

# The Importance of Engaging Caregivers in Clinical Services

March 5, 2026

[OneOp.org/learn/160126/](https://OneOp.org/learn/160126/)



# About OneOp

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A DOW & Cooperative Extension partnership supporting professionals who serve military families.

## Our Mission

Strengthening military family service providers through accessible, research-informed learning.

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# Webinar Essentials



Visit the event page to download a copy of the webinar slides and any additional resources.



Select ***‘Everyone’*** from the drop-down menu when commenting in the chat pod.



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# Sexual Behavior in Children and Youth

This webinar is a part of the SBCY series, which addresses normal sexual behavior in children in addition to exploring cautionary and problematic sexual behavior that children may display.

[OneOp.org/sbcy-series](https://www.oneop.org/sbcy-series)

# Learning Objectives

## Webinar Overview

This webinar focuses on common factors that impact engagement for families in clinical services, from that critical first appointment through ongoing participation.

1

Identify protective and other factors that impact engagement in clinical services.

2

Discuss professional and caregiver perceptions of clinical services, the roles systems play in these services, and their relationship to engagement.

3

Determine at least two strategies to enhance professional and caregiver engagement in clinical services using research-based methods.

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# Factors Impacting Engagement in Clinical Services



# Impact of Perception

- “Difficult to engage” caregivers
- What, if anything, changes if you view the family as resistant?

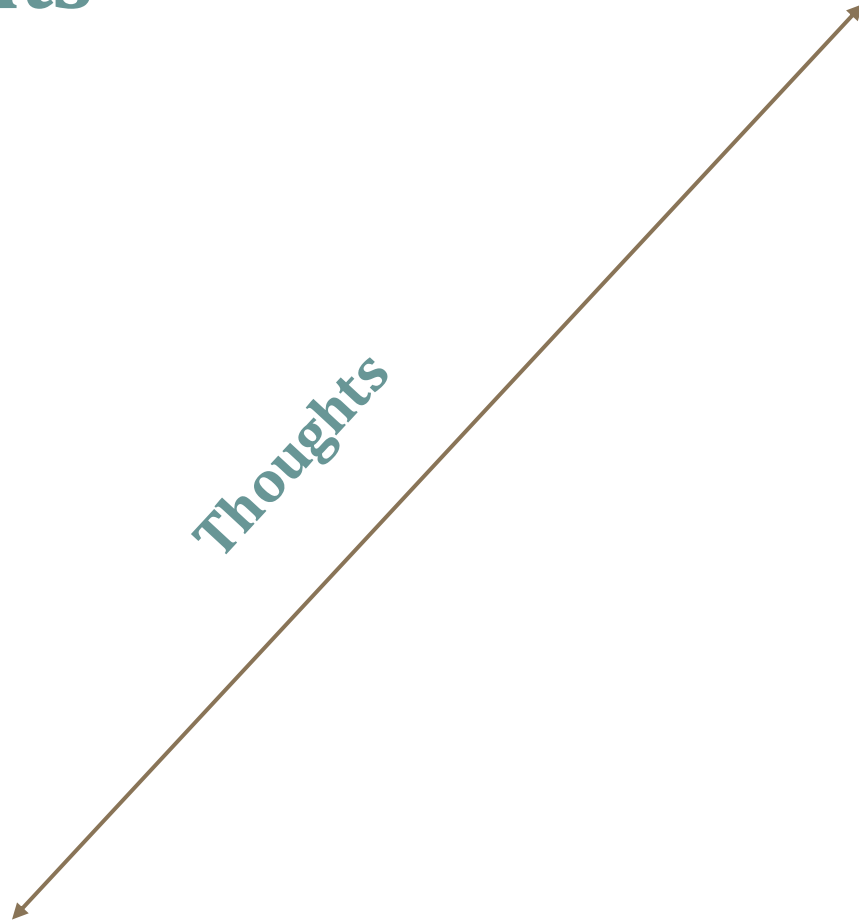


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# Walk with us on this...

## Thoughts

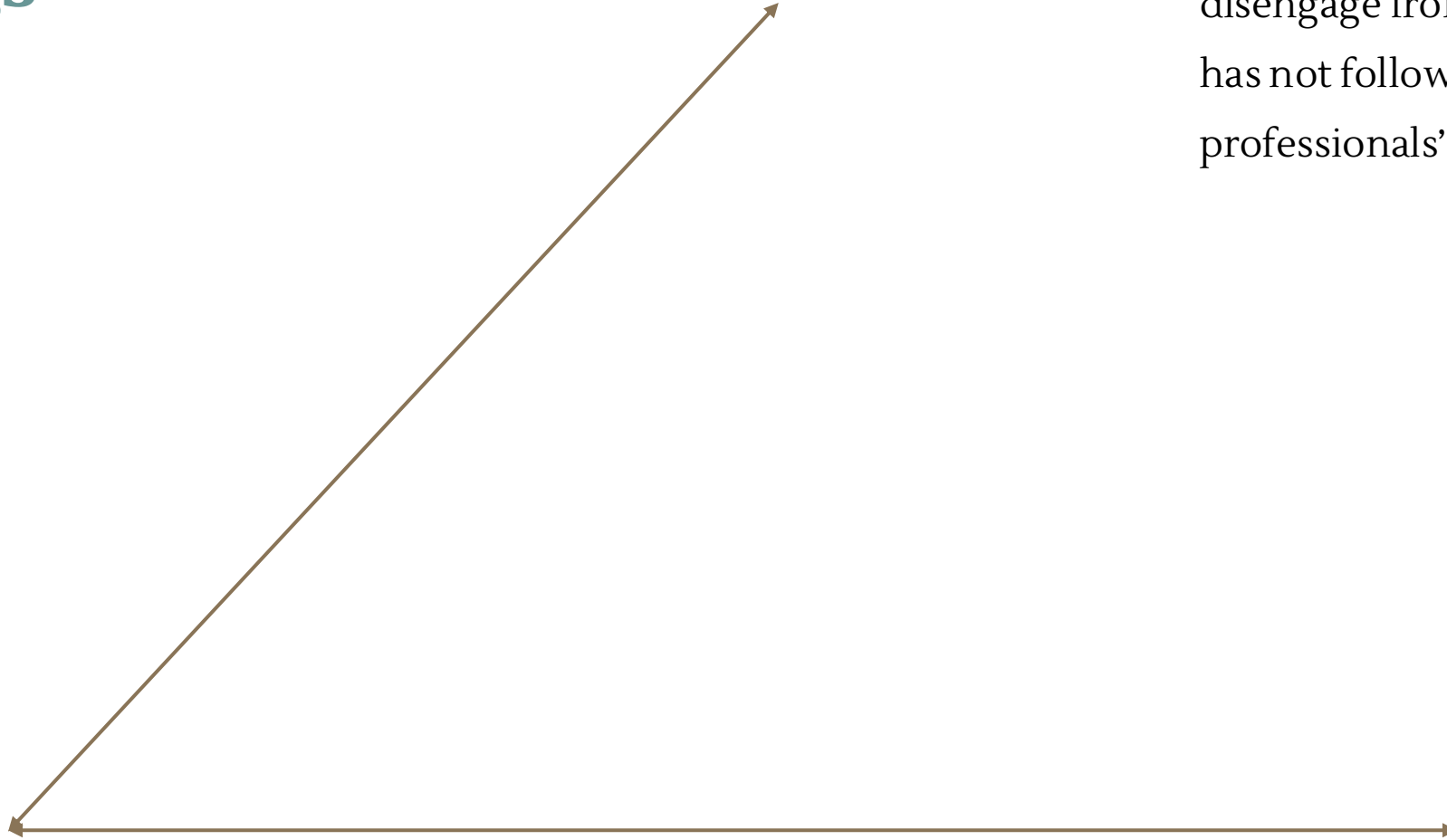


- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



# Walk with us on this...

## Feelings



Feelings

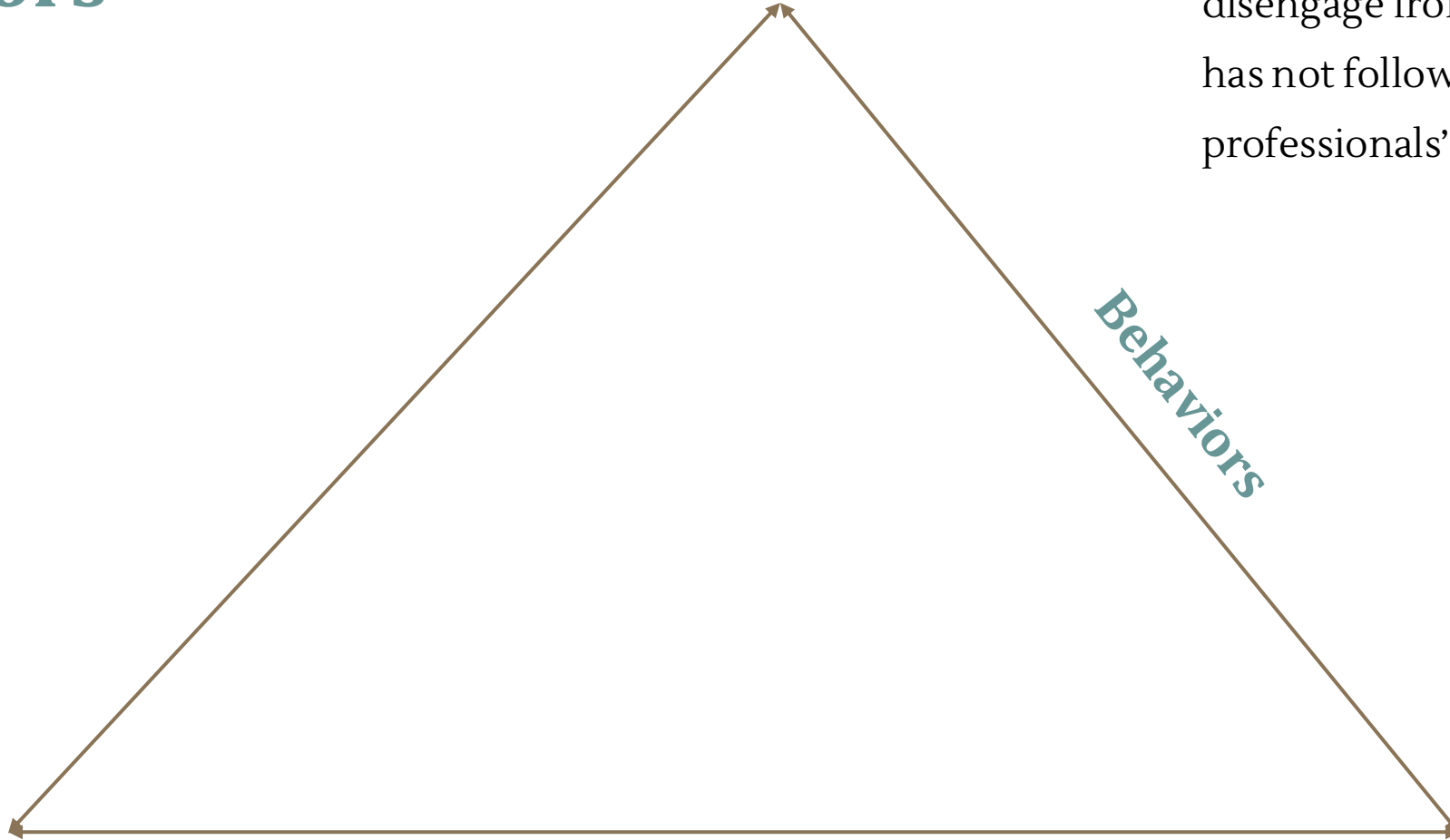
- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



# Walk with us on this...

## Behaviors

- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



# How would you react if you were told your child exhibited PSB?

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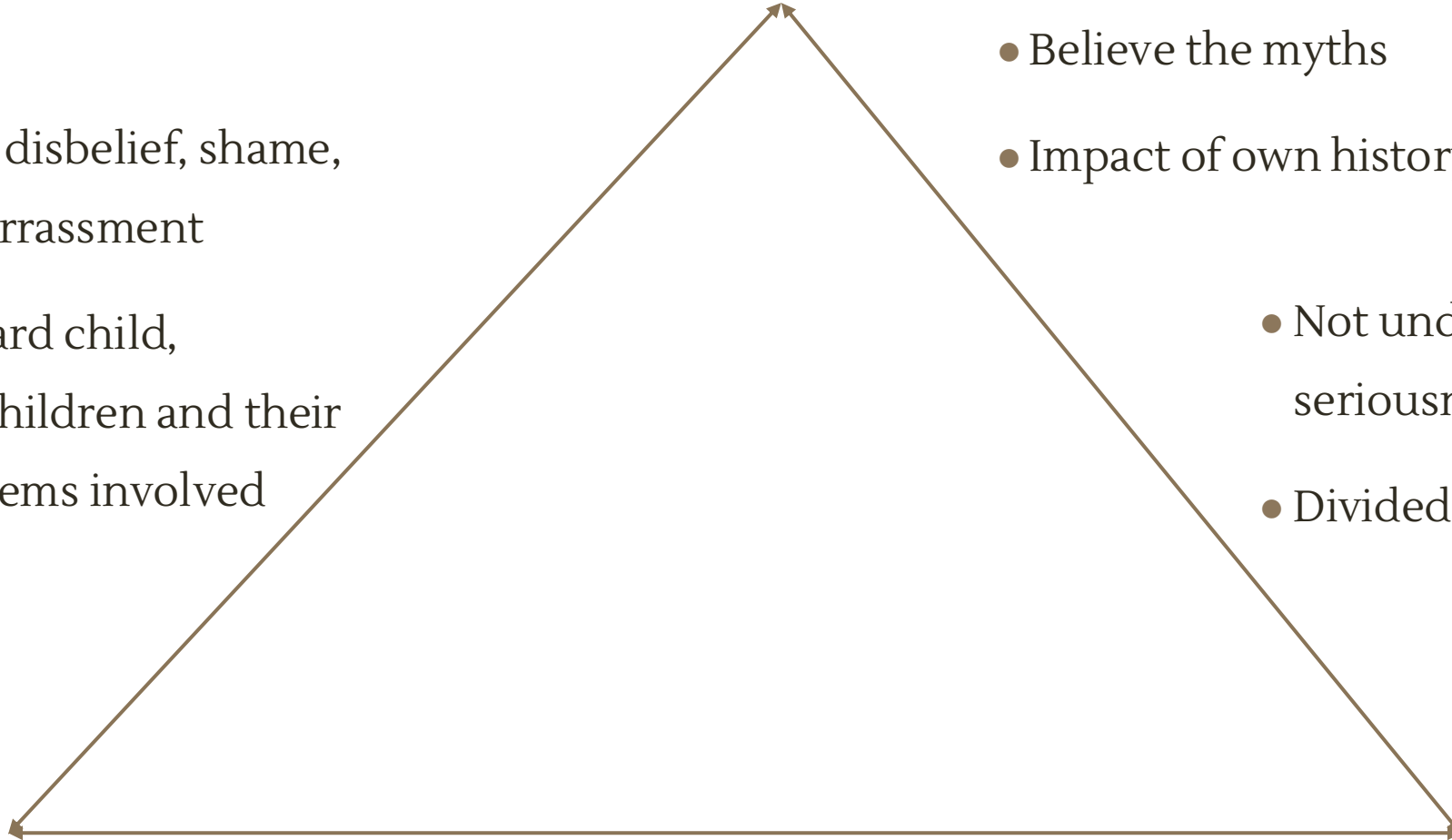


Better *lives*,  
through better  
*choices*

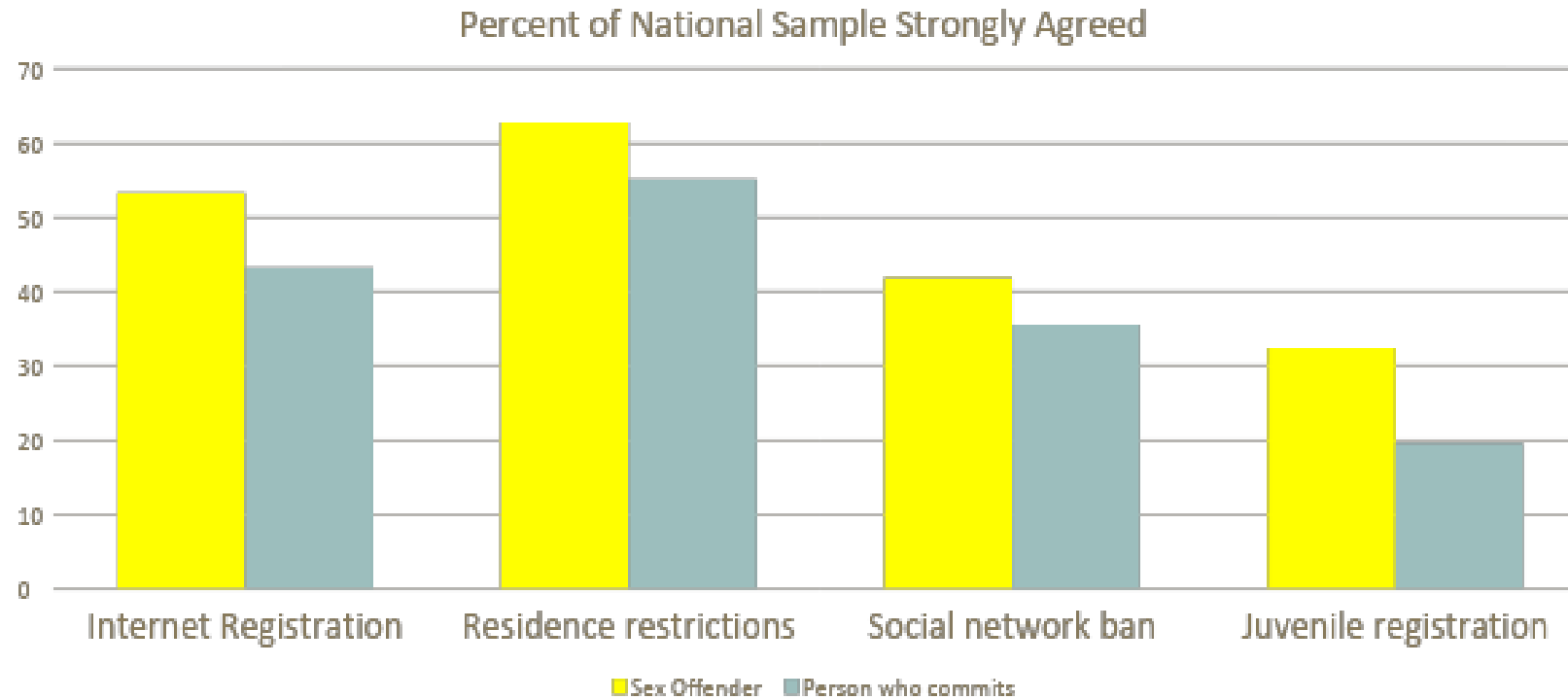
# Impact on Caregivers When Their Child Exhibited PSB

- Feelings of disbelief, shame, guilt, embarrassment
- Anger toward child, impacted children and their family, systems involved

- Believe the myths
- Impact of own history and experiences
- Not understand seriousness of situation
- Divided loyalties



# “Sexual Offender” Label Impact on Public Opinion



N=1000

(Harris & Socia, 2016).



# Perceptions of Clinical Services, the Roles Systems Play in these Services, and Their Relationship to Engagement



# The Issue

- Most children with mental health difficulties do not receive any type of mental health care (McKay & Bannon, 2004).
- Approximately 75% of children with mental health needs do not have contact with any services (McKay & Bannon, 2004).
- Less than 50% of families attend first appointment (Harrison et al., 2004).
- Among children, treatment dropout ranges from 47-70% (Chasson et al., 2008).

From: UAMS Psychiatric Research Institute



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# The Issue Continued

- In one study, more than 2/3 drop out within 7 sessions (McKay et al., 2002).
- Disparity between need and use of services was found to be highest for minority youth (McKay & Bannon, 2004).
- Premature termination of services of Mexican-American children in outpatient psychotherapy was predicted by parental perceptions that they should be able to overcome their child's mental health difficulties on their own (McCabe, 2002).



# Engagement for Military Families

- Over three trials, found that service members on average didn't attend all of their sessions, and 30.7% dropped out.
- Researchers concluded this was because they “have more competing life responsibilities, demands, or needs” compared with older service members.

(Berke et al., 2019)



Photo from Pexels by [George Pak](#)



# Engagement for Military Families Continued

- Military families may be reluctant to engage in military clinical services for their children because of erratic work schedules, military training demands, and military operations that result in extended duty hours, family separation, and operational stress.
- Some active-duty members may believe that behavioral health problems are a sign of weakness and if their children are experiencing behavioral issues, they may be viewed as not meeting standards.



# Evidence Based Treatment for PSB

- Recidivism is low!
  - 2.25% overall for youth in JJ
    - Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*.
    - Similar or lower rates for PSB-CBT and MST-PSB
- Type of treatment makes a difference.
- Philosophy of the program
  - Development, growth, change, making good choices



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# Evidence Based Treatment for PSB – Part II

- Directly involve caregivers
  - Behavior parent training
  - Relationship, monitoring, supervising, communicating, etc.
- Positive peer relationship, reduce access to deviant peers
- Developmentally appropriate
  - Stop using treatment designed for adults



Photo from Pexels by [Yan Krukau](#)



# Engagement Call and Meeting Content

- The need to clarify the helping process for the client.
- The importance of establishing a collaborative working relationship with the client.
  - Encouraging them to tell their story and offering a space for them to be heard.
- A focus on immediate, practical concerns.
  - Concrete needs, current crisis
- An emphasis on identifying and ameliorating barriers to help seeking.
  - Internal and external barrier
- Meetings scheduled quickly, within the same week.

(McKay et. al, 1996)





Cherry, K. (2020). "The 5 Levels of Maslow's Hierarchy of Needs." Verywell Mind.

# Premature Dropout

- Factors associated with premature dropout include:
  - Economic insecurity, related to/including lack of educational opportunities.
  - Lack of representation of caregiving staff.
  - Caregiver perceptions of therapeutic relationship.
  - Less severe abuse, less chronic abuse.
- Successful treatment completion is associated with caregiver participation in treatment.

(McPherson et al., 2012)

From: UAMS Psychiatric Research Institute





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# Challenges to Community Engagement



# Community Engagement Challenges

Childcare



Transportation



Car that functions and is reliable,  
gas money, etc.

Cost for services



(if applicable)

Work / school / services for  
other children or self  
schedules conflicts

Service requirements can  
become detrimental

*Are we allowing time to just be a  
family?*

Chaotic life circumstances

Language



# Overcoming Community Engagement Challenges

- Family support/service options
  - Timing of services, childcare
  - Letters to help with job
  - Case management, advocacy, and problem-solving
  - Language access needs for parents/caregivers for whom English is a second language
- Service systems supports
  - Childcare
  - Reduced service burden, sequential rather than simultaneous requirements



# How Personal Experience Impacts Engagement



# Personal Experiences that Impact Engagement

- Believe the myths
- Shame, guilt, embarrassment
- Not understand the seriousness of the situation
- Impact of own history and experiences
- Not believe parenting program can help
- Previous negative experiences
- Bias from providers in the healthcare and social services systems
- Messages from others
- Bring up own issues, and not have own healthy coping
- Divided loyalties – understanding and meeting the needs of all the children



# Voices of Caregivers

- What first responders say matter!
  - No judgment – get the facts
  - Problematic sexual behavior doesn't define my child
  - Situation is serious
  - Provide reassurance and hope
- Reduce time from discovering behavior to getting help and into treatment



# Engaging Caregivers

Approach of therapists' matter!

- Get to effective treatment as quickly as possible – **let the community know about the program.**
- Tell me what to expect out of treatment.
- Nonjudgmental, trustworthy, “like my kid”
- “Being with other parents help motivate me and gives me support”
- “See my child as a child” – and give them confidence they can make better choices



# Voices of Youth

- “Care about me as a person”
- “Show me that you are listening and that you care about what I’m saying.”
- “Don’t expect me to talk about this the first session – I need to build trust.”
  - Fear response, disappointment, consequences
- “Keep me with my family – my support.”
  - Helped me be closer and talk with caregivers
  - Helped me directly face the issue
- “Group helps – not alone, support from other child”
  - Develop friendships and feeling of acceptance

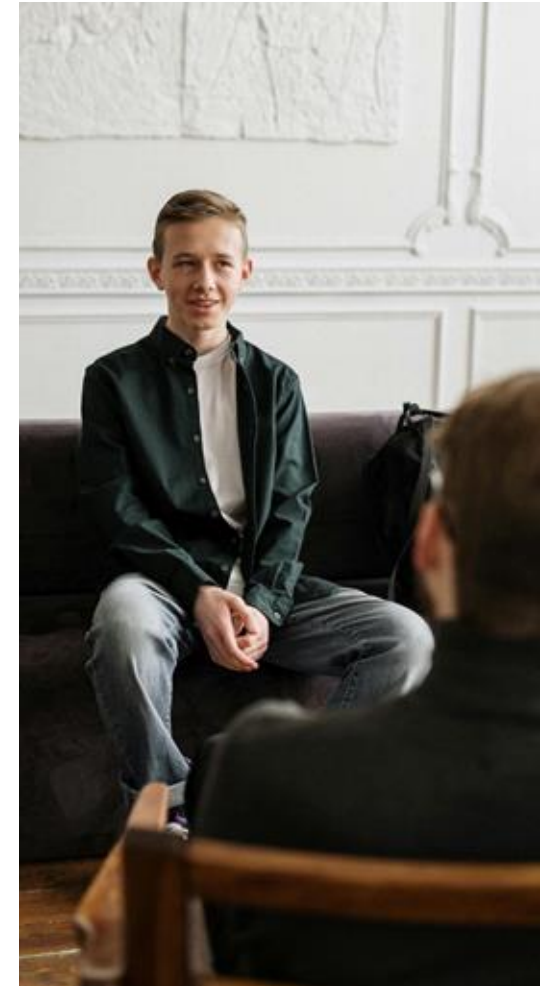
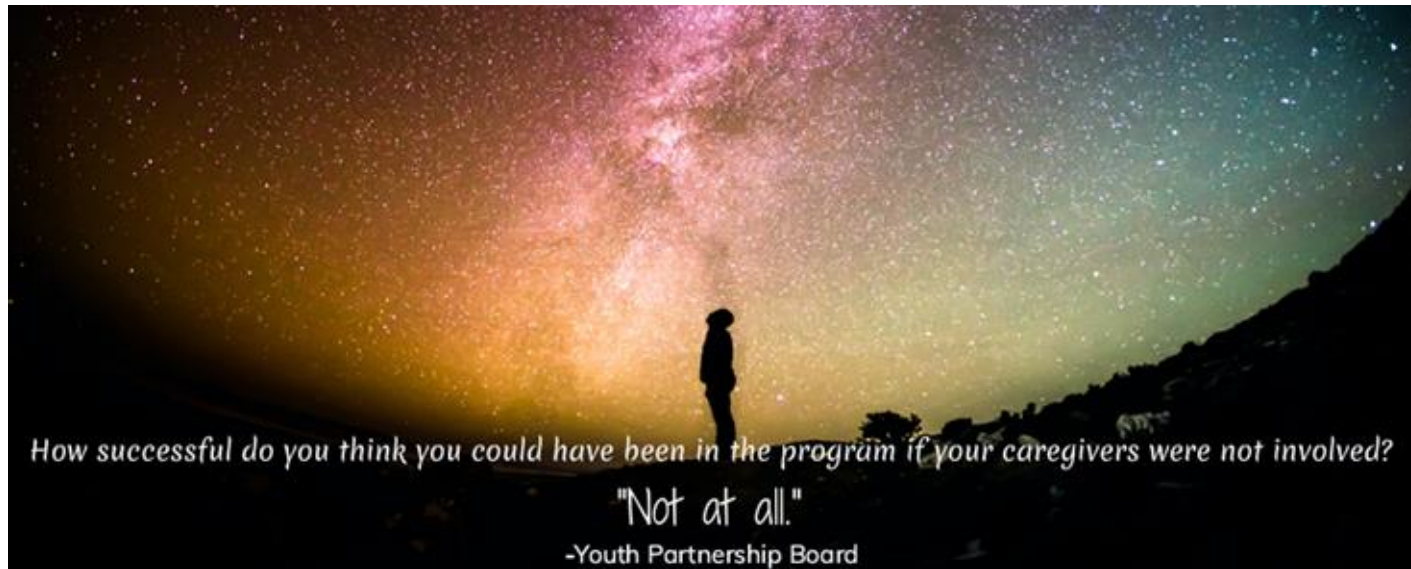


Photo from Pexels by [cottonbro](https://www.pexels.com/photo/young-boy-sitting-on-couch/)



# Youth Need Their Caregivers by Their Side



"Having my parents know what happened and still love me, that was everything because I hated myself."  
-Youth Partnership Board Member

## BECAUSE MY MOM WAS CALM, I WAS CALM

Parents,  
Even though inside you are feeling a roller coaster of emotions, know that your child is looking to you for guidance. When you can be beside them and be strong, despite the turmoil inside, it helps them know that together you can take this step towards therapy and be successful.



# Youth Voices



The Youth Partnership Board (YPB) is made up of youth who have graduated from a group treatment program for problematic, illegal, or inappropriate sexual behavior. The purpose of the YPB is to share the voice, perception, and experiences of youth.

One of the main priorities of YPB is to share with other youth who are beginning a treatment program the insights that helped them through the treatment process. Successful engagement in treatment is a critical step in healing for everyone impacted. The following are some of the thoughts and advice they wanted to share.

## You are Not Alone



When entering treatment, youth often feel alone and isolated. *"I felt scared, alone, like no one was there to help me. I just went through court proceedings, entered a jail system, fingerprints and mugshot taken. I felt I brought shame to my family and disappointed my parents. I needed to know I wasn't alone. I want these kids to know they are not alone. I need them to know they are not alone because (when I was in their shoes) I thought no one was going to get it. Maybe I would be the one who did the worst compared to others. Now I know that wasn't the case and there was a group (of youth and therapists) behind me." - YPB member*

## Be Yourself

The first couple weeks of therapy are often difficult but as you put in the work it becomes more helpful. It's okay to observe, listen, and ask questions while in therapy because that's how we learn. You should be able to be who you are without fear of judgment.



*"When you are in services, you should feel supported, respected, and heard"*  
- YPB member

## Uncomfortable



You will be asked about the reason you're in therapy. Discussing these things may make you feel uncomfortable, but it is to help you heal. The more honest we are with ourselves, caregivers, and therapists, the more we grow.



The Youth Partnership Board (YPB) is made up of youth who have graduated from a group treatment program for problematic, illegal, or inappropriate sexual behavior. The purpose of the YPB is to share the voice, perception, and experiences of youth.

One of the main priorities of YPB is to share with other youth and their families who are at any stage of the treatment process the insights and understandings that helped them heal and move forward. Successful engagement in treatment is a critical step in healing for everyone impacted. The following are some of the thoughts and feelings they wanted to share with the parents and caregivers of those youth.

## UPON DISCOVERY

Parents, We understand that learning about the sexual behavior of your child can be overwhelming. Sadness, anger, guilt, isolation, disappointment, and a multitude of other feelings can be experienced. Processing those emotions in a therapeutic environment brings healing.



*"My parents blamed themselves and I needed them to know it wasn't their fault. I am the one who is responsible for this not them."*  
- Youth Partnership Board Member

*Youth's story: When my parents found out, I remember my family was horrified and in shock, I also remember my parents having very different responses. I remember them being in denial, being enraged, and every other emotion there is at different times. Now that I'm older and have gone through the program, I now understand they had these feelings for a long time and that is okay. I also know that an honest acknowledgement of my parents' feelings had to happen, over and over again, they had to feel those feelings first and process them in order for us to heal as a family.*

*"Having my parents know what happened and still love me, that was everything because I valued myself."*  
- Youth Partnership Board Member



## Working with Adolescents with Problematic or Illegal Sexual Behavior Advice from Youth



# Caregiver Voices

2018 Volume 1, Number 1

## TALKING ABOUT THE elephant in the living room



A NEWSLETTER FOR PARENTS/CAREGIVERS CONCERNED ABOUT CHILDREN'S SEXUAL BEHAVIOR

**KEEP ALL KIDS SAFE. BE VIGILANT. TALK AND LISTEN.**

For this inaugural issue, we want to focus on keeping all kids safe by preventing problematic sexual behavior through parenting, staying vigilant, and maintaining open communication. We share some of our thoughts with you and hope it is helpful.

*- Security,  
The Parent Partnership Board*



NCSBY

2018 - Volumen 1, Número 1

## HABLEMOS DEL ELEFANTE EN LA SALA



BOLETÍN INFORMATIVO PARA PADRES/PROVEEDORES DE CUIDADOS PREOCUPADOS POR LA CONDUCTA SEXUAL DE SUS HIJOS

**MANTENGAN A LOS NIÑOS SEGUROS. PRESTEN ATENCIÓN. HABLEN Y ESCUCHEN.**

En esta primera edición vamos a centrarnos en mantener a los niños seguros previniendo la conducta sexual problemática por medio de la crianza, manteniendo atención y manteniendo abiertas las vías de comunicación. Compartimos en que todos estos ideas los seres de apoyo.

*- Seguridad,  
El Director de Atención de Crisis*



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2019 Volume 1, Number 1

## A GUIDE FOR PARENTS/CAREGIVERS CONCERNED ABOUT CHILDREN'S SEXUAL BEHAVIOR

### NOW WHAT?

*What to expect out of treatment*

This guide is written for parents and other caregivers, such as grandparents, foster parents, aunts, uncles, neighbors, and others who are taking care of children of all ages. We write this series of newsletters to share support, to let you know you are not alone, and to give hope. It is produced by caregivers of children and adolescents who have had problematic or legal sexual behavior. Although we may not know your story, we have experienced and understand the impact of children's problematic sexual behaviors on caregivers, youth, the other children, the family, and others.

For this issue, we want to focus on treatment for families with children or teens with concerning or problematic sexual behaviors. Our goal is to provide assistance as to how to utilize services and discuss what treatment should entail. We share some of our thoughts with you and hope it is helpful.

*- Security,  
The Parent Partnership Board*



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Additional information about youth with problematic sexual behavior can be provided from the National Center on the Sexual Behavior of Youth [www.ncsby.org](http://www.ncsby.org)

2019 - Volumen 1, Número 1

## UNA GUÍA PARA PADRES/PROVEEDORES DE CUIDADOS PREOCUPADOS POR LA CONDUCTA SEXUAL DE SUS HIJOS

### ¿Ahora qué?

*Lo que se puede esperar del tratamiento*

Esta guía está dedicada a padres y otros proveedores de cuidados, como abuelos, padres temporales, tíos, vecinos, y otras personas que cuidan de jóvenes de todas las edades. Escibimos esta serie de boletines informativos con el fin de brindarles apoyo, hacerles saber que no están solos, y darles esperanza. Este material es producido por proveedores de cuidados de niños y adolescentes que han tenido una conducta sexual problemática o ilegal. Aunque no conocemos su caso en particular, sí hemos experimentado y entendimos el efecto que las mencionadas conductas tienen en las familias y otras personas allegadas.

En esta edición queremos centrarnos en el tratamiento para familias con niños o adolescentes que muestran conductas sexuales preocupantes o problemáticas. Nuestro objetivo es ofrecerles ayuda en cuanto a cómo buscar a servicios y determinar qué tratamientos deben estar en su caso. Confiamos en que todos estos ideas los seres de apoyo.

*- Seguridad,  
El Director de Atención de Crisis*



NCSBY

Para obtener información adicional sobre jóvenes con conductas sexuales problemáticas del Centro Nacional de la Conducta Sexual Juvenil (National Center on the Sexual Behavior of Youth) [www.ncsby.org](http://www.ncsby.org)


2022 Volume 1, Number 1

## NOW WHAT?

### A CAREGIVER'S SURVIVAL GUIDE


#### AFTER DISCOVERING A PROBLEMATIC SEXUAL BEHAVIOR HAS OCCURRED

Your world has been turned upside down. How are you feeling?



*"I was all over the place. I was stressed, scared, and uneasy. It is okay to feel that way, and know that somebody else felt that way."*

When a family learns their child has engaged in a problematic or illegal sexual behavior, they experience a large range of emotions. It is normal to feel confused, angry, guilty, ashamed, afraid, disappointed, or in denial about your child's behaviors. Your child's behavior could have occurred with a school-mate, a friend, or even within your family. The outcomes and the impact are different in each situation. When you have a relationship with the child victim, your response is particularly complex and you may struggle with how you respond. While it's expected that you're having lots of different emotions right now, basing all responses to your child's behavior on fear or anger can make it difficult to move forward. Managing your own stress is essential. We've been there too! In this moment, we want to make sure you hear, "This is not your fault." What your child has done does not define who they are or make you a "bad" caregiver. While it may not feel like it right now, your family will get through this.



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[www.ncsby.org](http://www.ncsby.org)

# Appropriate and Helpful System Messages for Families

- Convey that the situation is serious
  - Without doom and gloom
- Give action steps for:
  - Safety
  - Addressing needs of all the family members
  - Additional supports
  - Consistent communication during process
  - Hope



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# PSB-Specific

- Four studies have evaluated factors that impact engagement specifically for youth with PSB.
- Additional factors for these families include:
  - Family stress
  - Distrust of the system
  - Lack of available resources (including access to local PSB-CY providers)
  - Limited caregiver motivation to support youth
  - Stigma / disbelief treatment will be helpful

(Geary et. al, 2011; Shields, Coser, Beasley, & Silovsky, 2020; Yoder & Brown, 2015; Yoder & Ruch, 2015.)



# Cultural Considerations

- Stigma
- Case Example

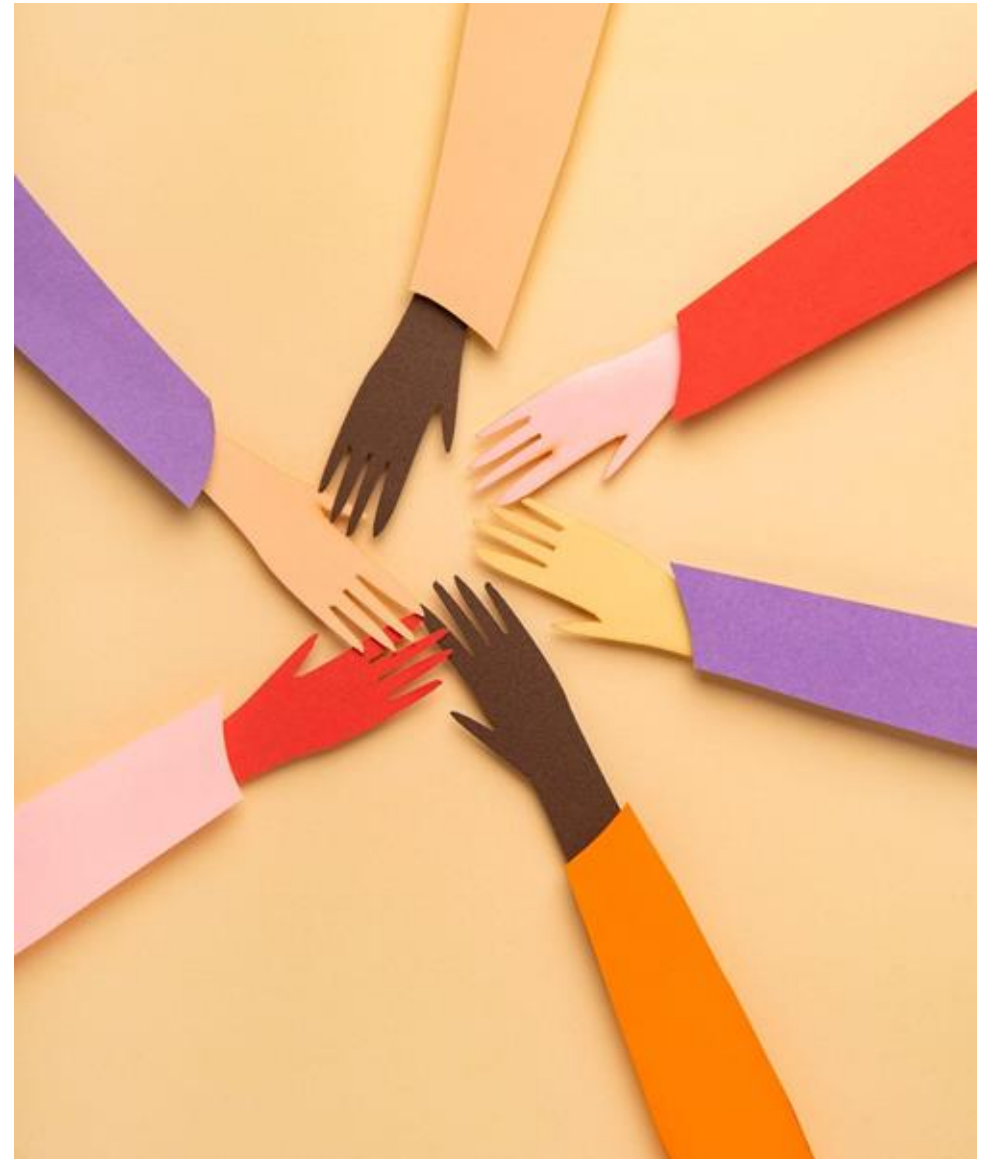


Photo from [Freepik](#)



# Enhancing Engagement in Clinical Services



# Collaboration

- Important to identify and address other needs as well as clinical services.
  - Caregivers often need assistance navigating the many involved systems and roles of professionals within the systems.
- Introduce self, role, and process.
- Do not assume caregiver has been given information about meeting, services, or what they are to do.



# Coordinated Services Facilitate Better Outcomes



# Examples

- “We don’t need help.”
- “Nothing will work, I just need the child out of my home.”
- “I will do whatever it takes to help.”



# Motivational Interview Strategy: Weighing Pros and Cons

Pros of Staying the Same	Cons of Changing
Cons of Staying the Same	Pros of Changing

- Channel Carl Rogers: *Walk in their shoes; understand them.*
- Reflections amplifying points, reframe information
- Evocative questions



# The Voice

- Consider who has had the say in decisions the family has been making to get to you
- Listen



[Image by mcmurryjulie from pixabay, Pixabay License](#)



# *I don't know how this happened. I just can't believe we are here.*

- You are feeling so many things.
- This feels overwhelming.
- You are feelings surprised, confused, overwhelmed, angry and worried and you are still here to support your child.

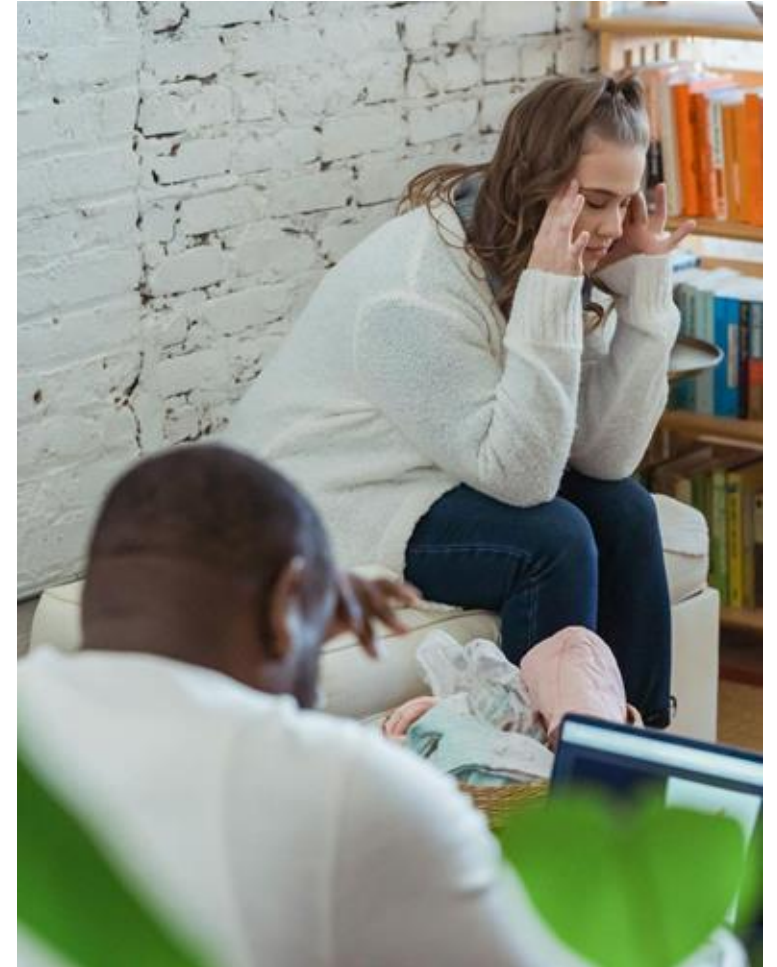


Photo from Pexels by [Keira Burton](#)



# *This is just who my child is, and I don't think they will ever change.*

- You are feeling hopeless.
- This is hard for your family to go through.
- It is hard for you to imagine what might cause your child to change.
- It sounds like you believe your child has made a lot of mistakes, and you are still here with the child.



# *I have been through a lot. My children have not been through half of things I had to go through.*

- You had a difficult life.
- You have worked hard to give your children a better life than you had.
- You have been through a lot, and you work every day to make sure your children get better.



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# Role of Family Advocacy Clinicians

- The first evaluation interview is the point at which many families decide if the center/service provider they are visiting is a good fit.
- Clarify role as family advocacy or therapist:
  - Consider system involvement and treatment
  - Do not assume families have information about what is happening
  - Stand apart – collaborate, ask permission



Photo by Anna Shvets from [Pexels](#)



# Clarify the Need of the Family

Caregiver definition of child need; causes of concern may differ substantially from referral source or professional provider/teacher.

- Identify strengths, motivations, and preferences
- External vs. internal symptoms



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# Increase Caregiver Investment and Efficacy

- Recognize stress, strain, and cultural influences.
- Decrease perceptions of stigma and blame.
- Recognize and acknowledge **support**.
  - If another family member attends appointment, engage them.
- Give concrete steps to address concerns.
  - Handouts
- Discuss fit for services:
  - PSB and trauma-work as a specialty fit for their family.



Photo from Pexels by [Alena Darmel](#)



## Recommendations for Supervision and Parenting Children with Problematic Sexual Behaviors



*Find this plan linked on the  
Additional Resources page.*

### **Private Part Rules - Preschool Children (ages 3-6)**

- No touching other people's private parts. (Includes kicking, hitting, biting, etc.)
- No other people touching your private parts.
- No showing private parts to other people. (or Keep your clothes on when other people can see you.)
- No looking at other people's private parts.
- Touching your own private parts when you are alone is okay. (or No touching private parts in public).

### **Sexual Behavior Rules - School-Age Children (ages 6-12)**

- It is not okay to look at other people's private parts.
- It is not okay to show your private parts to other people.
- It is not okay to touch other people's private parts.
- It is okay to touch your private parts as long as you are in private and do not take too much time. (or It is not okay to touch your private parts in public).
- It is not okay to use sexual language.
- It is not okay to make other people uncomfortable with your sexual behavior.



## Family Safety Plan

This is a basic safety plan with suggested rules for a family with a child with problematic sexual behaviors. It is intended for school-age children (ages 7-12) and adolescents (ages 13-18), who are capable of sharing some of the responsibility for keeping the rules. Under the guidance of knowledgeable professionals, each family should adapt or customize the safety to fit their individual situation. For most children and adolescents, the safety plan will have basic common-sense rules. It should not keep children or adolescents from engaging in most typical childhood and adolescent activities, nor should it pose a heavy burden on the caregivers. Developing and establishing the safety plan while the family is receiving professional services is recommended, with guidance on modifying the plan over time as the child or adolescent and family demonstrate progress. The term "caregiver" can reflect any caregiver in the home (e.g., parents, other responsible adults) and the terms brother and sister can refer to any children in the home. Blanks should be filled with the name of the child or adolescent with problematic sexual behaviors. The basic suggested rules are:

### Rules for

1. \_\_\_\_\_ will not babysit or be in charge of any children for any amount of time.
2. \_\_\_\_\_ will not go into other children's bedrooms without adult supervision. If s/he is invited into one of their bedrooms, s/he will say, "No" and then tell an adult what happened.
3. \_\_\_\_\_ will not have other children come into his/her bedroom, unless a responsible adult is notified and is in the room to supervise.
4. \_\_\_\_\_ will not be in the bathroom if another child is present.
5. \_\_\_\_\_ will keep the bathroom door closed when s/he is in there alone.
6. \_\_\_\_\_ will not engage in any "horseplay", wrestling, or tickling with his/her brothers, sisters, or any other children.
7. \_\_\_\_\_ will not listen to music, watch television shows, movies, or videos, or access Internet sites that his/her caregivers have not approved.
8. \_\_\_\_\_ agrees that s/he won't talk about sexual things or make any sexual comments or sexual jokes around his/her brothers, sisters, or other children.
9. \_\_\_\_\_ will not be alone with another child.
10. \_\_\_\_\_ will refer other children to get an adult if they ask him/her questions about sexual matters.
11. \_\_\_\_\_ thinks about breaking a sexual behavior rule or engaging in an illegal behavior, s/he will talk with a caregiver.
12. \_\_\_\_\_ will dress in appropriate clothing that keeps his/her private parts covered.

### Some things \_\_\_\_\_ CAN do if OK with brothers, sisters, and caregivers while supervised by a responsible adult:

1. Watch TV and movies, read, listen to music, play sports, or play games with his/her brothers and sisters.
2. Talk and joke politely with his/her brothers and sisters.
3. Go to the store or on family outings with his/her family.
4. Ride in the car with his/her family.
5. Eat meals or go to restaurants with his/her family.
6. Show appropriate affection to family members if the family member initiates it and if one of his/her caregivers are there to watch. Hugs are OK. No kisses

### Some things \_\_\_\_\_'s caregivers will do:

1. Supervise interactions between \_\_\_\_\_ and all children, including his/her brothers and sisters, and not ask \_\_\_\_\_ to babysit.
2. If caregivers are not around to supervise interactions between \_\_\_\_\_ and other children, they will make sure that there is another informed, responsible adult who can take on this responsibility.
3. Supervise TV shows, music, videos, phone, text/chat, Internet material and activity, and camera usage.
4. Monitor \_\_\_\_\_'s activities, such as school work, homework, type of friends, whereabouts, and so forth, and help him/her make good choices.
5. Help \_\_\_\_\_ follow his/her rules by reminding him/her, if needed.
6. Make sure that all the children are clothed unless they are alone in their own room with the door closed, in the bathroom with the door closed, or in their own bed.
7. Be open and accepting about talking with \_\_\_\_\_ about any sexual questions or thoughts.

### The family agrees to:

1. Treat each other with respect.
2. Respect the caregivers' authority and follow their house rules.
3. Listen to each other.
4. Be kind to each other.
5. Dress respectfully and appropriately.
6. Have fun activities with each other.
7. Have time so the children and adolescents in the home can talk privately with their caregivers about important matters, including questions about relationships.
8. Help each other be successful and follow the rules of the family.

### Other rules the family may wish to add:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If \_\_\_\_\_ or any other child has difficulties following the rules, then s/he should go to a caregiver or other trusted adult for help.

If \_\_\_\_\_ or any other child tries to break or does break any of the rules, then s/he should be told "NO!" or "STOP" and then someone should tell a caregiver or other trusted adult as soon as possible.

Signed:



# Identify Attitudes about Seeking Help and Previous Service Experience

- Discuss desire for seamless transition and to be a “one stop shop.”
- Ask about previous experience with services.
- Convey expectations and hopes for child.
- Refer back to identified strengths.



# Problem-Solve

- Process and discuss any identified barriers
  - Ability to get to services
  - Negotiating with command to support participating in services

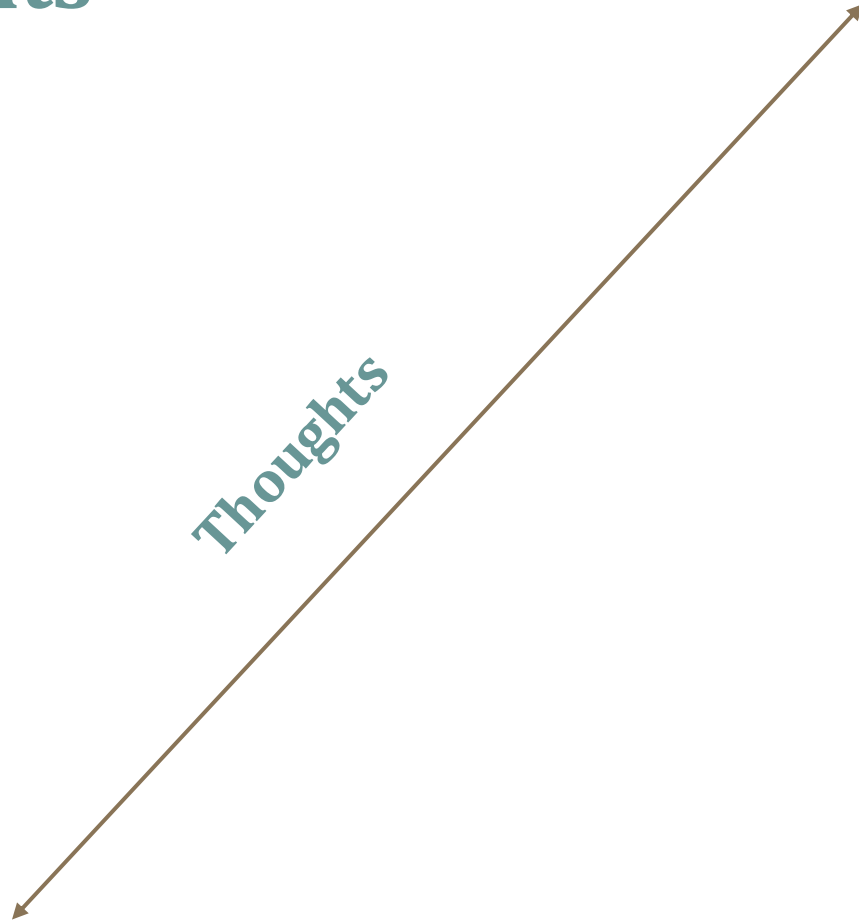


Photo from [Freepik](#)



# Let's do this again...

## Thoughts



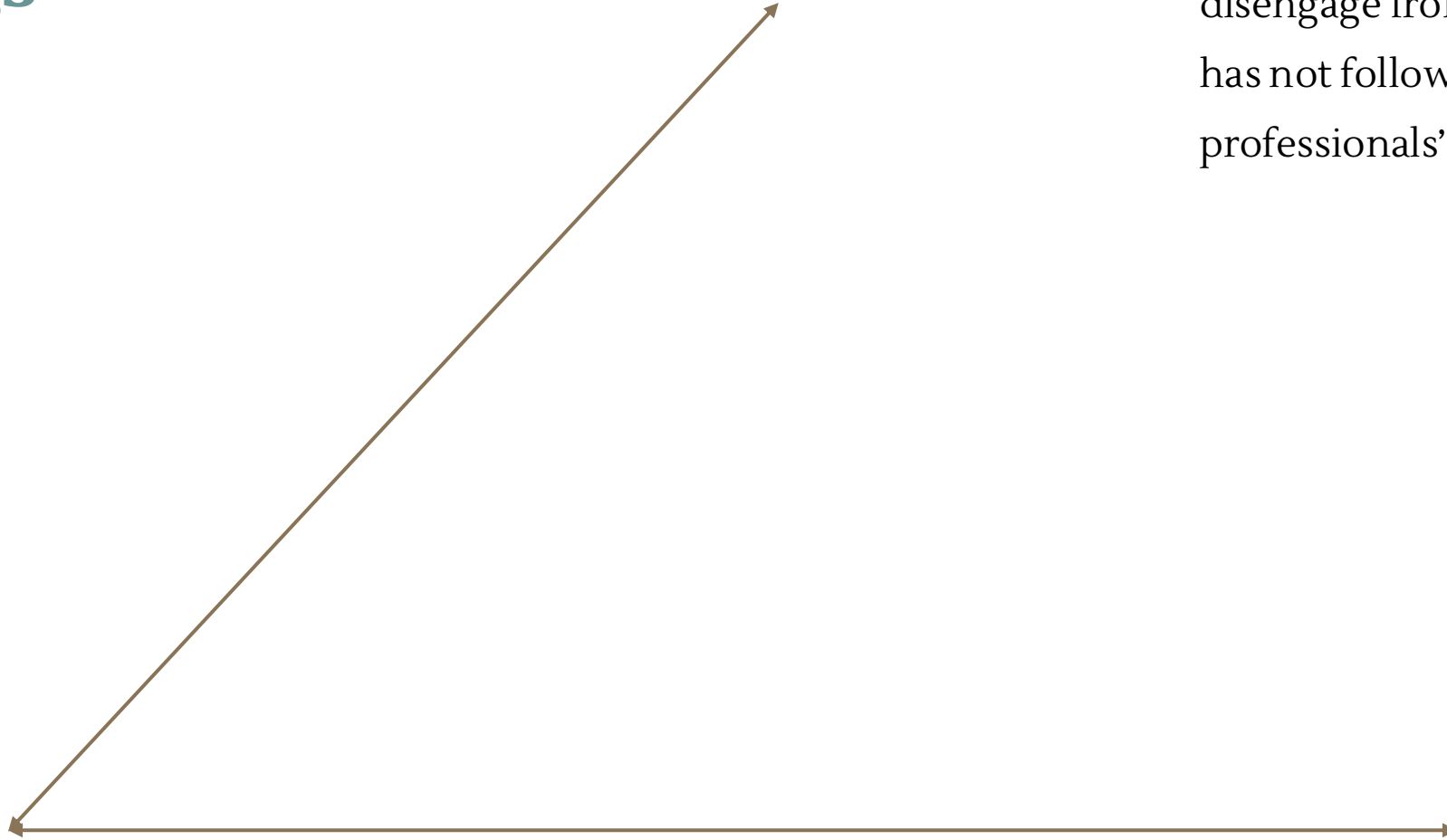
- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



# Let's do this again...

## Feelings

- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



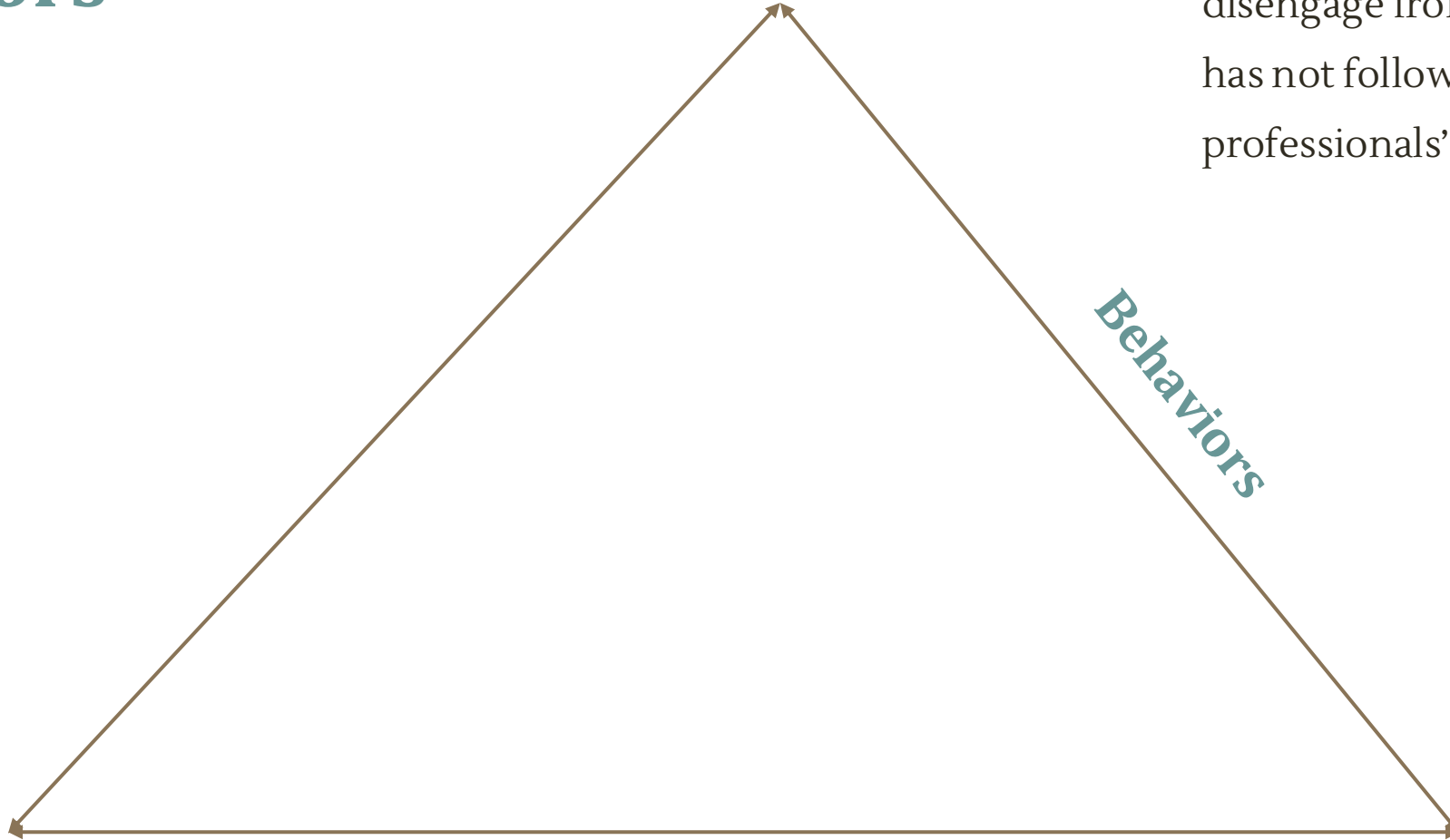
Feelings



# Let's do this again...

## Behaviors

- ★ You're prepping to meet with a family who you know to historically disengage from clinical services and has not followed through with professionals' recommendations.



# Key Takeaways



# Take Home Points

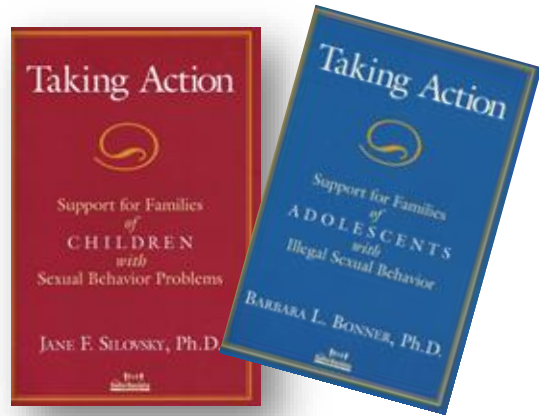
- Get into the other person's shoes.

## PERCEPTION

- Respect and ask permission
- Reflect
- To treat PSB in children, caregiver engagement is a **MUST**.
- Impacts to family are significant and need to be identified and addressed.
- Early messages are critical.
- Recognizing family context and establishment of relationships facilitate addressing tough issues.



# Resources



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**ENGAGE**

NCTSN The National Child Traumatic Stress Network



**ATSA**

Children with SEXUAL BEHAVIOR PROBLEMS

2<sup>nd</sup> EDITION

**MILITARY ONE SOURCE**



*All resources are linked on the event page!*

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## References (1)

The following references informed this presentation and are provided to support continued learning and deeper exploration of the topics discussed.

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# Questions?

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- the National Council on Family Relations (NCFR)
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- Certificate of attendance



## Upcoming Webinar: Open for Registration

### Child Development: Knowledge, Behavior, and Healthy Boundaries

Wednesday, April 8, 2026 @ 11:00 am – 12:30 pm EST

- Recognize normative social, emotional, and cognitive development in preschoolers and school-age children.
- Describe how developmental processes influence children's sexual knowledge and behavior.
- Identify factors linked to the development of PSB and outline steps to prevent or respond to these concerns.
- Explain strategies that promote healthy sexual development and effectively address concerning sexual behaviors.

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