INTRODUCTION

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Since our first volume *Current Perspectives: Working with Sexually Aggressive Youth and Youth with Sexual Behavior Problems* (2006), some things have changed in regard to the assessment and treatment of young people with sexual behavior problems. Our first volume was designed to address the continuum of issues and concerns related to this highly specialized population. In addressing the variety of issues that related to current thinking and evidence-based practices, our goal was to guide the reader to an understanding of what we believed was important at the time of publication. The topics and issues addressed were both broad and important to understanding the issues and needs faced by both the young person and the practitioner.

In this volume, we narrow our focus to the application of that knowledge. As administrators, clinicians, authors, consultants, and lecturers, we have both worked independently and together to help translate the research and knowledge in our field into clinical practice. Sometimes this is easy, and at other times the tasks seem daunting. As we noted in our previous volume, sex offender specific models, treatments, and modalities have been controversial, and in some instances challenged by leading researchers and clinicians. With this current volume, what remains the same is that there is little, if any, scientific research to support most sex offender specific treatments as to their usefulness and efficacy. However, when we turn to the general literature regarding emotionally and behaviorally disturbed youth, many more models and methods become valuable with increasing literature and in some instances research to support their use and efficacy.

Our field will continue to debate many issues for years to come, and unfortunately these debates will, more often than not, be based upon opinion rather than fact; ideology rather than science. Our purpose here is to neither become argumentative nor bias the reader with our opinions, but rather to educate and broaden reader knowledge and perspective. Each of us makes decisions as to the scope, nature, and breadth of our practice.

In this volume, we have deliberately sought to introduce new writers to our field. Some have many years of experience, and all have excellent information to offer. Providing new authors the opportunity to put their thoughts into writing keeps all of us as readers open to new ideas and possibilities. Some of our authors have chapters in our first volume. Their work and experience is important to share.

As with *Current Perspectives,* we actively rejected giving this volume a single editorial voice. We attempted to leave each writing style – each contributor's voice – unique. We viewed our job as one of insuring readability with good content. This volume is divided into four parts:

Part One

Part One gives an overview of basics that are important in this work. In Chapter One, *Moving Forward*, as editors we want to set the tone of this text. We discuss some of our personal history, as well as our hopes, dreams, and visions for the future. What we hope to add to discussion in our field is our shared perspective following years of writing, editing, lecturing, and administering programs.

Every practitioner has clients who initially are resistant to treatment. In some instances the resistance may be denial, but in many cases it may be a response to the approach a clinician takes to working with new clients. In Chapter Two, *Engaging Resistance*, Charles Flinton brings his experienced voice to bear upon an age-old issue: how can clinicians engage difficult clients in a change process that is personally meaningful and empirically sound.

The evidence-based models for working with youth most often favor strengths-based aproaches. One of the flaws with many adult models for working with sexual abusers (and in particular the relapse prevention model) has been the temptation to focus too much on deficits and weaknesses. In addition, relapse prevention and other models often overemphasize a single track or pathway to harmful behavior. In Chapter Three, *Strengths-Based Approaches*, Kevin Powell illustrates a user-friendly approach to working with this most challlenging population. We have felt energized about this work just reading it.

Traditional sex offense-specific treatment has used group therapy as a staple intervention. Programs treating young people with sexual behavior problems have used group therapy as the primary treatment mode because feedback from one's peers can be highly motivating and because it is cost effective. While some youth will not respond well to treatment in a group setting, most will do very well under these conditions if the therapist understands the dynamics of these youth and is skilled in this modality. All too often in our work with young people, it is easy to forget the importance of group therapy skills. Amanda Powers-Sawyer and Steve Sawyer's chapter on group therapy reminds us that this most important modality is not so simple.

Part Two

Part Two of *Current Applications* includes chapters that address practice from a variety of perspectives. With few models demonstrating empirical support and older models facing re-examination with the advance of new ideas and information (among other factors), the need for effective means of treating sexually abusive youth becomes even more necessary. How we assess these youth for treatment and where we place them in a continuum of care is vital to providing quality treatment and appropriate supervision. The technology we use (and in some states are required to use) as a part of sex offender specific treatment, must be looked at in light of the development and contextual factors that are critical in effectively working with youth. With new professionals entering the field, the need for specialized training and supervision is not only important, but also a part of the ethics that must be enforced within the field.

In Chapter Five, *Public Policy and Juvenile Sexual Offending: What Should We Call the Boy Next Door?*, Patti Coffey reminds us of fundamental psychological elements that affect the work we do and the policies we have.

In Chapter Six, *Ethics of the Washington Community Protection Act: Blurring Historic Divisions of Offender Populations*, Jael Marx and George Richards examine the results of poorly designed public policy.

In Chapter Seven, David Prescott, Jill Levenson, and Patti Coffey outline the troubling state of risk assessment and public policy with juveniles who have sexually abused. They examine many reasons why lawmakers and professionals alike need to slow down and consider the state of our knowledge when designing policies.

In Chapter Eight, *Why Community Treatment of Sexually Abusive Youth is Important*, Ian Lambie, Marlyn Robson, and Kathryn Barriball make clear the importance of keeping young people in their communities. For example:

> *We strongly support treatment in the community in nearly all instances of youth who have sexually abused. The three of us have worked in a community based programme for nearly 20 years (giving us a total of 60 years experience) and see that part of our efforts must be to protect and advocate for the rights and needs of young people as we face an ever increasing demand to lock them up at a younger age and to apply adult sentences to their offending.*

In Chapter Nine, *Polygraphy with Youth who have Sexually Abused: Considerations and Cautions*, David Prescott provides a number of cautions regarding this often highly appealing measure. Many regions will not allow a referral to treatment without it. Do we really know what we're doing?

In Chapter Ten, *Clinical Supervision of Therapists in the Treatment of Sexually Abusive Youth*, Phil Rich discusses this most important – yet under-represented – topic in our field. This was the topic of his dissertation and an area in which he truly excels.

Part Three

The third section of this text focuses on the adjunctive therapies that we also believe are important when working with young people. The media's influence on youth behavior, violence, and sexuality has many more negatives than positives, and as such often makes our work more challenging as we attempt to counter negative and/or inappropriate messages. The skilled clinician must have many and assorted tools in his or her toolbox in order to effectively work with and teach young people as well as to draw them into new ways of thinking, feeling, and behaving. Young people are still going through developmental milestones and, neurologically, the brain is still developing and will continue to do so until early adulthood. In many cases, sit-down talk therapy is not effective and, for those young persons who have histories of trauma, the learning of skills for self regulation is a standard in trauma work.

One of the expressive therapies that has a growing body of literature as to its efficacy is Art Therapy. Over the past decade specialized workshops at national conferences have introduced practitioners to the therapeutic value of art as a therapy medium. In Chapter Eleven, *Honoring the Image: Art Therapy with Children and Adolescents with Sexually Abusive Behavior*, Teresa Connell provides us with an overview of using art with this population. Many programs around the country and the world have begun to introduce expressive therapies into their clinical work with these young people. The results can be incredible as some of the art work Teresa shares in her chapter demonstrates.

Educational Kinesiology has been around for decades, but it has only been in recent years that it has begun to be recognized for its tremendous value and thus introduced into school systems and most recently into residential treatment programs. In Chapter Twelve, *Movement and the Brain*, Beckie Ballard describes the history, foundation, and application of this most important approach. We have been concerned that many young people entering treatment barely know how to breathe and relax, much less enter treatment in any meaningful way. Beckie Ballard's contribution to this end is invaluable.

Part Four

As we did in *Current Perspectives*, Part Four of this text addresses issues related to special populations and particular and focused treatment issues. When one has the time and experience of working in this field, it is not a surprise to see that more and more young people are being referred with histories that include personality disorders, behavioral disorders, and trauma histories. The majority of young people under the age of 12 who are considered as sexually reactive youth due to engaging in sexually inappropriate behaviors, have histories of abuse — predominantly sexual abuse. Adolescents are no different. Youth in residetial care often end up at that level of placement due to their histories (and in many cases, severe histories) of abuse and specifically sexual abuse. Such histories are often accompanied by a personality disorder. In other cases, we find that many of the young people we will treat have learning difficulties, learning disabilities, and in some cases are truly intellectually disabled.

In Chapter Thirteen, *Understanding the Sexuality of Youth with Psychosexual Disturbances*, Brenda Garma reminds readers of the importance of getting back to basics in understanding the development of sexuality in young people. It is all too easy to forget that all human beings have inherent sexuality, although the nature, intensity, and direction of it can be elusive during the formative years.

Chapter Fourteen finds Ken Singer discussing victimization treatment with young people with sexual behavior problems. Where our field once took the stance that "offenders" could come to terms with their own victimization when they were "done with" sexual offender treatment, Singer puts forward ideas for addressing this vital topic along the way.

Neuroscience continues to strongly influence the physical and mental health fields. We continue to understand more every year about the brain, the brain's capacity for change, and new and different ways to work with the brain in order to facilitate change in clients. In Chapter Fifteen, *Helping Body & Mind: The use of Biofeedback, Neurofeedback, and QEEG Brain Mapping with Young People who Sexually Abuse,* Rob Longo summarizes the foundation and importance of these approaches towards adolescents who have sexually abused. Many programs have sought out information in this area. It is now available.

The use of brain-based interventions helps the clinician take the theory and findings of neuroscience and place it into action. Chapter Sixteen by Bergman and Bergman, reviews ways in which we can take our understanding of how trauma impacts the brain, as well as how attachment difficulties affect individuals, and gives us several examples of brain-based interventions. These experiential exercises and the authors' suggestions for further work in this area provide the clinician with a starting point for engaging clients.

One of the more promising treatments for working with personality disorders is Mode Deactivation Therapy. In Chapter Seventeen, Jack Apsche describes this empirically validated means of understanding and providing treatment to young people who have engaged in harmful behaviors, including sexual offending. This chapter outlines MDT's similarities to, and more importantly, its differences from cognitive behavioral therapy.

Part Five

Part Five addresses the special population of youth who have learning disabilities and discusses current thinking on how we should work with them. Chapter Eighteen, *Helping Youth with Developmental Disabilities Stop Sexually Harmful Behavior*, finds Brian Bill and Joann Schladale describing the challenges associated with this population and outlining a model that has been successful at Brian Bill's program in Indiana.

In Chapter Nineteen, *The Good Way Model: Working with Learning Disabled Youth who Sexually Abuse*, Lesley Ayland and Bill West offer a positive means of helping individuals with intellectual difficulties who have sexually abusive behavior, as well as their families and communities of interest. This model is also being used with children and, in adapted forms, with mainstream adolescents and people of indigenous cultures. Early process evaluations of the model have been positive. This approach shares many common elements with the good lives model.

We hope and trust that these chapters will be helpful to professionals looking to expand their resources and thinking about young people.

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