something that can produce those positive results as well.

We know that children are much more open and responsive when approached with a calm and non-accusatory demeanor, and having that open door policy about them being able to come to their parent or their caregiver with questions and concerns and information. We know children are seeking that information in a lot of different areas, including the internet and their peers, and we also know that those areas do not have all of the accurate information. And caregivers are really the expert on their child, and we want to empower them to be that way.

So, when approaching their child about behaviors, sexual or otherwise, it's important to strike a balance between being validating and normalizing of natural curiosity while also taking the behavior incredibly seriously, setting appropriate boundaries and rules, and maybe perhaps even approaching your child with your own curiosity. A listening ear and a plan for mitigating this behavior can really go a very long way.

Bruce:

Got it. Got it. Now, so can you clarify the different levels of support and services that are available to caregivers in the civilian sector?

Dionna:

There are a number of resources available on that National Center on Sexual Behavior of Youth website that we've already mentioned that can be used by anyone who falls really anywhere on that spectrum that we've discussed, even prior to behaviors becoming problematic. If a behavior has been deemed problematic, the family should be connected with outpatient evidence-based services that can really happen in either a family or group format, and those services will provide support to both the child and the caregiver throughout treatment.

Bruce:

Yeah. You mentioned your center's website, and we have a link to it in the program notes for people to read more about. This is an incredibly important topic. Can you give

us a kind of sense of why it is important for caregivers to stay engaged with what's going on in a child's life?

Amanda:

Absolutely. I love this question, and first I'll answer from a therapeutic perspective. What the research has actually shown us time and time again is that caregiver involvement in therapeutic services is far and away the number one predictor of change in a child's behavior. Caregivers really serve such an integral role in supporting a child's behavior both inside and outside of therapy. I'll sometimes joke that we get the benefit as the clinician of being with the child for an hour, hour and a half a week, but the parenting caregivers with them all those other hours, and really as the clinician, we're working ourselves out of a job.

Additionally, we know children have contact with so many other people in their lives that will have the opportunity to shape or influence their behavior: peers, teachers, the media, and we really want to empower caregivers to be the experts on their child, and they certainly are the experts on their own family. The more caregivers can create a space for open and honest communication, the more opportunity they're creating for their child to come to them with those questions. And the caregiver can really lay the foundation such that it fits within their own beliefs and values.

Bruce:

OK. So, there are situations when a child is removed from school or another social setting, right? So, what are some tips for parents if their child is removed from school or another social setting as a result of problematic sexual behavior?

Dionna:

This can be really difficult, and is quite common that kids are removed from some of their social circles when something like this happens. And it's likely that these parents and caregivers will have questions about what's happening and why. They should always ask those questions and what the long-term plan is. It's natural that after a child engages in a problematic sexual behavior, that those around them want to pull them away from others for what they may consider or be using as a step toward safety. However, youth then may struggle to develop these appropriate social skills because they're not in situations or given the opportunity to do so.

So, when in services and working with a therapist, these therapists should be able to work with these families on plans for success in the school setting, including being a support and collaborator with the school themselves to see what needs to happen to make sure that that youth can stay in that setting, continue to develop those good social skills, and be successful.

Bruce:

So, following up with that, though, what are some tips when that child is returning to school, returning to the social setting? How do parents prepare for that, and how do they prepare the child?

Dionna:

Yes, that's a great question. One of the main things that we talk about is giving these caregivers and kiddos scripts for what they're going to say when they're asked about some of these situations, because as we've talked about, when caregivers respond to these situations out of emotion, it may not always be the best response. The same is certainly true then for kiddos who are answering difficult questions from their peers. And so, giving them options for how they can answer these questions or talk about maybe what happened, who are safe people in that system to go to when and if they need help, and what are plans ultimately for making sure that we're safe and following all of what we call the sexual behavior rules or the boundaries that we have set in place for that youth or child.

Bruce:

This is such an important conversation, and as we've talked about, these are children. They're not the labels. They're just children, and they're growing and they're learning and they'll continue to learn. Amanda and Dionna, do you have any final thoughts on this conversation before we give it a close?

Amanda:

I don't think so. I just so appreciate you all really upholding that philosophy of children first. And I just love and wanted to emphasize what you said there at the end, is that children are learning and growing every day of their lives, and they also have to learn what to do with their bodies and what's OK and not OK. And they have such an opportunity to thrive with appropriate rules and boundaries. So, I just appreciate you having us and having this discussion.

Dionna:

Yeah. We are so thankful that you're willing to talk about caregivers and their engagement. Last thoughts for me, these kiddos, when they have a behavior that's deemed problematic, they're often aware and they tend to share that they know their parents are experiencing a range of feelings from that frustration, to fear, to sadness, to everything in between. While those feelings are really important to process and work through, that doesn't happen all at once and it doesn't have to. And youth are largely reporting that caregivers who are there for them is the most important thing. They don't always remember what you say or how you said it, but they remember that you were there, and then the healing comes after that.

Bruce:

I really appreciate your time with us today. This is a very, very important topic. It's fraught with emotion. It means everything to parents who are going through this, so we appreciate the opportunity to talk with you and learn through this. We're going to have future episodes where we revisit this topic, and there's still so, so much more to learn. Thank you so much for joining us today.

Amanda:

Thank you.

Dionna:

Thank you for having us.

Bruce:

Absolutely. I want to remind everybody that Military OneSource is an official resource of the Defense Department. We are a website, we're a call center, we're all over social media. And we are a podcast, so go ahead and subscribe to us wherever you listen to your podcasts because we cover a wide range of topics that help military families navigate military life.

I'm Bruce Moody. Thank you so much for listening. Bye-bye.