

In this book, Dr. Allen provides a thoughtful and nuanced empirical discussion of children with problematic sexual behavior (PSB), a very poorly understood phenomenon. Dr. Allen is a leader in this area, and this work clearly summarizes our current theory and research. Moreover, Dr. Allen also puts forth a flexible phase-based individual treatment for PSB, a significant innovative contribution to this field, which is sure to help effectively mitigate children's PSB.

—**Rachel A. Wamser, PhD**, University of Missouri, St. Louis, MO,
United States

This volume is an indispensable resource for clinicians who encounter children with problematic sexual behavior. Dr. Allen's approach is based on standard child psychotherapy principles and expands existing expertise so that referral to a specialist is not required. It can be flexibly delivered as a standalone intervention or embedded within a broader course of therapy. The extremely informative case scenarios walk clinicians through assessment and the phases of treatment.

—**Lucy Berliner, LICSW**, University of Washington, Seattle, WA,
United States

This book represents a substantial contribution to the field, successfully bridging research and practice while correcting longstanding misconceptions about childhood problematic sexual behavior. It offers an empirically grounded, developmentally sensitive, and clinically practical approach to assessment and treatment that is feasible for real-world settings. Its clear structure, strong assessment framework, and thoughtfully integrated case material make it an invaluable resource for clinicians, trainees, and advanced students in psychology and related disciplines.

—**Kelly M. Babchishin, PhD**, Assistant Professor and Director, Sexually
Harmful Behaviours Research Lab, Carleton University, Ottawa, ON, Canada

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INTRODUCTION

Improving the Care of Children With Problematic Sexual Behavior

As mentioned in the preface, there are several misconceptions regarding children with problematic sexual behavior (PSB) that restrict the implementation of research-supported approaches to assessment and treatment. Although much of this relates to a historical lack of training and resources, another source of disconnect is the difficulty of translating often complex research findings into clinically practicable recommendations. Clinicians typically report accessing more books than academic journal articles and prefer reading case material over the results of research studies laden with statistical analyses (Allen & Armstrong, 2014). Although understanding of children with PSB and how to best provide clinical care has advanced considerably over the past two decades, much of that literature is found in academic sources and fails to provide clinical demonstrations. This book attempts to address these concerns by providing an empirically based, practical manual geared toward mental health clinicians.

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Children With Problematic Sexual Behavior: Theory, Research, and Evidence-Based Practice, by B. Allen

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GOALS AND APPROACH TO CONTENT

PSB among children is one of those topics rarely discussed in mental health training or in continuing education programs. This creates a significant problem in the dissemination and implementation of evidence-based practices as clinicians often report being unsure what types of training to attend or whether they are sufficiently qualified to provide services in such cases. However, it is often encouraging for many clinicians to learn that children with PSB are not particularly dissimilar from other cases treated in typical child-serving programs, and that experienced clinicians typically possess all of the necessary skills to effectively treat these children. This book aims to provide a suitable introduction to the topic of PSB, discuss how this research-derived understanding can translate into effective clinical practice, and provide a treatment protocol based in the current empirical evidence that can be implemented in practice.

Several aspects of this book were specifically designed to achieve these goals. First, this book's approach is decidedly scientific in nature. In other words, while several ideas and theoretical propositions are available and discussed in various publications, this book relies on content derived from empirical research. Second, the presentation of all material in this book is practical in orientation. In-depth discussions of statistical analyses are avoided in preference to practical descriptions of how the empirical findings relate to clinical practice. Citations are clearly provided throughout, and readers interested in exploring the more technical aspects of the research can easily identify the studies on which the discussions are based. In this spirit, Chapter 1 provides a practical introduction to the current knowledge base related to the development (i.e., etiology), maintenance, assessment, and treatment of PSB. Chapter 2 proposes an assessment protocol that logically flows from the material covered in the first chapter and provides clear treatment implications. Chapter 3 reviews phase-based treatment for PSB (PBT) and discusses how the intervention was developed on this knowledge base, the current evidence for its effectiveness, and training options.

Third, a central focus of this book is clinical demonstration. Case studies are used heavily throughout to demonstrate the techniques of the intervention. In the chapter focused on the assessment of PSB (Chapter 2), three disguised cases are introduced to the reader, Lydia E., Maria A., and Alex J. The background, assessment data, and conceptualization of each case is discussed to demonstrate the diversity of presentations that fall under the umbrella of PSB and the different etiological mechanisms that may be operative. These three cases are then revisited in each chapter describing the treatment techniques of PBT (Chapters 4, 5, and 6) to demonstrate the

application of the protocol to such varied presentations and backgrounds. This method also reveals the flexibility of the protocol to cultural, familial, and practical differences. Chapters 7, 8, and 9 provide full length unified descriptions of the treatment of three cases (Alyssa P, Alvi L., and Jamar W.) with presentations and challenges different from those of the three cases presented in the earlier chapters.

Lastly, this book is meant to boost the confidence of clinicians treating children with PSB by anticipating and answering questions and providing appropriate resources. Throughout the three chapters specifying the protocol (Chapters 4, 5, and 6), “Clinical Tips” are inserted that provide suggestions on how to improve implementation and avoid commonly experienced difficulties. A common question asked is when to use PBT as opposed to another treatment approach or if PBT can be integrated into another model. This topic is addressed in its own chapter, Chapter 10, by discussing how PBT’s structure can result in a clinician thoughtfully integrating PBT techniques within another form of treatment. Other frequently asked questions are answered in Chapter 11. Through years of practice with PBT and consulting with clinicians, several pitfalls were identified and solutions tested. Some of these are discussed in Chapter 11. Finally, several resources that clinicians might find useful when implementing PBT, including fact sheets, books, and online videos, are provided in an appendix and categorized based on topic. Also, measures that clinicians may use free of charge in their clinical practice are provided in the appendix.

A NOTE ON TERMINOLOGY

There are countless terms related to sexuality and sexual behavior, many of which are quite familiar and imply certain experiences or behaviors. For instance, terms such as voyeurism, exhibitionism, and masturbation require no definition for most adults. However, these terms are often associated with the experience of sexual arousal and denote a desire to achieve some level of sexual gratification. In this respect, and as will be discussed in detail in Chapter 1, these terms are not directly applicable to many preteen children who exhibit PSB. In short, attempting to apply adult-focused terms related to mature sexual behavior and interests to children is inherently misdirected and likely counterproductive in efforts to apply the current empirical knowledge. As such, terms will be used throughout this book that are self-explanatory and avoid applying adult concepts to the behavior of children. To complete the example just provided, terms to be used within this book include *looking behaviors* (instead of voyeurism), *showing behaviors* (instead of exhibitionism), and *self-stimulation* (instead of masturbation).

Even the term “problematic sexual behavior” is a more recent innovation in terminology. Not long ago, the umbrella term used to describe these concerns was “sexual behavior problems.” Unfortunately, this latter term was used in several instances to suggest that sexual behavior from children itself was problematic; developmentally typical behaviors sometimes were identified as potential targets of clinical intervention. It is important to recognize that sexual behavior, just as with social behavior or language acquisition, displays a developmental progression and certain behaviors are to be expected, a topic reviewed in Chapter 1. These issues led various experts to restructure the term to more clearly identify “problematic sexual behavior” as qualitatively different from “typical sexual behavior.”

One particularly concerning form of PSB is interpersonal, intrusive behavior that involves direct contact with another individual or animal. Over the decades of research and discussion on this topic, these acts have been described as “sexually abusive” or “molestation,” with the children themselves being labeled as “children who molest other children” or “child perpetrators.” These terms imply a level of sexual deviancy and criminal intent that is not typically present with children who display these behaviors. Also, use of these terms may suggest that the risk of future sexual offending is high, when the current evidence suggests that such risk is actually quite low (see Chapter 1). Throughout this book, the term *intrusive behavior* is used to describe behavior that involves interpersonal contact and the term *initiator* is employed to identify the child primarily responsible for introducing the behavior.

Lastly, a number of different terms are commonly utilized in clinical practice to describe PSB, although they are not typically employed in the research literature. These phrases include “sexual acting out” and “sexually reactive.” The problem with these terms is that they suggest an etiological cause for the PSB, namely, that some factor internal to the child is being expressed in an external way, which leads to the conclusion that effective treatment must resolve this presumed underlying issue. As will be discussed in the first three chapters, the current empirical evidence suggests the most effective intervention for PSB focuses on helping caregivers implement behavioral change techniques and not on processing a child’s unconscious motivations. These terms are avoided throughout this book.

CONCLUSION

PBT was the result of years of empirical research and clinical practice, combined with expert deliberations, pilot testing, and clinician feedback. In a sense, it was designed to provide a trained clinician with a clear treatment

plan for a child presenting with PSB. However, it was not designed to be a one-size-fits-all approach to treatment. As will be seen in the pages that follow, PBT is flexible and tailored to the unique needs and aspects of a given case. As such, the use of the protocol is not meant to replace clinical experience and judgment but rather to direct a clinician to utilize their skills in an evidence-informed approach to the issue of childhood PSB. In this manner, therapists can provide their young patients with the best possible care, making use of both a skilled and knowledgeable clinician and the current empirical evidence of how to best treat PSB.