



# A DEVELOPMENTAL TREATMENT APPROACH TO HARMFUL SEXUAL BEHAVIORS

Kevin Creeden, M.A., LMHC  
Vare barn-konferansen  
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# Why Developmental Treatment

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Focuses on adaptive strengths, skill development and increased competency

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Parallels our goals for other youth in our society

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Makes it easier to engage families: it is how parents view their children

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Comes with a language and perspective already familiar to schools

## Why a Developmental Approach

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Children and adolescents are already going through a wide range of changes

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Adolescents who sexually harm have a low base rate of sexual recidivism but a high rate of general recidivism

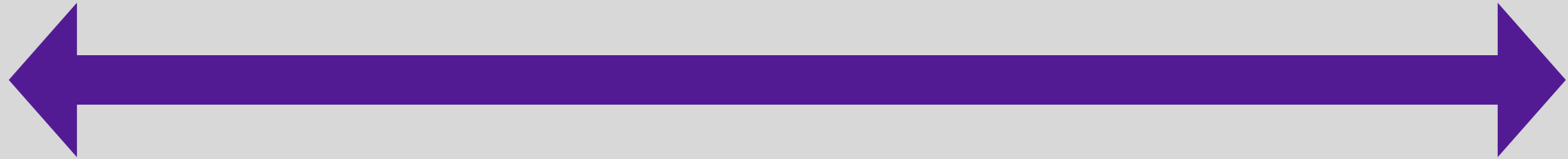
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Consistent with current research on the developing brain

# Developmental treatment: focus

- Provide structure and safety in living environments
- Facilitate stable family relationships
- Increase capacity for self-regulation
- Actively teach adaptive problem solving and coping skills
- Increase social skills and provide opportunities for pro-social peer engagement
- Improve school performance and/or vocational competence
- Enhance capacity for personal intimacy
- Promote healthy sexual behavior

# Range of Sexual Behavior



**Healthy**

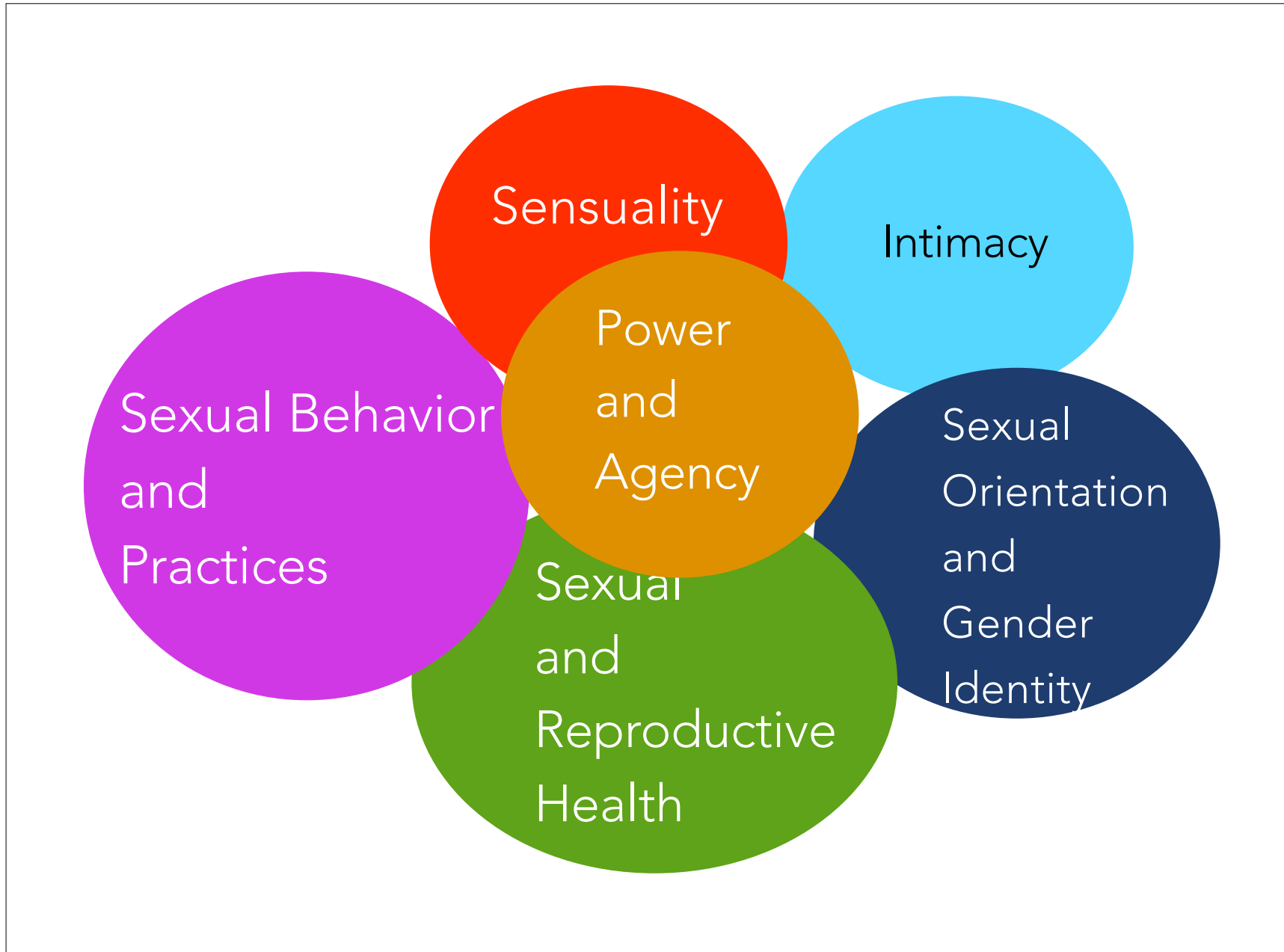
**Concerning**

**Problematic**

**Harmful**

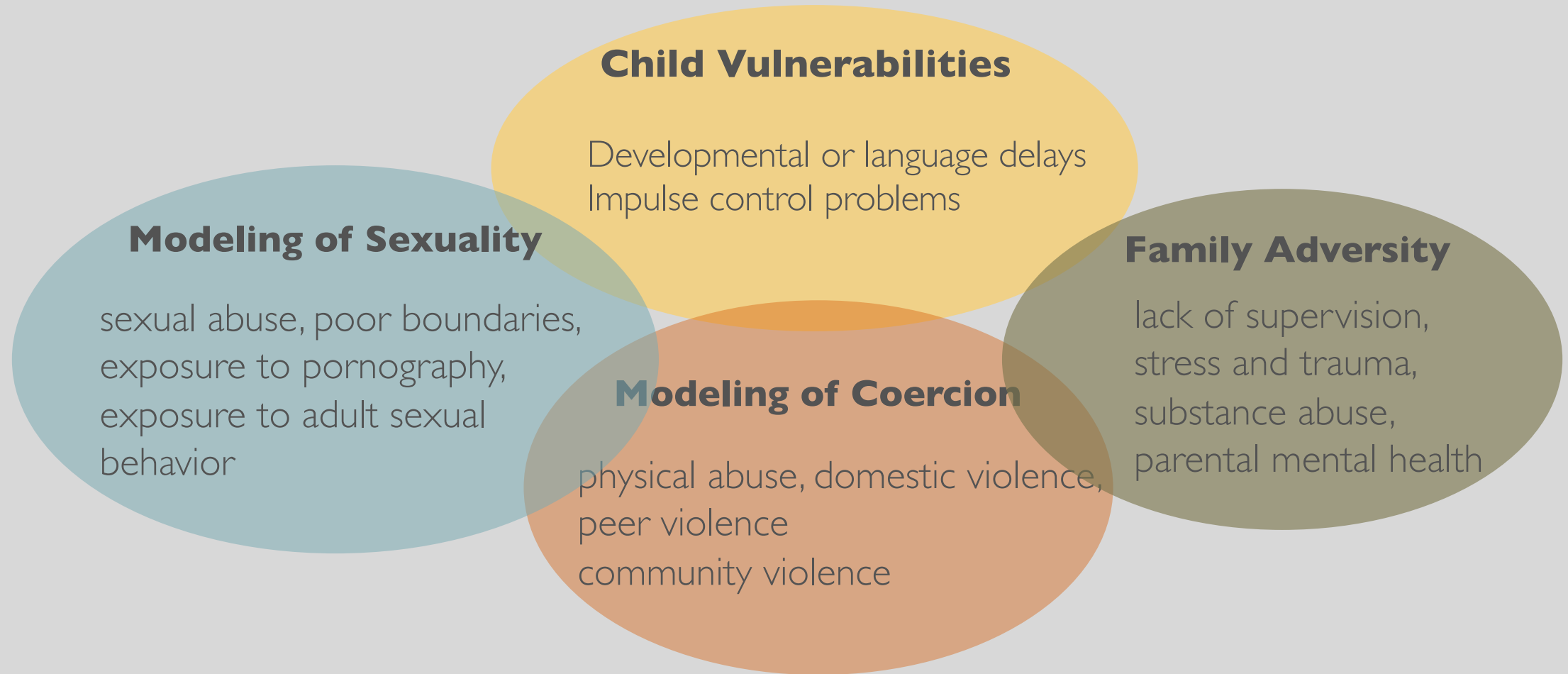
**Illegal**

Cavanaugh-Johnson, 2009



What is healthy Sexuality

# Origins of sexual behavior problems



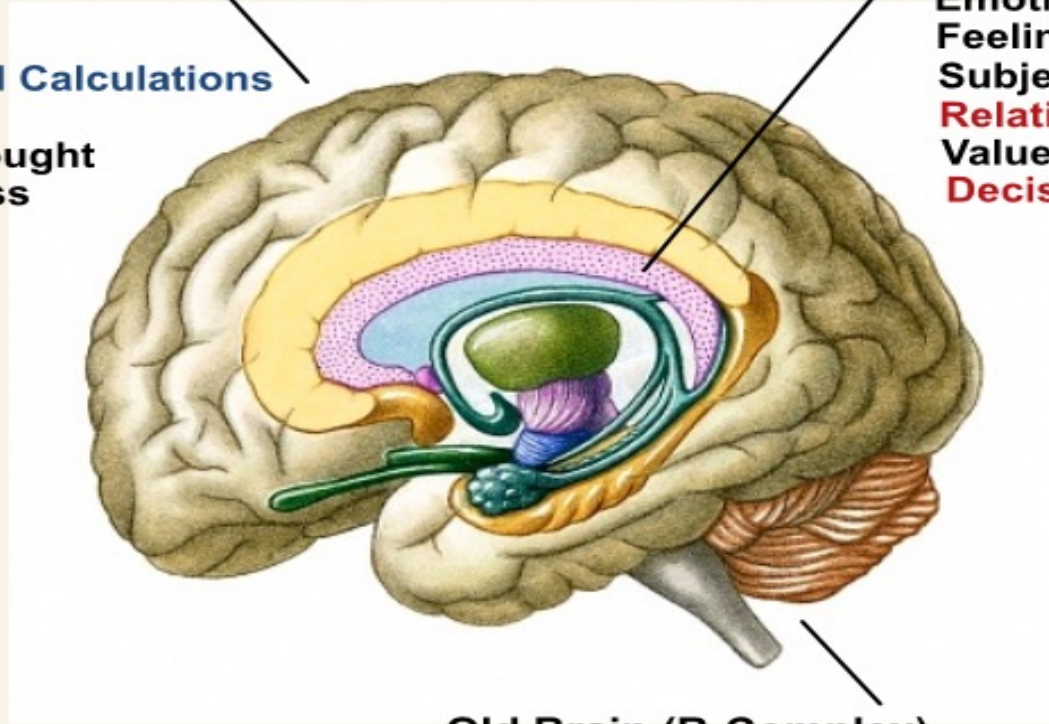
## Triune Brain Organization (Dr. Paul MacLean)

### New Brain (Neo-Cortex)

Reasoning  
Analysis  
Mathematical Calculations  
Language  
Abstract Thought  
Consciousness

### Middle Brain (Limbic Complex)

Emotions (Love, Fear)  
Feelings (Trust, Loyalty)  
Subjective Senses (Purpose, Duty)  
Relationships  
Value Judgements  
Decision Making



### Old Brain (R-Complex)

Breathing  
Circulation  
Digestion  
Movement  
Reproduction  
Instinct



# Origins of PSB

Chouinard-Thivierge, et al (2021)  
Canadian study looking at 340  
cases (158 cases childhood onset;  
182 adolescent onset)

- Children referred for PSB were already known to Child Protective Services due to prior referrals:
  - 10% had 1 referral
  - 30% had 10 or more referrals



# Origins of PSB

## Development periods

- Infancy: 0-2 yrs. ; preschool: 2-5 yrs.; late childhood 5-11 yrs.; adolescence: 12-17 yrs.

Numbers of abuse experiences increased over time and most of these were correlated with the presence of PSB

Being exposed to **domestic violence** correlated to PSB in all 3 childhood periods



## Origins

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Psychological abuse in late childhood correlated with PSB continuing into adolescence

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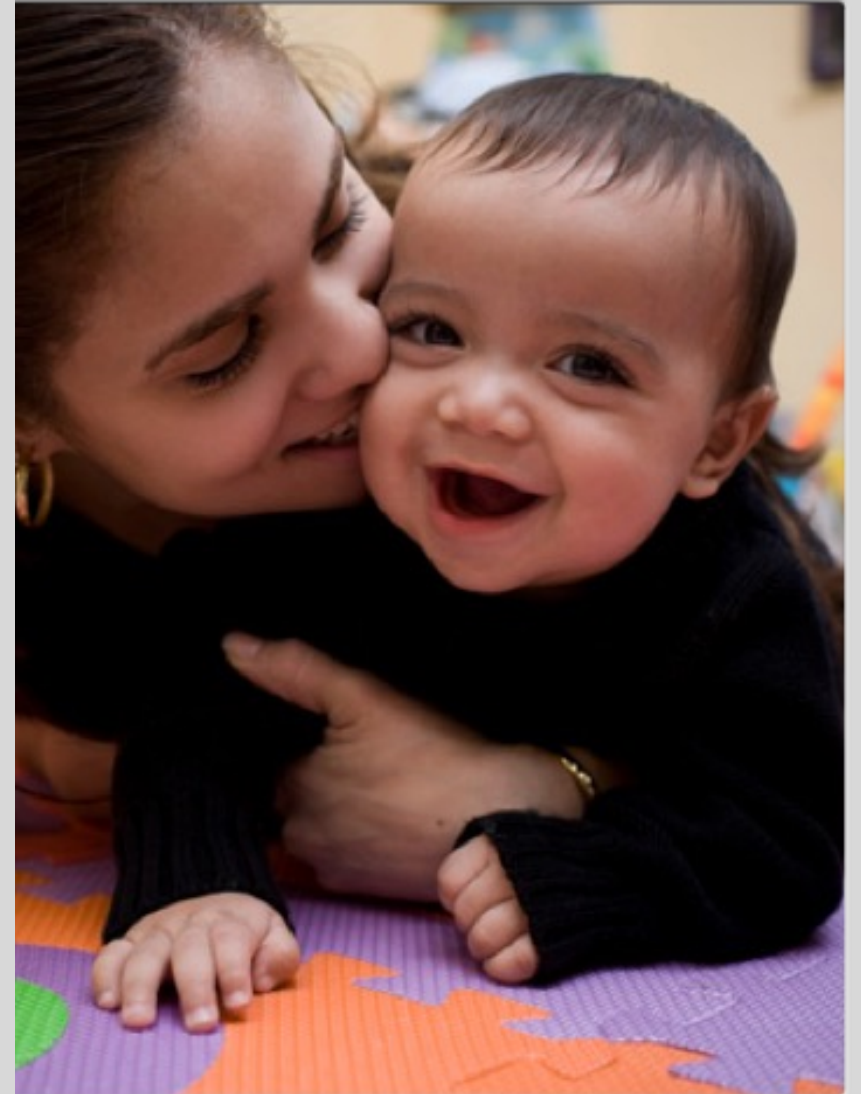
History of placement and parental neglect correlated with continuing PSB

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Experiencing sexual abuse in late childhood correlated with continuing PSB into adolescence

# Attachment and Brain Function

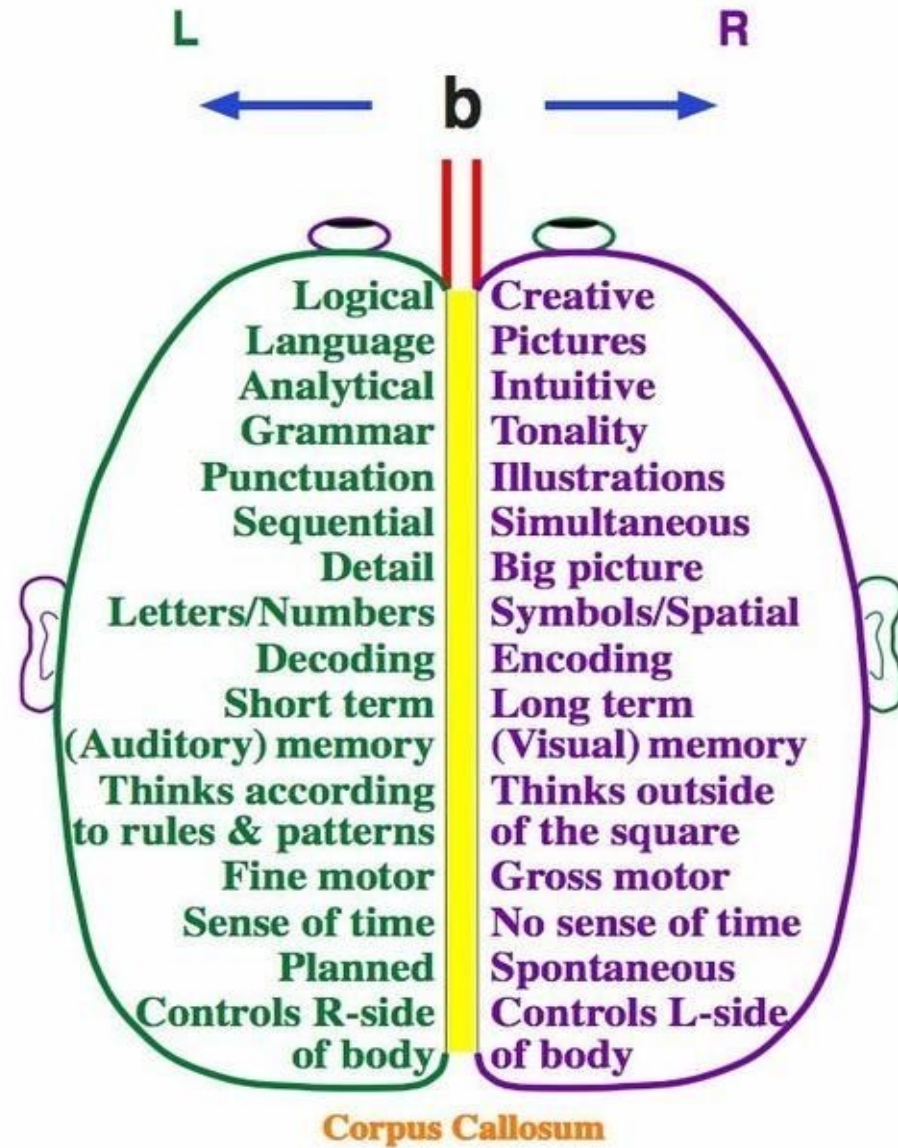
- Positive experiences of attunement develop neurophysiological mechanisms that allow for:
  - emotional regulation
  - responsiveness to social cues
  - evaluation of meaning



# Neurodevelopment and Trauma

- Increased limbic irritability
- Decrease left hemisphere development
- Decrease left/right hemisphere integration
- Limited activation of cerebellar vermis in self-regulation

Teicher & Samson, 2016



- “Children do well if they can”

Ross Greene (1986)

- Development is non-linear and transactional

(Bowlby, 1973)

- Established patterns are transformed by new experiences and new experiences are framed and interpreted within a prior history of adaptation

(Sroufe, 2006)

# Clinical Assumptions

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There is a physiological response to trauma that effects processing, cognitions, emotional response, and behavioral response

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It is impossible to discuss trauma in children without addressing the quality of parental attachment

(van derKolk, 2003)



# Attachment and Empathy

Empathy is a developmental  
and neuro-development  
process

You don't get to *empathy*  
without **attachment**

You don't get to *attachment*  
without **attunement**



# Developmental Model

- Attachment
- Self-Regulation
- Cognitive Skills
- Social Skills
- Adaptive Living Skills
- Healthy Sexuality

# Treatment

identified treatment  
goals should pass  
the  
“Dead Man Test”

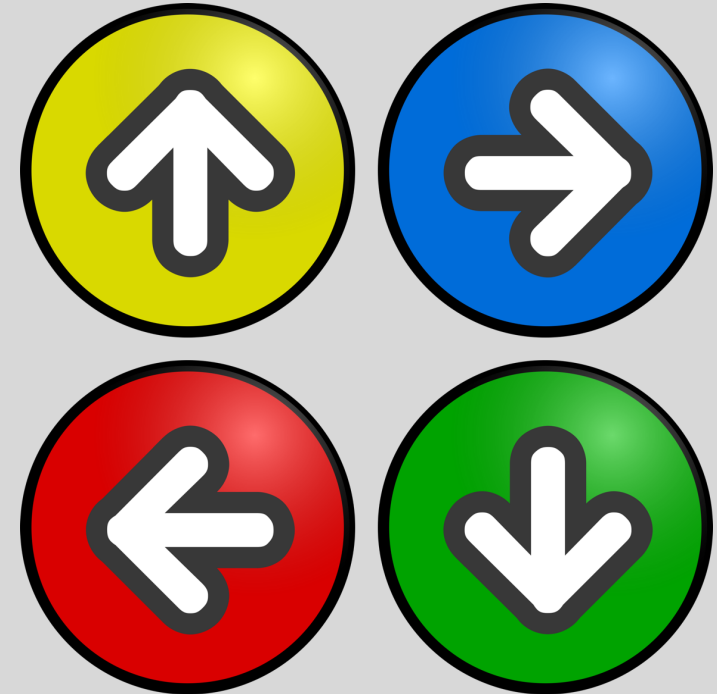


# Developmental Treatment Model: Phase Oriented Program Goals

	Phase 1	Phase 2	Phase 3	Phase 4
<b>Self-Regulation</b>	<ul style="list-style-type: none"> <li>· Can modulate physical and emotional state w/ adult-initiated external support and program structure</li> <li>· Identifies states of increased arousal through outside measurement (adult feedback &amp; bio-feedback)</li> <li>· Can identify and use one stress reducing activity that is helpful with adult support</li> <li>· Experiences emotions without harm to self, others or property some of the time</li> <li>· Can name several emotional states and can identify and discuss emotional experiences with adult support</li> <li>· Can identify some triggers to problematic behaviors</li> </ul>	<ul style="list-style-type: none"> <li>· Can modulate physical and emotional state w/ self-initiated external support and program structure</li> <li>· Experiences dysphoric emotions without harm to self, others or property most of the time</li> <li>· Can identify and use 3 different calming activities and measure their effectiveness with adult support</li> <li>· Practices calming activities on a regular basis</li> <li>· Can name multiple emotional states and can identify and express emotional experiences with adult support</li> <li>· Developed a plan to cope with response to triggers and uses with adult assistance.</li> <li>· Can accurately identify emotional states after experiencing them</li> <li>· Can independently identify physical sensations that accompany strong emotions</li> </ul>	<ul style="list-style-type: none"> <li>· Can accurately identify emotional states while experiencing them</li> <li>· Can identify and use 3 different calming activities and measure their effectiveness without adult support some of the time</li> <li>· Uses self-initiated calming activity without external support some of the time</li> <li>· Can name multiple emotional states and can identify and express emotional experiences independently some of the time</li> <li>· Uses plan to cope with response to upset independently some of the time</li> <li>· Thinking before acting: allowing thoughts to mediate between immediate reaction and ultimate behavior most of the time</li> </ul>	<ul style="list-style-type: none"> <li>· Uses self-initiated calming activity without external support most of the time</li> <li>· Can identify and use 3 different calming activities and measure their effectiveness without adult support most of the time</li> <li>· Can name multiple emotional states and can identify and express emotional experiences independently most of the time</li> <li>· Uses plan to cope with response to upset independently most of the time</li> <li>· Can anticipate likely emotional responses to positive and negative events</li> <li>· Typically thinks before acting and accurately understands consequences for his behavior and the impact of his behavior on others</li> </ul>
<b>Attachment</b>	<ul style="list-style-type: none"> <li>· Can be “attuned” to others through directed attention and reflective listening</li> <li>· Can engage in brief conversation initiated by others</li> <li>· Participates actively in attunement exercises</li> <li>· Can share staff attention appropriately some of the time</li> <li>· Can accurately identify some positive personal traits</li> </ul>	<ul style="list-style-type: none"> <li>· Attuned to others for short periods during structured activities or games</li> <li>· Can initiate brief conversation with others that is not repetitive and rigid in content</li> <li>· Will engage in dependent (parent/child) type relationships</li> <li>· Can share attention of staff w/other students most of the time</li> <li>· Can accurately identify positive traits in others</li> <li>· Usually, engages others without misbehaving, being provocative, or being in crisis</li> <li>· Will explore and try new activities</li> </ul>	<ul style="list-style-type: none"> <li>· Can remain attuned to others for extended periods when engaged in structured activity (group; games, etc.)</li> <li>· Can identify realistic social supports</li> <li>· Can accurately identify others’ feelings in one to one or group settings some of the time</li> <li>· Will engage in extended and appropriate social conversations with select staff and peers</li> <li>· Does not have to misbehave or be in crisis to engage others</li> <li>· Can engage in trusting adult/child relationships</li> </ul>	<ul style="list-style-type: none"> <li>· Can accurately identify others’ feelings in one to one or group settings most of the time</li> <li>· Will engage in and adjust conversations and behavior to different social situations and different relationships with others</li> <li>· Can develop age appropriate mutual friendships</li> <li>· Can express and act in concerned and caring manner to peers</li> </ul>
<b>Adaptive Living Skills</b>	<ul style="list-style-type: none"> <li>· Demonstrates ability to engage in daily routines and tasks with assistance and adult directives</li> <li>· Has basic hygiene and self-care skills that can be completed w/assistance</li> <li>· Requires external rewards in order to complete tasks.</li> <li>· Able to practice good judgment and</li> </ul>	<ul style="list-style-type: none"> <li>· Demonstrates compliance with daily routines &amp; tasks of daily living with minimal staff directives.</li> <li>· Completes hygiene and self-care skills when reminded</li> <li>· Rarely requires external rewards in order to complete tasks.</li> <li>· Able to practice good judgment and make</li> </ul>	<ul style="list-style-type: none"> <li>· Initiates daily routines &amp; tasks of daily living independently.</li> <li>· Completes hygiene and self-care independently</li> <li>· Internally motivated to complete tasks and asks for help when needed.</li> <li>· Able to practice good judgment, set realistic future goals, and make healthy choices in</li> </ul>	<ul style="list-style-type: none"> <li>· Initiates daily routines &amp; tasks of daily living independently and helps others with their responsibilities willingly.</li> <li>· Self-directed.: Internally motivated to complete tasks. Hopeful, positive, and future oriented.</li> <li>· Able to practice good judgment, set and actively work toward realistic future goals</li> </ul>

# Treatment interventions

- Follows neuro-developmental sequence:
- bottom-up and top-down
- multi-modal
- repetition
- opportunities for “positive failure”



# Resiliency



- presence of a consistent, supportive, emotionally available adult
- development of self-regulation and cognitive skills
- socially adaptive and flexible
- positive self-concept
- motivation to act effectively
- future/goal oriented

# Resilience



- Competence: *a pattern of effective performance in the environment, evaluated from the perspective of salient developmental tasks.* (Masten, 2018)
- competence in developmental domains not only forecasts achievement but also happiness
- competence begets competence
- Project Competence Longitudinal Study (PCLS)

# Resources

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Creeden, K. (2004). The neurodevelopmental impact of early trauma and insecure attachment: Rethinking our understanding and treatment of sexual behavior problems. *Sexual Addiction & Compulsivity*, 11(4), 223-247.  
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Creeden, K. (2018). Adjusting the Lens: A Developmental Perspective for Treating Youth with Sexual Behavior Problems. In A. Beech, A. Carter, R. Mann and P. Rotshtein (Eds.), *The Wiley Handbook of Forensic Neuroscience*. London: Wiley.

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## Resources

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Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10(1), 12-31. <https://doi.org/10.1111/jftr.12255>

# Resources

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- Teicher, M. H., & Samson, J. A. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 57(3), 241-266.
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