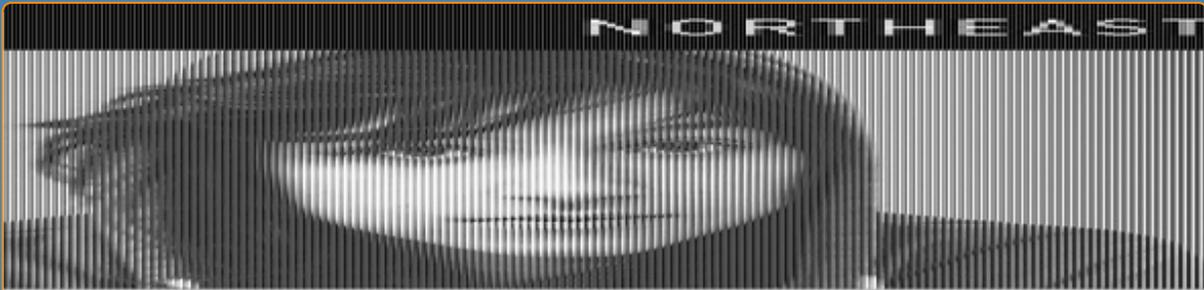


Like

in



Dear Colleague:

As many of you may have noticed, we took a “month of silence” in memory of Dr. Steven Bengis, who passed away on December 13, 2015. Below is a short statement about his life and his amazing contributions to this field.

If you knew Steve, please feel free to send us your memories. We hope to compile them into a book for his family. And if you are so moved, the family is suggesting that donations in his name be sent to NEARI at 70 North Summer Street, Holyoke, MA 01040.

In recognition of his spirit, we wanted to thank you for doing this difficult and most crucial work. We recognize that those who benefit the most from your efforts are all too often the very people who don't realize the importance of your efforts.

With our heartfelt thanks to you for your support over these years and know that this time and this work is precious to us all.

Warmly,

Joan Tabachnick and David Prescott

NEARI Press

Treatment Guidelines for Adolescents with a Paraphilic Disorder AND Have Sexually Abused

by Steven Bengis, David S. Prescott, and Joan Tabachnick

The Question

Given the lack of research on adolescents, what are the treatment guidelines we can offer to physicians in their clinical decisions?

The Research

On behalf of the World Federation of Societies of Biological Psychiatry Task Force on Sexual Disorders, Florence Thibaut, John Bradford, Peer Briken, Flora De La Barra, Frank Haessler, and Paul Cosyns conducted an extensive literature search and brought together experts to offer guidelines for those making clinical decisions on this population. The goal is to improve the quality of care for adolescents with paraphilic disorders and have sexually abused someone.

The authors acknowledged first that only a minority of people who sexually abuse suffer from a paraphilic disorder and not all patients with a paraphilic disorder will act on them and/or abuse

others. Further, the authors acknowledged the lack of longitudinal studies that would shed light on either the percentage of adolescents with a paraphilic disorder or could identify which adolescents will persist in their sexual behavior problems into adulthood. They also acknowledged that adolescents with paraphilic disorders offer a special challenge because they may be in very different stages of puberty and development, making medical interventions far more complicated. As a result, the use of many pharmacological agents must be limited due to their potential harmful side effects. Finally, recognizing the fact that adolescents who sexually abuse form a heterogeneous group, the paper focused on that small subgroup diagnosed with atypical sexual interests.

The authors further note that traditional treatment programs focus on goals such as reducing risk for sexual violence and improving psychosocial functioning. The authors examined various types of psychological treatment and found that cognitive behavioral treatment (CBT) is the most common form (90% of programs in the US and Canada), followed by psychosocial education (35%), and multisystemic therapy (22%). They also note that while the research clearly recognizes the importance of treatment engagement, therapeutic alignment and motivation, less than half of the community programs reported using motivational interviewing approaches.

The guidelines paper notes the following important trends: 1) People who drop out of treatment programs do worse in the long run; 2) there are significant differences between older and younger adolescents; 3) information on potential adverse outcomes of treatment are not available; 4) motivation for treatment is rarely assessed, 5) the vital role of caregiver and peers in the development and maintenance of antisocial behavior has been supported in the research.

The guidelines suggest that the first step in treatment is to establish a trusting relationship with the adolescent. The second step is to develop an understanding of the client by conducting a psychiatric interview, a medical examination, an evaluation of cognitive performance (e.g., specific learning or language disorders), and the use of supported assessment scales (e.g., ERASOR and J-SOAP-II). The authors do NOT recommend the use of phallometric assessments with adolescents who have sexually abused.

Then when making treatment recommendations, the guidelines say that treatment of adolescents should adhere to the principles of risk, need, and responsivity and that effective therapy must focus on the risk of the individual for committing new offenses. Therefore, the higher the risk, the more intensive the intervention. As for decisions regarding treatment, wherever possible, the family is the primary unit of treatment, helping to resolve any problematic relationship patterns. Even with adolescents who have paraphilic disorders, the treatment methods recommended include CBT or MST approaches, family interventions, psychoeducational interventions and in some cases, SSRIs. There are no officially approved medications for the treatment of sexual behavior problems or disorders among adolescents. The use of antiandrogens is discouraged prior to the age of 17, and the guidelines stress that in the case of hormonal treatments, monitoring should occur more frequently than in adults.

Finally, given the low level of evidence, practitioners using the guidelines are strongly encouraged to send in comments and feedback to the authors.

Bottom Line: The principles of risk, need, and responsivity are valid for adolescents; practitioners should pay special attention to the developmental stage of the youth in his or her care. An important part of the responsivity principle is including the youth's family in treatment.

Implications for Professionals

Perhaps the most important lesson of this paper is that the state of knowledge has changed. Gone are the days when it was commonly assumed that all adolescents who abuse have a paraphilic

disorder and must be considered dangerous for life. Even assessment methods held to be the standards of care in recent decades, such as phallometry, are now considered too intrusive for youth. As in other areas of human-service endeavor, it is important for professionals to pay close attention to the emerging trends and implications of the available research.

Implications for the Field

Given that true paraphilic disorders, by definition, can result in genuine suffering, even as rates of sexual re-offense by adolescents as they enter adulthood are low, these guidelines point to the need for:

- * Public awareness and prevention of abuse
- * Understanding of the developmental course of true sexual disorders
- * Compassion for those afflicted by these disorders and needing help
- * Evidence-based methods for prevention of abuse and managing the risk of further abuse

Such efforts at prevention with adolescents would almost certainly have a positive impact on sexual abuse by adults. As one therapist once put it, “How can we as a society raise children so that they can someday raise children?”

Abstract

The primary aim of these guidelines was to evaluate the role of pharmacological agents in the treatment of adolescents with paraphilic disorders who are also sexual offenders or at-risk of sexual offending. Psychotherapeutic and psychosocial treatments were also reviewed. Adolescents with paraphilic disorders specifically present a different therapeutic challenge as compared to adults. In part, the challenge relates to adolescents being in various stages of puberty and development, which may limit the use of certain pharmacological agents due to their potential side effects. In addition, most of the published treatment programmes have used cognitive behavioural interventions, family therapies and psychoeducational interventions.

Psychological treatment is predicated in adolescents on the notion that sexually deviant behaviour can be controlled by the offender, and that more adaptive behaviours can be learned. The main purposes of these guidelines are to improve the quality of care and to aid physicians in their clinical decisions. These guidelines brought together different expert views and involved an extensive literature research. Each treatment recommendation was evaluated and discussed with respect to the strength of evidence for efficacy, safety, tolerability, and feasibility. An algorithm is proposed for the treatment of paraphilic disorders in adolescent sexual offenders or those who are at risk.

Citation

Thibaut, F., Bradford, J.M.W., Briken, P., De La Barra, F., Häßler, F., & Cosyns, P. (2015). The World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for the treatment of adolescent sexual offenders with paraphilic disorders, *The World Journal of Biological Psychiatry*, DOI: 10.3109/15622975.2015.1085598.

To print a pdf of this article, click [NEARI NEWS](#).



Steven M. Bengis, 68, died Sunday, Dec. 13, 2015, after an arduous eight month cancer journey.

He leaves his wife of 30 years, Penny Cuninggim; his son Corey Bengis; step-daughter Amanda Frank; son-in-law Mike Frank; granddaughter Maddie Frank; sister Ingrid Bengis-Palei; brother-in-law Eduoard Palei and family; and his sister and brother in-law Lee and John Neff and their family.

Steve grew up in New York City, and Amsterdam, New York. He graduated from Cornell and then traveled through Europe and the Middle East on a motorcycle. He entered New York University law school, drove a taxi in Manhattan, and then left law school to spend time in an ashram in India. When he returned, he bummed a ride to Amherst to visit a friend and never left.

He received a doctorate at the University of Massachusetts in counseling psychology and in 1980 was hired to direct a residential school program for youth exiting the state hospital system in Northampton. His colleague and future wife ran the school.

He and Penny had a remarkably close marriage and a shared creative work life of 30 plus years. Together they raised Corey and Amanda, who are just like Steve: perceptive, sensitive and stubborn.

In 1985, Steve was a founding member with Penny of the New England Education Assessment and Research Institute (NEARI) in Holyoke, and helped found MASOC (which focuses on sexual assault prevention). He led both agencies until a few weeks before he died.

Steve believed deeply in individualized education and treatment, the importance of both accountability and understanding when crafting ways to work with struggling youth, and the necessity of using a multidisciplinary, brain-based and collaborative approach to finding the best solutions. He said he loved working with individual students and direct care staff the most.

He was a charismatic, handsome man with piercing blue eyes, who wove intuition and analysis into his work and could see the dynamics amongst people quickly without personalizing or entering the fray himself. Colleagues and friends say, "Steve was a passionate, child-centered visionary." "When talking with someone, he made you feel as though you were the only person who mattered." "Every conversation with Steve was an important event." "He made us be the best we could be." "He could see the complexity of what the other person needed or felt and then honor it and put it into words." "He was an inspiring guru, leader, friend and confidante to thousands of people."

Outside of work he was a very private man. He loved early morning coffee on the porch, riding ocean waves, going on adventures to wild and primitive places, and spending time with Penny and his children. He had a deep eclectic spiritualism, and enjoyed political debates, ping-pong and rooting for the Patriots. He left us way too soon.

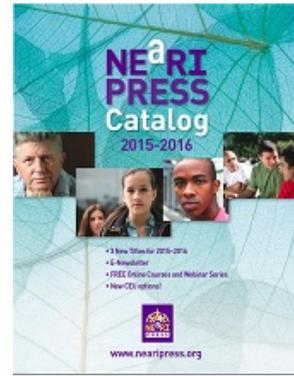
A memorial celebration will be held in March.

Donations can be made to NEARI, 70 North Summer St., Holyoke, MA 01040.

BECOME A WEBINAR SERIES SPONSOR

Please consider becoming a sponsor of NEARIPress.org's exciting new 2015-2016 NEARI Press Webinar series. We will continue to feature nationally recognized authors including, but not limited to: Cordelia Anderson, Deborah Hafner, David Prescott and Robin Wilson, among many others.

For \$98 as an individual or \$250 as an organization, we will guarantee your seat in the webinar **AND offer you CE credits**. We do all of the work to sign you up each month, and, as a thank you for your essential support, we offer you two free NEARI Press books - *Current Perspectives* and *Current Applications*, both edited by David Prescott and Robert Longo. We think that this is really a win-win situation for all of us.



NEW 2015-2016 Catalog

For more information or to sign up, visit our website at info@nearipress.org or contact Diane Langelier at 413.540.0712 x14 or email her at info@nearipress.org.

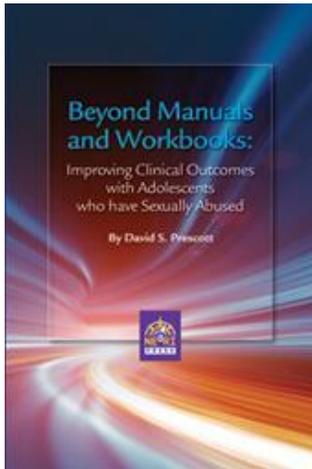
CONSIDER JOINING US FOR A FUTURE WEBINAR

Please consider joining us for one of our webinars in the 2015-2016 Series. All of these are recorded, so if you missed one that is important to you, [visit our website](http://www.nearipress.org) and see these thought-provoking talks at a time and place that suits you!

All Webinars Begin at 3:00 pm Eastern Time and Run for One Hour.

Jan 12, 2016 Juvenile Sexual Risk Assessment; Phil Rich, EdD, LICSW
February 2, 2016 Consultant; David Prescott, LICSW
March 15, 2016 Family Reunification after Child Sexual Abuse "co-sponsored" with NSVRC; Peter Pollard, MPA and Joan Tabachnick, MBA
April 12, 2016 Treating Adult Sex Offenders; Jill Stinson, PhD
May 10, 17, 24, 2016 Juvenile Sexual Risk Assessment: An Overview in Three Parts; Phil Rich, EdD, (small fee will be charged for this three-part webinar series).

FEATURED NEARI RESOURCES



Beyond Manuals and Workbooks: Improving Clinical Outcomes with Adolescents who have Sexually Abused

by David S. Prescott

This booklet focuses on the essential elements that every clinician can integrate into their current treatment to make it more effective. While many treatment programs organize themselves around specific curricula, this booklet makes recommendations for specific skills for improving outcomes and therapeutic alliances, early identification of at-risk cases, motivational goal setting, and considerations for successfully moving clients into a healthier environment. Based upon the

current research, this booklet outlines the core values and concrete steps towards developing a truly evidence-based practice.

ISBN: 978-1-929657-61-2

Catalog Number: 9706

Price: \$3.75 plus shipping and handling

DONATE NOW TO NEARI PRESS

NEARI Press is a nonprofit and depends upon the support of professionals like you to continue our work. Please consider giving a donation to NEARI Press.

[Click here](#) to make a donation of any amount. Thank you!

QUESTIONS/FEEDBACK

Please email us at info@nearipress.org or call us at 413.540.0712, x14 to let us know if you have a question or a topic you would like us to cover.

If at any time you no longer want the e-newsletter, just let us know and we will remove your name from our list. We value your trust. We will not sell or give your contact information to any other organization.

Volume 9, Issue 1: January 2016



[Web Version](#)

[Preferences](#)

[Forward](#)

[Unsubscribe](#)

Powered by [Mad Mimi](#)®
A GoDaddy® company