


Navigating Adolescent Risky Sexual Behavior within TF-CBT

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TF-CBT trained clinicians are invited to join our monthly webinars which include a variety of TF-CBT focused topics.

[Learn More](#)

National Center on the Sexual Behavior of Youth

NCSBY provides national training and technical assistance to improve the accessibility and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of children and adolescents with problematic sexual behavior.

Website includes resources and sections designed for caregivers and professionals.

- Topics include definitions, causes, treatment intervention and efficacy, safety planning, implications for public policy, and more.
- News, websites, factsheets, bibliography, and other resources are readily available.



www.NCSBY.org



@NCSBY

What is “Normal” Adolescent Sexual Behavior?

Do we actually have an agreed upon definition?

Is this static or moving target?

What is Normal Adolescent Sexual Behavior?

What are our own personal characteristics that influence our decision-making and the decision-making of referral sources? Examples:

- Age
- Religion
- Cultural Norms/Beliefs
- Sexual orientation, gender identity, gender expression

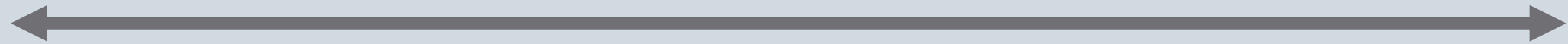
What other factors may impact the lens through which we view adolescent sexual behavior?

Sexual Behavior Continuum

Developmentally
expected

Risky to Self
or Others

PSB



Common Characteristics:

- Age-appropriate
- Exploratory, curiosity driven “consensual” behavior
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- Does not interfere with other life activities

Common Characteristics:

- Puts teen at risk for consequences (e.g., pregnancy, STDs)
- May be driven by peer comparison
- May include some elements of coercion
- May increase teen’s risk of own victimization (e.g., online technology use)

Common Characteristics:

- Illegal
- Coercive
- Aggressive
- Non-responsive to intervention

Sexual Behavior in the Context of Personal Victimization

- External influence(s) directing/influencing youth’s sexual behavior
- Online Exploitation
- CSEC

Risky Sexual Behavior

BEHAVIORS THAT PUT THE TEEN OR THEIR SEXUAL PARTNER AT RISK FOR HARM IN SOME CAPACITY.

First and Foremost- Consider the Function

- Typical teen behavior
- Trauma re-experiencing symptoms
- Avoidance / distraction
- Means of acceptance, increased self-esteem, attention
- Thrill seeking or risk-taking behavior
- Lack of knowledge of risks/safety skills
- Coercion by someone else/CSEC

Like all risky behaviors, the level of risk of the behavior and responsiveness to intervention will dictate the intensity and time spent incorporating sexual behavior needs into TF-CBT treatment.

Supporting safe sexual behavior can occur within the context of TF-CBT and may be monitored throughout treatment, not just at the beginning or end.

Time: 16-25 sessions



Enhancing Safety

Parenting Skills

Gradual Exposure

Enhancing Safety
Psychoeducation
Relaxation
Affective Modulation
Cognitive Coping

Trauma Narration
and Processing

In vivo
Conjoint Sessions

Stabilization
Phase

1/2

Trauma Narrative
Phase

1/4

Integration/
Consolidation
Phase

1/4

Assess and manage these behaviors in the context of TF-CBT

Enhancing Safety/Psychoeducation

CAREGIVER

Learn about family beliefs and values re: sexual behavior and sexual communication between family members

Education on teen sexual development

Dev. Appropriate and risk- conscious supervision and monitoring skills

Increased comfort in talking about sex and sexuality

TEEN

Psychoeducation:

- Consent
- Laws (age of consent in Oklahoma, for example)
- Sexual Health Basics (Reproduction, safe sex practices)
- Online sexual behavior + risk

Safety plan as needed

- Develop plan to access contraception
- Identify risky or unsafe sexual situations and create a plan for avoiding and/or managing such situations
- Supervision plan that incorporates caregivers

Consent Resources



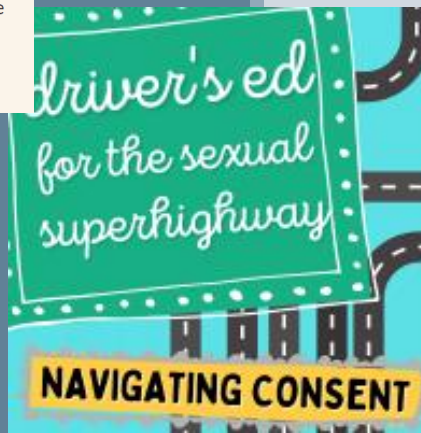
MAKE SURE
IT'S THE CLEAN
VERSION 😊

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한국어

नेपाली

ESPAÑOL

日本語

AFRIKAANS



Oklahoma Sex Laws

Are clear as mud

Age of Consent = 16 years old

No child UNDER the age of 14 can EVER consent to sexual behavior

- Even if the 13 year old begins the behavior, for example.

In SOME situations, 14 and 15 year olds can consent to sexual behavior legally as long as the other person is no more than 3 years older than them and not under 14.

- Examples:
 - 16 year olds can legally consent to sexual behavior with 14-18+
 - 15 year olds can legally consent to sexual behavior with 14-17
 - 14 year olds can legally consent to sexual behavior with 14-16

Online Sexual Behavior Laws

Are even more confusing 😊

A “Minor” in the state of Oklahoma is considered under 18 years old.

Pornography (e.g., photos or videos of nude individuals and/or sexual acts) of **anyone under the age of 18** is considered child pornography.

The sharing and/or receiving of child pornography is against the law.

As such- two 16 y/o who are dating and engaging in consensual sexual behavior would still be considered sending/receiving child pornography should they share nude photos of themselves.

Parenting: Supervision/Rule Setting



When parents know where their teens are and who they're with:

Teens experience:	Teens engage in:
less violence	fewer sexual risk behaviors
less substance use	fewer suicide-related behaviors
fewer mental health challenges	

Staying involved in your teen's life is important to promoting healthier and safer experiences*

*Data from a 2021 nationally representative survey of U.S. high school students

 bit.ly/su7201a5 

APRIL 28, 2023

Parenting Supervision/Rule Setting

Supervision and Monitoring: Sight/sound supervisor and/or supervision of technology

- This will depend specifically on the teen and their circumstances but may include:
 - Stricter supervision of time with siblings/younger youth. Removing expectations of babysitting or being in roles of authority
 - Increased supervision/oversight of peer or romantic partner activities (e.g., rules around where they can spend time together; no door closed)
 - Installation of phone/technology monitoring apps or 'spot checks' of a teens' device (at random intervals)
 - Reducing access to technology unless physically monitored/supervised by a knowledgeable adult

Clear Rules, Rewards, and Consequences when appropriate

Supervision and safety planning is an ONGOING AND ACTIVE process.

Increased engagement in structured, supervised prosocial activities



Family Safety and Supervision Plan

Child's/Teen's Name and Age: _____

Primary Caregiver Name(s): _____

Sibling Name(s) and Age(s): _____

Safety rules:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Some things _____ CAN do with _____ if it is OK with mom and dad and the siblings are supervised by a responsible adult:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Some things _____ CAN do (alone or with others, with adult supervision and approval):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

This project was funded by the Military Community and Family Policy (MC&FP), US Department of Defense (DoD) under award number HDQMMR-12-C-0019. This project was also supported by grant number 2016-MJ-MU-HD-053 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice (OJJDP) Programs, U.S. Department of Justice (DoJ). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of MC&FP/DoD, or DoJ.

Some things _____'s parent(s)/caregiver(s) WILL do:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

The family agrees to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Other rules the family may wish to add:

1. _____
2. _____
3. _____

***If any child has difficulties following the rules, they can go to their parent(s)/caregiver(s) or another trusted for help. The parents will consult the FAP provider for support as needed.**

This safety plan should be updated and re-evaluated whenever it's needed. The parents and children will each sign the plan along with the provider.

Signed:

Child/Teen's Signature

Primary Parent/Caregiver Signature

Sibling(s) Signature(s)

Primary Parent/Caregiver Signature

Date: _____

Clinician's Signature: _____

Date: _____

Relaxation and Affect Modulation

Step 1: Identify feelings (both physical and emotional) that arise for clients before, during, and after risky sexual behaviors.

Case Example: 15 year old client has history of witnessing domestic violence and physical abuse by biological caregiver. Teen experiences low self-esteem and consistent negative self-beliefs. Teen struggles to maintain friendships and has high levels of social comparison to other teens who experience positive dating relationships. Teen engages in frequent sexual behavior with peers at school during school hours and sneaks out of the house to engage in those behaviors as well. They do not consistently use protection.

Teen reports feeling wanted, desired, and excited getting sexual attention from peers prior to and during sexual encounters. After, teen feels a significant drop in self esteem and increased embarrassment as peers do not treat them well after sex and/or ignore them socially the rest of the time they are at school.

Teens' motivation to change behavior is very low, but they appear to understand level of physical risk of lack of protection after psychoeducation.

Relaxation and Affect Modulation (+ Safety)

Step 2:

Explore coping skills to manage feelings in ways that are more healthy and safe.

Case Example Cont'd:

Teen and therapist discuss alternative means of managing negative mood and self beliefs such as increased behavioral activation, intentional steps towards improving peer connections and friendships, and other self-soothing skills.

Teen identifies coping plan to utilize prior to sexual encounters in which they do not have access to appropriate safe sex practices.

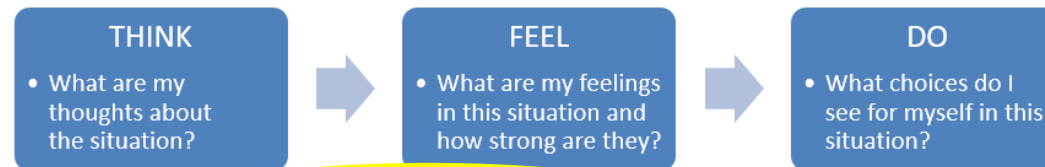
Teen also identifies coping skills for after they have engaged in a sexual behavior and feel increased heavy feelings.

Cognitive Coping

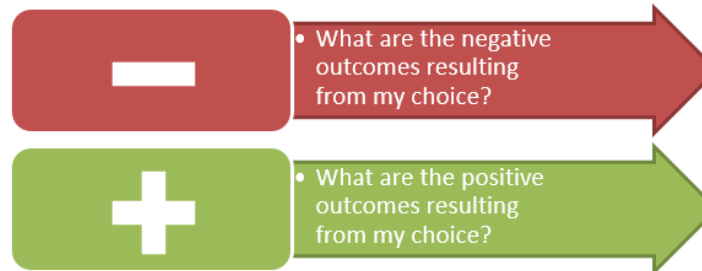
ABC's OF BEHAVIOR

A. What's the situation I'm facing?

B. How will I respond?



C. What are the outcomes?



Cognitive Coping

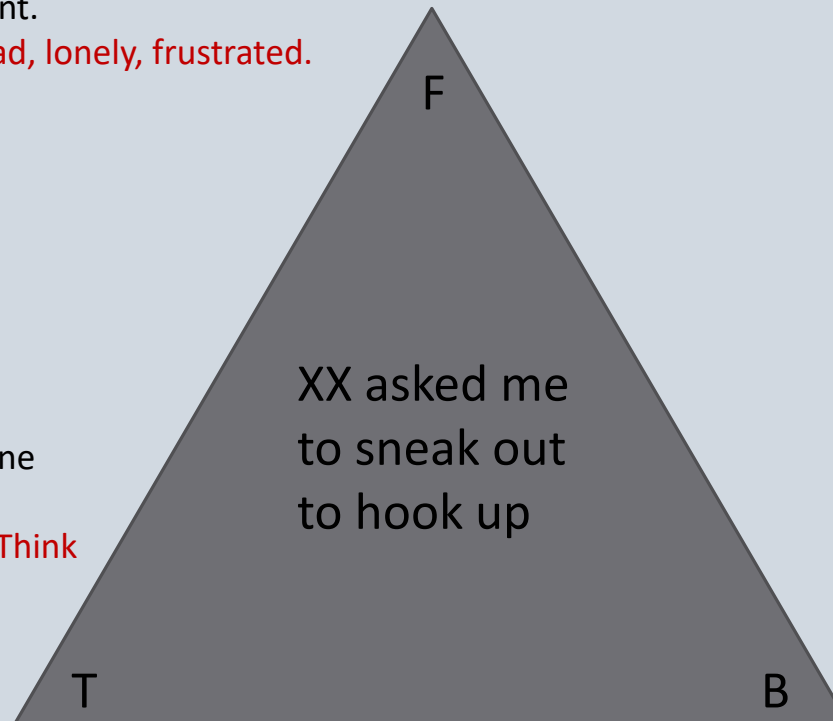
Case Example Cont'd:

Old: Desired, happy, excited, confident.

New: Sad, lonely, frustrated.

Old: I feel like I belong and that someone actually likes me.

New: This won't make you feel better. Think about the trouble you'll get in.



Outcomes

Old: Feel good in the moment; get sexual feeling. Feel worse about myself; Get used; Rumors get worse; get isolated. Big trouble at home. Disappointed my mom

New: not sure yet. Maybe not make things worse. Don't get hurt. People have less to talk about / not as many rumors about me. Gain trust. Improve relationship with mom.

Old: Sexual behaviors with that person. They don't talk to me again.

New: Use a coping skill. Focus on school or hobby. Reach out to someone else.

Cognitive Processing

Explore how trauma impacted client's sense of:

- Safety
- Trust
- Esteem
- Power/Control
- Intimacy

How do sexual behaviors and decision making currently reinforce any untrue or unhelpful beliefs?

Explore new beliefs about what client hopes for in regards to sexual relationships and the role they play in the teen's life.

Cognitive Processing

Example cognitions might include:

“people only care about me when I engage in sexual behavior with them”

“I’m dirty/gross because of everything I’ve done in the past sexually”

“I am taking back control over my own sexual experiences”

“People expect sexual behaviors of you want them to date you”

Cognitive Processing

Case Example Cont'd:

Original Thought: “I can’t trust anyone in a romantic relationship- I’ve only ever seen it go badly”

Evidence For This Thought	Evidence Against This Thought
Domestic violence with step dad and mom	My sister has dated someone for 5 years and they are really solid
Mom and dad divorced	I was choosing the wrong people. I knew they weren’t good people when I would hook up with them.
Anyone who’s ever ‘wanted to date me’ has just screwed me over	My grandparents are still together and it’s been like 30 years.
	Most of my friend’s parents are still together/married

New Thought: “I’ve seen a lot of bad relationships and I know there are a lot of good ones out there, too. I can learn how to figure out what’s good and safe for me.

Conjoint + Enhancing Safety

Review, if needed, consent and the laws (particularly as teen becomes older and potentially becomes at or above the age of consent).

General healthy relationship overview, education, and resources

Increase/practice family communication regarding sex and sexuality topics to support future safety and family openness as needed.

- E.g., I am worried I have an STD can you please drive me to the doctor
- E.g., I am hoping to get on birth control
- E.g., Can you please pick up condoms while you are at the store? I will pay you back.

The screenshot shows the NEMOURS TeensHealth website. The header includes the NEMOURS logo and 'TeensHealth' in teal, with navigation links for 'For Parents', 'For Kids', 'For Teens', and 'For Educators'. The main content area has a breadcrumb trail: 'KidsHealth > For Teens > Am I in a Healthy Relationship?'. The title 'Am I in a Healthy Relationship?' is in large blue font. Below it, there is a link for the Spanish version: 'en español: [¿Estoy en una relación sana?](#)'. A medical review credit is provided: 'Medically reviewed by: [Amanda S. Lochrie, PhD](#)'. At the bottom, there is a link: '[Learn About Behavioral Health \(Psychology and Psychiatry\) at Nemours Children's Health](#)'.

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When PSB needs Specialized Treatment

Sexual Behavior Continuum

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OKLAHOMA TREATMENT PROGRAMS FOR ADOLESCENTS AGES 13-18 WITH PROBLEMATIC OR ILLEGAL SEXUAL BEHAVIOR

Youth and Family Services

2200 SE Washington Blvd
Bartlesville, OK
918-335-1111

Moore Youth and Family Services

624 NW 5th
Moore, OK 73160
405-799-3379

Integrity Pathways

814 West Okmulgee
Muskogee, OK 74401
918-682-9292

Oklahoma Children and Youth Coalition

310 12th Street NE
Norman, OK 73071
405-217-0043



Child Study Center

1100 NE 13th St
Oklahoma City, OK 73117
405-271-8858

CREOKS Mental Health Services

23 E Ross
Sapulpa, OK 74066
918-752-9024

Central Oklahoma Juvenile Center

700 S 9th St
Tecumseh, OK 74873
405-598-2135

Family and Children's Services

650 S Peoria Ave
Tulsa, OK 74114
918-560-1200

If you are serving outside these areas and would like to consult on a case, please contact the Child Study Center for consultation.
405-271-8858

More information can be found at:

<https://psbcbt.ouhsc.edu/Find-a-Provider/List-of-Providers>



Questions?
