Family Therapy with Adolescent Sex Offenders
Why Family Therapy?
# Juvenile Corrections: What Works?
(WA State Institute for Public Policy, 2012)

<table>
<thead>
<tr>
<th>Programs for Juvenile Offenders</th>
<th>Benefit to Cost Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Family Therapy (Institutions)</td>
<td>$21.57</td>
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<tr>
<td>Functional Family Therapy (Probation)</td>
<td>10.42</td>
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<tr>
<td>Aggression Replacement Training</td>
<td>41.75</td>
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<tr>
<td>Aggression Replacement Training (Probation)</td>
<td>20.7</td>
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</tbody>
</table>

(Lee et al., 2012)
### Programs for Juvenile Offenders

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<td>Coordination of Services</td>
<td>13.94</td>
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<td>Coordination of Services</td>
<td>5.36</td>
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</tbody>
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(Lee et al., 2012)
# Juvenile Corrections: What Works?
(WA State Institute for Public Policy, 2005)

<table>
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<tr>
<th>Programs for Juvenile Offenders</th>
<th>Decrease in Recidivism</th>
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<tr>
<td>Functional Family Therapy</td>
<td>-38% 18 mos.</td>
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<tr>
<td>Aggression Replacement Training</td>
<td>-24% 18 mos.</td>
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<tr>
<td>Coordination of Services</td>
<td>-57% 12 mos.</td>
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Goals of First Session

- Safety plan
- Assessing the impact of disclosure
- Assessment of family style
Goals of 1st Session

- Safety plan
  - Initiate, review or change
  - Make assessment of likelihood of implementation

  Particularly parents who knew & did nothing
Issues

- Dad – “He’s old enough to know better and not my job to supervise.”
- Says they will supervise but not protective
- Think door alarms and cameras are enough
Minimizing Attitudes

- “At least he didn’t get a prostitute”

- “This is just a hormonal thing. Just find someone your own age.”
Impact of Disclosure

- Disclosure as a crisis
- Impact on world view – world not safe
- Shatter’s family’s self-image as ideal
- Destroy belief they can change family of origin patterns
Impact of Disclosure

- Reinforces helplessness about life
- Feels they are offered Sofia’s choice
- Offender – fear of consequences
- Non-offending spouse – Why didn’t I know
- Why didn’t child trust me enough to tell me?
Impact of Disclosure

- Loss of foster care or special needs adoption supplement ($1500/month)
- Parents – feel they are not capable
- Foster parents – loss of identity
- Attorney telling them to deny
Minimizing

- “The way they dress today, what do you expect?”

- “She sent him the pictures.”

- “It’s not a big deal.”

- “She lied about her age.”
Assessment of Family Style
Enmeshed

- Family walks in and out of bathroom
- Open door policy
- Family bed
- No doors
- Blurred boundaries
“He’s my little buddy. We do everything together.”

“I don’t known what I’d do without Jimmy. His dad is gone all the time.”

Mom is hanging with boys and trying to be a teenager.
Antisocial

- Dad convicted 3 times of rape
- “All Wisconsin women are whores”
Single Family Or Virtual Single Family

Dad not physically present

Dad not emotionally present

Mothers with no background

Moms needy
Seductive

- Mom kisses son on lips when leaving therapist’s office
- Moms walk around nude or low cut
- Mom with nightgowns on at home visit
Son texted a girl a picture of his penis.

Mom says, “Now I know why he’s posting it. He’s hung like a horse.”
Chaotic

- Eating off paper plates
- No family dinners
- Constantly on video games
- Constant commotion
Chaotic

- Mothers bring babies or toddlers to meetings
- Overwhelmed
Chaotic

- Getting other services involved
- Need transportation – volunteer
- Home based parenting instruction
- Gas cards
- Resistance or chaos
Entitled Family

- Dad CEO
- Child cocky
- Getting own, non-specialized therapist
- Have money, feels they don’t have to deal with county
Explaining Requirements

- Prefer my pastor
- Prefer RAD based treatment
- What? Interferes with football
- Will expose my child to sex offenders
- Child can’t do group – anxiety issues
Process

- Don’t argue
- Ask about impact of disclosure
- Ongoing assessment of which statements work
- Engagement: motivation interviewing
Complains about number of sessions/week

Q. “It’s really difficult with all of these pressures and the carting around with all of these session, and being respectful and getting your son the help he needs.”

A. “Are you saying I’m not being respectful?”
Q. “No, I’m sorry if I came across that way.”

A. “That’s all right. I forgive you.”
All Kinds of Responses. . .

- “There’s nothing wrong with my kid.”
- “This is normal teenage behavior.”
- “He’s the problem. He’s been a problem forever. Let his dad have him.”
- “You think you know how to deal with him. You can have him.”
- “Fix my kid. I don’t have a problem.”
Flight to Health

- We’ve talked about it and it won’t happen again.

- Don’t need treatment; don’t need reminders of the abuse

- In my day . . .

- Don’t need him in a group with real sex offenders
Narcissistic Insult

- Savior complex
- Takes in too many foster kids
- Takes in too many kids with special needs
- Upset child is sufficiently grateful
- Child acting out reflects on their parenting
Therapist’s Role

- Affirm difficulties of being a parent
- Shock at disclosure
- Fear of judgment & embarrassment
- Fear they are a bad parent
- Fear the victim doesn’t trust them
Goals for End

- Appropriate boundaries
- Reduce enmeshment
- Parents being parents with influence over kids
- Improving skills for supervising
- Learn out to communicate with child
How Much to Tackle

Multiple problem families are MULTI-PROBLEM

What relates to teen’s sexual offense
What Relates

- Alcohol and drugs – parents
- Marital problems – usually
- Sister the family star – related to offense
Our Role?

- “How do you see our role?”
- Get rid of the court order.
- “OK, what does the court order say we need to do?”
Grief

- Grieving the ideal, imaginary child
- “What did I do wrong?”
- Taking all of the responsibility or none of it
Need to Assess

- Belief in whether kid offended
- How serious they think the offense was
- Underlying attitudes towards women or therapy
- They or other family member’s experience with sexual abuse allegations
Need to Get To

- Acknowledging abuse occurred
- Acknowledging seriousness
- Understanding need for treatment
- Understanding need for supervision
- Understanding factors that contribute to offense
Even if They Believe . . .

“I believe it, but I don’t have time to run around doing all this crap. He needs to be doing this crap.”
Stages

- Assessment
- Identifying factors that contribute
- Building preventative factors
- Implementation and monitoring
Who Not to Take

- Stealing girls’ underwear at home & school
- Hid in girls’ bathroom at school, threatened to kill girl if she didn’t do sexual act
- Parents let him go to ride his bike
- Attacked a 7-year-old. 10-year-old got sister away from him.
Girls ran to car where mom was.

He beat on car.
Fit Circles

Marijuana Use
Marijuana Use

Poor impulse control
Marijuana Use

Poor impulse control

Mom’s drug history – drugs normalized
Marijuana Use

Fit Circles

Poor impulse control

Mom’s drug history – drugs normalized

Family conflict
Marijuana Use

Fit Circles

Poor impulse control

Mom’s drug history – drugs normalized

Family conflict

Poor parental supervision
Marijuana Use

- Poor impulse control
- Mom's drug history
  - drugs normalized
- Drug-using peers
- Poor parental supervision
- Family conflict
Marijuana Use

Fit Circles

Insufficient structure – too much down time

Poor impulse control

Drug-using peers

Poor parental supervision

Mom’s drug history – drugs normalized

Family conflict
Collaborative Therapy

Pathologizing Interactional Patterns

PIPS

Over-responsible/under-responsible

Doing child’s homework

Minimize/maximize

You don’t understand
PIPS

Pursue/Withdraw

Mom demands remorse

Kid wants nurturing/parent withdraws

Demand disclosure/secrecy and with-holding

Dominant/submissive

Chaotic/control

Mom: “I have control.”

Worker: “It’s total chaos.”
PIPS

- Externalizing the problem as constraints
- Constraints are the problem not the person.
- People are in a relationship with constraints
- Unite with people against constraints
- PPP Pattern, not the person is the problem
- PIP Pathologizing Interactional Problems
- Elicit and elaborating experiences outside the pattern
- Engaged the family
- Identify constraints
- Externalized constraints
Therapy

- First, add no constraints
- Look for internal view of problem
- No customer relationship without a jointly agreed upon problem
- No customer relationship without hope client can influence problem
- Discerning positive intentions
- Developing hope and agency
- Anticipate and try to avoid criticize/defend and minimize/maximize
- Search for positive intention behind complaints
- Develop glimmers of hope and agency
- Build on exceptions to a no-control stance
- Build on a shared proactive focus
- Develop a pro-active vision of where they want to get to
- Develop preferred coping as seen from future
- Develop scaling – what would he have to do to know he had taken a step
- Develop short term goals
Example

- 17 –year-old; two 13-year-olds pregnant
- Held back in school – sophomore in hs
- Mom – “He’s immature. He’s going to be dating younger kids
- John – “Yes, I didn’t have a dad so didn’t know about condoms.”
- “No one understands me.”
PPP Pattern

- Problem, not the person is the problem
Establishing Constraints

- What questions and/or facts do you need to ask to establish what the constraints are?

- Helplessness/lack of efficacy

- “It seems like you’ve had a lot of struggles and hardships recently.”

- “It must have been hard raising a child by yourself.”
Family’s Belief About the Problem

- “He doesn’t really need treatment.”

- “He is only responsible for getting caught.”

- “She is equally responsible for the sex.”

- “The system is persecuting my child for normal behavior.”
What are the Constraints?

- “I had a child at that age, and there’s nothing wrong with it.”
Getting Buy-In

“Is raising multiple children as a teen what you want for him.”

“You’re frustrated he did a dumb thing and you want him to learn how to deal with things differently so he is making better choices.”

“He says he wants custody. How is he showing that?”
How were you able to manage at his age

- Very difficult; no help; no money
- Lived with parents
- Frustrated, resentful – nobody validated me
- Got judged

See him as a victim of the system

“What is he supposed to do?”
Align with

- Her strength – She didn’t abandon her son.
- What would have helped her caring her son?
- Should someone have helped you – child’s father?
Switch to align with victim

What would she have wanted if she were one of those girls?

What kind of father would she want her son to be?
Engaging Absent Parent

- Read records
- Contact with child from birth
- Relationship with dad over the years
- What does he know?
- How does he see it?
- What does he think should happen?
- Does he want to be a part of treatment?
- Dad’s relationship with mom over the years?
- Same or different rules
- Does he have relatives in the area?
- Are extended family involved?
- Is he remarried?
- Other kids?
- Son’s relationship to step-mom and kids?
- Happy with custody arrangements
Why?

- Replace fantasy parent with real parent.
- Kids are often traumatized by their absence.
- “The absent parent is always the missing link to something.”
Exceptions to the PIP

- Eliciting events or experiences (however small) that fall outside the problem’s influence.

- Finding times or situations in which the Person has some influence and participation in his or her life despite the problem’s efforts.
People judge you as irresponsible but . . .

Sounds to me like you’re the kind of person who would like to be more involved . . .

What would that look like?
• What is the path to buy-in?

• What messages do you want to get across to the family?

• What motivations, behaviors, intentions can you agree with?
PIPs

- Over-responsible/Under-responsible
- Minimize/Maximize
- Pursue/Withdraw
- Demand Disclosure/Secrecy and Withholding
- Dominant/submissive
- Chaotic/Control