Family-Based Treatment for Youth who Sexually Offend
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BACKGROUND

Adolescents commit between 30% and 50% of the sexual offenses against young children in the United States (Barbaree & Marshall, 2006). Adolescents who complete specialized treatment, including family therapy, for sexual offending have lower rates of sexual recidivism (Reitzel & Carbonell, 2006; Worling, Litteljohn, & Bookalam, 2010). Despite the evidence that including families in adolescents’ treatment may contribute to lower sexual recidivism rates, there are few descriptions of family therapy with adolescents who sexually offend. To address this need, we examined adolescents’ and their parents’ experiences of participation in family therapy when the adolescent son had been required to complete treatment for sexual offending. In addition, we explored how parent and adolescent participation in family therapy was associated with adolescents’ motivation and progress in treatment for sexual offending. In this poster presentation, we presented a conceptualization of family inclusion for the treatment of adolescent males’ sexual offending.

METHODS

Interviews
Using constructivist grounded theory methodology (Charmaz, 2000), this conceptualization of family involvement in treatment was developed through semi-structured interviews with ten adolescent boys who have sexually offended and their parents/caregivers.

Adolescent and Parent Participants

<table>
<thead>
<tr>
<th>Description</th>
<th>Ages</th>
<th>Ethnicity</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>10 adolescent males</td>
<td>14 - 17 (mean = 16)</td>
<td>Caucasian = 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caucasian-Hispanic = 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Black-Hispanic = 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11-36 months (mean = 22) in treatment programs:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 5 residential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 4 out-patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 1 day treatment</td>
</tr>
<tr>
<td>Parents</td>
<td>9 mothers</td>
<td>32 - 82 (mean = 45)</td>
<td>12 = Caucasian</td>
</tr>
<tr>
<td></td>
<td>2 fathers</td>
<td></td>
<td>1 = Native American</td>
</tr>
<tr>
<td></td>
<td>1 partner</td>
<td></td>
<td>1 = Caucasian-Native American</td>
</tr>
<tr>
<td></td>
<td>3 grandmothers</td>
<td></td>
<td>1 = Hispanic-Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Participated in 13 - 50 family therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>sessions (mean = 26)</td>
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</tbody>
</table>

\( n = 13, \) as 2 parent participants declined to disclose their ages
Focus Group
After the interviews and initial analysis were completed, a focus group of seven family therapists who specialize in the treatment of adolescents who sexually offend reviewed the findings and offered input on refining the emerging clinical conceptualization.

Focus Group Participants

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33 - 68</td>
<td>Female = 5</td>
<td>Caucasian = 7</td>
<td>5 - 30 years (mean = 16) experience providing family therapy for adolescents who sexually offend</td>
</tr>
</tbody>
</table>

| Male = 2  |                |                | pro = 2                                          |

RESULTS

Findings suggest that youth have more successful outcomes when therapists foster hopefulness and use parents to help motivate youth and facilitate change.
Positive outcomes for youth:
• expressing himself more clearly
• caring about people
• thinking about his future and setting goals
• having more confidence
• following the rules
• progressing in treatment
• being accountable for his behavior
• becoming more honest
• learning life skills
• understanding and expressing regret for sexually offending.

Positive outcomes for families include:
• changes in family rules and roles
• setting boundaries
• having respectful communication
• resolving conflict.

PRACTICE RECOMMENDATIONS

Fostering a sense of hopefulness. Youth and parents described how feeling hopeful that youth would successfully complete treatment and they would be reconnected as a family, helped them make individual and systemic changes. Based on the findings from this study, there are several ways that therapists can help youth and parents feel more hopeful:

• Initiate and develop a relationship with youth.
• Initiate and develop a relationship with the parents or parental figures.
• Give praise. Let youth and parents know that you see them working hard.
• Be positive.
• Be available.
• Help parents support and encourage youth in their treatment.
• Help parents express their love and commitment for their sons.

Using parents to help motivate youth and facilitate changes in youth and family. Therapists have a great resource in parents. The results of this study suggest that therapists can use parents in a variety of ways to help motivate youth in their treatment. The findings from this study point to a number of specific ideas for using parents in youths’ treatment for sexual offending:

• Model behaviors that you want to see in the parents and youth.
• Give direct feedback.
• Practice skills in family therapy sessions.
• Help facilitate youth and parents express their emotions.
• Teach parenting skills.
• Help parents and youth talk together during family therapy sessions.
• Teach youth through holding them responsible for their behavior.
• Strengthen family connections in family therapy.
• Use parents to help youth complete treatment assignments.
Identifying and Using Positive Outcomes to Facilitate Treatment. The youth and parents in this study identified several changes the youth and family made as a result of the parents being involved in family therapy when their son was in treatment for sexual offending.

- Use these outcomes as a starting point for identifying treatment goals for youth and families.
- Start tracking outcomes in your programs.

*This research was supported in part by a Graduate Student Research Grant from the department of Human Development, Virginia Tech.
References


