



GIL INSTITUTE SERVICE DESCRIPTION

ASSESSMENT OF SEXUAL BEHAVIOR PROBLEMS IN CHILDREN (ASBPC)

The Assessment of Sexual Behavior Problems in Children (ASBPC) consist of meeting individually with young and school-age children (ages 4-12) and allowing them to become comfortable with the setting and therapist. Assessments can last from four to six individual 50-minute sessions. Initially, clinicians do not ask children direct questions about their problem sexual behaviors. Instead, clinicians utilize a nondirective approach to gain an understanding of the child's overall functioning with particular attention to ways in which their sexual thoughts, feelings, and behaviors compare to their same-age peers. Clinicians encourage children to externalize their thoughts, perceptions, and feelings by providing them with a variety of ways to symbolize and/or verbalize their sexual experiences and behaviors. Clinicians are trained to identify thematic material in children's play that might suggest their underlying concerns. The initial goal of the ASBPC is to gain an understanding of children's unique functioning, identify problem areas, rule clinical symptoms in or out, understand children's perceptions of their important relationships, and subsequently develop recommendations that meet the specific needs of children and their families. In addition, this assessment allows clinicians to explore problem sexual behaviors contextually and address the treatment needs of the child and his/her family.

Clinicians conduct an intake interview with parents or referring professionals to collect a detailed developmental history, hear how and when problems arose, and what interventions have been used to date. If children make disclosures or allegations of sexual abuse, clinicians will document the circumstances surrounding the disclosures. If children have engaged in problem sexual behaviors, behavior descriptions will be chronicled. Subsequent meetings consist of individual sessions with children as well as conjoint sessions as necessary. During the intake interview, parents or current caretakers are also provided with general information regarding problem sexual behaviors in children; guidelines for addressing safety concerns; and suggestions for responding to sexual behaviors in the home and community.

The assessment process allows clinicians to comment on children's physical and emotional functioning; themes evident in play, language, behavior, or activities; relational issues; symptomatology observed or reported; communication style; spontaneous verbal communications; and differential developmental functioning based on age, gender and culture. The ASBPC also allows clinicians to comment on children's normal sexual development and/or areas that appear problematic or in need of intervention. Additionally, the ASBPC provides clinicians an opportunity to comment on what parents/caretakers must do to maintain a safe environment.

Any Gil Institute therapist assigned to conduct the ASBPC has been trained to use the Boundary Project assessment and treatment model by either Dr. Eliana Gil or Dr. Jennifer Shaw.