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**Jimmy Widdifield, Jr.:**

Hello everyone. My name is Jimmy Widdifield, Jr. with the Oklahoma Commission on Children and Youth. I’m really excited today for “It Takes a Podcast” series, talking about children with problematic sexual behavior. We will be hearing from people in the field that I think have great perspectives and experience and look forward to sharing that with everyone, so we can better help all children be safe. Today I’m super excited to have Michelle Miller, who is currently at the National Children’s Alliance (NCA). I’ll let Michelle introduce herself in just a second. Great experience and what has me so excited about Michelle being a part of the conversation today is that she is working at just such a different level than maybe individual children’s advocacy centers or agencies or communities. And I think getting that great perspective is going to really be helpful to a lot of people. Michelle, I’ll keep talking until someone interrupts and you’re being really polite, so I’m going to go ahead and stop. Tell us a little bit about who you are, what you’re comfortable sharing about you.

**Michelle Miller:**

Sure, thanks Jimmy. I’ve been in the field of child welfare in some capacity for the last 30 years. It was not something that I intended to do. I actually intended to go to law school and then there was a job open, and I decided I would give it a try. I had a brief period of time where I left, and it was my calling. I ended up going back to it. I started as a child protection services worker, then I did some hospital work, and then I was the founding director of the first nationally accredited CAC in Montana. That happened in 1998 so I’m aging myself a bit. Then I also worked to develop a State Chapter, so I was the founding Board Chair of the State Chapter of NCA in Montana. I am a mental health provider, so I have a PhD in psychology, a master’s degree in social work and have been a practicing clinician for well over 20 years. What I say at the CAC is, I was the director, I was the MDT facilitator, I was the forensic interviewer, the mental health provider, and almost everything. Obviously, one role on one case, but that’s my background and so I’ve been with NCA since 2016. It was a really great fit for me. It was the first position that they had for a mental health provider. And when I started at NCA, I was introduced to the work that was being done on youth with problematic sexual behaviors.

**Jimmy Widdifield, Jr.:**

You and I met at a conference in San Diego a number of years ago and did a co-presentation with Libby Ralston, who at that time was the Executive Director of the Dee Norton Children’s Advocacy Center in Charleston, South Carolina. I had no idea about your background. I can’t believe it has been this long. What an amazing set of experiences you’ve had, from the first accredited, nationally accredited Children’s Advocacy Center in Montana to helping to create the State Chapter, and your work in child abuse and neglect and mental health. It a good fit for lots of reasons. Now, Michelle, I’ve got stars in my eyes. I mean I’m just like super impressed. I shouldn’t be because you’re amazing, and I know that. Your work at NCA, particularly around children with problematic sexual behaviors, you mentioned when you came on board to NCA and kind of getting connected to that work group. Tell me a little bit more about what your experiences were around children with problematic sexual behavior before coming to NCA and then being at NCA.

**Michelle Miller:**

Sure. When I was the CAC director and also doing mental health, we had families that came in where there was an impacted child and, what we call exhibiting children (kids with problematic sexual behaviors) and so at the CAC we provided evidence-based treatment. Primarily trauma-focused cognitive behavioral therapy (TF-CBT) at that time. We didn’t feel like these kids fit in, so we witnessed families that were being torn apart. It was difficult on moms and dads—trying to keep everyone safe in the family. And so we did try having some of those kids see some of our TF-CBT trained therapists. The therapists just did not feel like they had the expertise to do best for those children, and so, unfortunately we ended up referring children with problematic sexual behaviors to adult treatment providers. I look at it now and I know what the research says that that’s not helpful in our community. In communities across the country, there still is a shortage of providers with this expertise. And I knew just through training and going to conferences and, like I said this was probably 10 years ago, that that wasn’t the best approach for these kids. But we also felt like for the kids and the families that we needed to do something. So, I was really excited when I got to NCA and found out that they have the work group because it was something that I was passionate about. Something I had already recognized through my own experience that was a concern and an issue for families.

**Jimmy Widdifield, Jr.:**

I really appreciate your honesty just around at one point referring children to providers who typically work with adults that have engaged in illegal sexual behavior. That’s what was available in your community and having tried the route of trauma therapists who (good for them for identifying that they were not very comfortable) didn’t think they could do what was going to be best for these families. Because it’s such a common thing that we hear across the United States and really the world, even there just aren’t enough providers and trying to get that identified and in place it’s just a challenge. But, Michelle, you also said the word passion or passionate and that has just been a recurrent theme. I’m going to go a little off plan just for a moment. What makes you passionate about this, because I think all too often people talk about having a passion for something or another, but when you try to really drill down on why, what’s the reason, what’s the burn of that passion, people come up short handed. I’m just kind of curious for you, what are your thoughts about that, about your passion for this work?

**Michelle Miller:**

Sure. You know my passion really comes from seeing kids and family struggle. And trying to do right by them and knowing there are interventions that are effective. When you see families suffering, you see where they’re being separated and they’re trying to figure it out. Moms and dads are really scared. To be able to help them creates that passion. I hear that from other providers. They’re not sure when they sign up to do work with problematic sexual behavior. Once they have an opportunity to work with those kids and see them thrive and work with their caregivers and see the improvement happen, I’ve heard those clinicians say that it actually turned out to be much more rewarding than they thought it would be.

**Jimmy Widdifield, Jr.:**

I really appreciate you answering that question. It wasn’t something we had planned to talk about. But I think it’s just so important and what I’m hearing you say, Michelle—how’s that for a therapist lead-in phrase—what I think I just heard you say is that you see that there’s great intervention out there. There are ways to help children and their families when they’ve been impacted by problematic sexual behavior initiated by a child. And seeing that magic, seeing that work happen and being able to help families, it totally makes sense to me how that becomes the burn of your passion—what keeps you so involved in this work. Yeah. Thanks, and also I’ll tack on your experience with other providers across the country, when people are a little maybe reserved, when they get into doing this work clinically or even at an administrative level. But once they see that these kids are not the scary monsters that people, unfortunately, have in their head, and that these are kids and families that love one another and just want help, they want their kids to be safe and healthy and happy, and that’s all kids. The children who were the recipients of the behavior and the kids who initiated the behavior. Absolutely. So, you’ve been in the field in different capacities the entirety of your career, from getting a CAC started, the state chapter, and now working broadly at a national level with NCA. How has the field changed over that time, what have you seen, what have been good changes, what’s maybe been stagnant or not changed, has the field gone backwards in any way, what are your thoughts?

**Michelle Miller:**

That’s a really good question. It’s been exciting to see the field move forward so I’ll talk a little bit about our youth with problematic sexual behaviors collaborative workgroup. We’ve worked really hard over the last six years, seven years, on developing resources for the field. We want to be able to provide training to multidisciplinary team members and to clinicians. You know, we have judges on our list that we would like to train. So when I look at it, when I first came on at NCA, CACs were really concerned that they would be in violation of our Accreditation Standards by providing services to youth with problematic sexual behaviors. Our 2017 Standards had something in there that really let CACs know that they could do it, but there was the concern about that. So, I think we’ve worked really hard over the last six to seven years to let our CACs know that yes, there needs to be some policies and procedures around it, some safety planning. We want all kids to have physical and psychological safety, not just those kids with problematic sexual behaviors. I think that’s been one area of growth. There’s so much interest from CACs that I frequently get questions about how can we get our clinicians trained. It’s been very exciting to see that CACs really are vital in this work. They use multidisciplinary teams and they provide evidence-based treatment, which makes them a really good fit for this population. So, to see the CACs want the training, be interested in the training, I think has been really great. I mean, there’s still work to do, as far as training. We try to use a child first language, we recognize that these behaviors can be severe and have an impact on that impacted child, but also believe that CACs can provide good services to the exhibiting children.

**Jimmy Widdifield, Jr.:**

You are so right. There are a number of cases that have children with problematic sexual behavior where the behavior was abusive and harmful and really severe. I’m just really glad that you acknowledge [those serious cases]. I think all too often when I’m talking, which is a lot, about kids with PSB, sometimes, people are like, but you’re not acknowledging the really serious cases, and they exist, and this viewpoint of, but they’re still children and they deserve to be saved and they deserve to get the best services possible. So, during your time in the field, in your career, it seems like the number of resources have really increased and the focus on helping this population of kids has also really developed and increased. We were talking a little bit earlier about the current Standards being used which are the 2017 Standards, identified I think one unique mention, it’s around page 53 or 54, and I know that number, because people would call us and say we’re a CAC and can’t serve these kids. Well, actually, they can. But the new standards, the 2023 Standards, which are available now, there are seven unique mentions throughout the standards—at least by my count, but don’t trust my math. Talk about evolution, right? It’s really been thoughtfully incorporated into it. And so, evidence-based treatment, I think, is another evolution that you mentioned just in terms of CACs, that’s becoming the norm for CACs to have available as a service and that certainly applies to these kids as well. In your work around children with problematic sexual behavior, what do you think have been some really top challenges and being able to get the work done in a way that you think is going to be optimal? And on the flip side of that, what are some of the big successes that when you think on your work you’re like, “that was just exactly what was needed” and we’ve moved forward, we’ve evolved with that?

**Michelle Miller:**

Great questions. I just want to mention that 20 to 25% of our cases that come through CACs involve youth under the age of 18, so we let CACs know and the field know that one way or another, these kids probably are coming through the door and so really being able to identify and feel ready to serve I think is important. One of the challenges, and it’s a good challenge, is that we’ve created so much interest that getting people training is an issue. I know that you know Jane Silovsky’s group, and problematic sexual behavior cognitive behavioral therapy (CBT). There are CACs across the country who really want to get that training. And so, we’ve been having conversations with Jane and I know she’s adding to her training team. So that would be one challenge is we’ve generated the interest and now people want the training and so trying to figure out how to work with that. They are doing the addressing PSB in TF-CBT, which I’ve been a really big proponent of that because I view it as we have a lot of TF-CBT therapists across the country. About 98% of our CACs say they have access to a Trauma-Focused Cognitive Behavioral therapist, so to me it’s kind of training a workforce that’s already there, while they’re waiting to get more specialized training. I think that figuring out, like over the next five years how, how do we keep the workforce trained. What we know in this field is therapists are here for a while and then they may go into a different position, so there’s always going to be this need to provide training. I do get calls, from professionals and from families, saying they’re in need of a trained therapist and there isn’t one in their area. There are still areas across the country that do not have access to a clinician that’s trained in problematic sexual behavior. It’s really hard when you get those calls from caregivers and they’re pretty desperate to find that specially trained clinician and that’s just with where we’re at. It’s improving, it’s growing but there are still areas that don’t have access to that expertise.

**Jimmy Widdifield, Jr.:**

That’s a really hard conversation to have with someone when they are calling to get recommendations for referrals or to get referrals and telling them I don’t know of anyone in your community that has the training to do this. It’s just hard because, like you said, people are super eager to get services for their family for lots of reasons. That’s hard, but I love your great phrasing for a challenge. It’s a good problem to have around supply and demand. There is clearly a demand for training to provide treatment, clinical mental health therapy to these children and their families. But it’s hard to keep up with that demand. And you mentioned Jane Silovsky, she’s the director of the National Center on Sexual Behavior of Youth (NCSBY). And also, now the director of the Center on Child Abuse and Neglect the University of Oklahoma Health Sciences Center. Jane was my supervisor, mentor, still my friend, still my mentor for more than 17 years now. I know that there are always wheels turning to try to figure out how to get more training out there. And so it’s a good problem to have, but it can be frustrating for people. I also want to mention too, you acknowledge there is some advanced training in Trauma-Focused Cognitive Behavioral Therapy that was created, or co-developed, or approved, maybe it’s a better word, by (who I like to refer to as the Holy Trinity of Trauma) the co-developers of TF-CBT: Judy Cohen, Esther Deblinger, and Tony Mannarino. So that’s a good training. And you’re right, training the workforce that’s already there. I’d also mentioned that Jane and her team, Elizabeth Bard and Paul Shawler and Beverly Funderburk, created a similar adaptation for Parent Child Interaction Therapy for preschool-aged children. I think it’s important for people to know there’s current evidenced-based treatments that are widely used and trained that can be adapted to address these kinds of behavior problems. So, in terms of the field I’m curious to your thoughts, and this is going to be maybe not the fairest question to ask, but I think you’re of the mindset similar to lots of us that research is really important clinical practice, but there’s also kind of this logistical piece of getting partners on board. So, what are your thoughts on additional work that needs to be done in any or all of those areas? Where do you see the work needing to be done to create more opportunities for people?

**Michelle Miller:**

Sure. Great question. So, the workgroup has created several resources, and one that I think is underutilized is a video training series that we created. There are four modules, and it really is a good resource for multidisciplinary teams to watch together. That’s something we want to continue to let the field know what’s available. I think what happens when we develop resources is people are aware of them for a little while, and then they kind of get put on the shelf. You know we’re always pushing out information so that they know. We’ve got a page on NCA Engage that’s dedicated to problematic sexual behaviors. We created some best practice documents for CACs looking to start PSB programs, we’ve got fact sheets, we have several webinars that we’ve done so, there are resources there. The other thing that I think the field will be interested in, is we have subject matter experts that have worked with us on creating some guidance documents around doing forensic interviews with kids who have problematic sexual behaviors. So I think we have good resources, and the workgroup is doing a really nice job of not only having NCA-developed or sponsored resources, but really to look at the field like, “Is there a way we can centralize the research on problematic sexual behaviors so CACs or multidisciplinary team members can go to one spot and know that they’re going to get that?” So that really is a focus, the resources. And another thing we’re going to create is a community, so CACs have access to our learning management system, which is NCA Engage. And we know there’s a lot of interest, and we want people to be able to connect around the work that’s being done with problematic sexual behavior. So anyone who has an NCA Engage account, if they want to access resources from their peers, or they have a question, they can put it on that NCA Engage community.

**Jimmy Widdifield, Jr.:**

You know, I’ll mention that the video learning series that you mentioned at the beginning of the previous question is free. People can watch that for free, you get a certificate of attendance after it. We have been recommending that MDTs all watch that video learning series, because it is like what you need to know about the population, about treatment, but also about senior leadership and community partners and stakeholders and their involvement. And you can break that down into one segment. It’s about 20-24 minutes for each segment that’s easy to do in a meeting. I really love that NCA has taken this on. Your resources are so important and being able to have those available to people and so it’s easy to find, easy to access and resources for all the disciplines that could potentially be involved, right. I think that’s amazing, and it sounds like you know from your perspective that’s just something that needs to persist. More resources, more multi- and interdisciplinary resources, resources for families, resources for schools, etc., would all be great to have. The other thing you said around community, you’re going to create a community, and the word you used was connection. What are your thoughts on why connection is so important, between people when trying to help kids with problematic sexual behavior, the recipient children, and their families?

**Michelle Miller:**

Sure. When we look at our CACs, we’ve got CACs across the country. We have some CACs that are in urban areas, but we have a lot of CACs that are in rural areas, and I think that just creating an opportunity for professionals to connect with one another is important. They’re pretty good about connecting, oftentimes, with their community or maybe they’ve got some state networking that happens, but it can be really helpful for that clinician in Montana, or that CAC director who’s looking at starting a PSB program or, has that unique case or what seems to be unique case to come in and have that burning question and to be able to throw it out to professionals literally across the country. And really when we look at CACs that have developed programs, oftentimes their best information comes from connecting with other centers that are doing similar work. It’s great if we can provide that opportunity for them to connect with their peers. Sometimes it can feel isolating, like we’ve got these kids and families coming in and I’m not sure what to do, or what are the resources, or how do I go about setting up this program. We really want to provide that opportunity for connection across the field.

**Jimmy Widdifield, Jr.:**

I think that’s just great. You know, it’s more than networking and it’s not a listserv, it’s really helping people to connect in meaningful ways. Again, community is the word that you use, building a community, you’re creating a community because that’s what a community does. They really interact in meaningful and thoughtful ways for advancement. The magic question, of it all, you’re someone that’s been in the field of child maltreatment, child welfare, mental health, CACs, over your career. And the magic question then becomes, what are your hopes for the future of the field of children with problematic sexual behavior? Or if you were my client in therapy, I might ask you, “If you wake up tomorrow and everything is perfect in your mind what would that look like?” So, what do you think? What are your hopes and dreams, or if you wake up tomorrow and everything was accomplished, how would it look different?

**Michelle Miller:**

I think access, right? That kids, no matter where they live, have access to the same quality services. And so, if you have that caregiver and child in a rural area or an urban area, and they need treatment, we have treatments, they work right. So, my dream would be that regardless of where kids live that they have access. And I do think telehealth has helped with that some, although it’s still within states because of licensing laws. So that’s really important. And then the other piece of it is that we’ve done a lot of work around, is we can have the best treatments, but we also need to know how to engage kids and families in care. So, it really is about the access and then effectively engaging kids and families in care, whether it’s youth with problematic sexual behaviors or other children who come through CACs. Because, as we know, there are several that will never make it to their first appointment and then we look at kids that make it beyond the third appointment to treatment completion. So, we really want to do that. Another area is just, across the states there are different laws as far as age of prosecution. And then also registration laws, and so this is something that the workgroup is going to try to put together a matrix for so that we have an understanding of what’s happening across the country in regard to those two areas.

**Jimmy Widdifield, Jr.:**

So how do you hope, like what would you like to see different around the age of prosecution, registration? And that may not be a question you can really answer right now, but in a perfect world, what would be different for kids with problematic sexual behavior?

**Michelle Miller:**

It kind of goes back to an earlier discussion that you and I had, that we recognize that some of these behaviors are serious, and they have a definite impact. When we see there are laws that allow for an eight year old to be prosecuted, obviously that’s concerning. And then the same with the registration laws, if you have a youth that engages in problematic sexual behavior and then may end up on lifetime registry, that’s concerning. So, I think it’s one of those hard areas because there needs to be accountability, there needs to be community safety. We recognize that some of these behaviors are illegal behaviors, but I think that we just need to look at that more, right. And I think we do that by starting, looking at the differences that happen across the country because it is very different. And then there may be some advocacy efforts around some of that. I think it’s a little early to say what those advocacy efforts would be.

**Jimmy Widdifield, Jr.:**

It really seems like that whatever tools are available are being used in the best way possible, right. And so, if there needs to be prosecution, what’s the purpose? When it happens it’s really happening to help that child, all the children involved and their families and the community. And the same with any kind of registration, which typically will apply to older youth. But unfortunately, there are a number of examples in the country where registrations have been applied to the younger children. Just figuring out how do we best help these kids. Well, I want to live in your world, Michelle. I want to wake up and see the world perfectly through your eyes. I think your passion is just so clear in our conversation today. And I hope that people who are listening really can borrow some of that fire, what I keep referring to as the burn of your passion. So that they’re in their communities, no matter where they are. And also, would say that even if they’re not with the Children’s Advocacy Center. In Oklahoma, we have multidisciplinary teams that are not affiliated with the CAC for accreditation purposes and so really all of what you said, it just applies to any community, any MDT. It takes one person to get out there and say we’re going to make a difference, and this is just how life is going to be for us here, and we’re going to figure it out. Well, any final thoughts? You’ve shared a number of resources, which I love. I’m really excited to see the resource that comes out around the forensic interviewing of children with problematic sexual behavior. That’s a common inquiry about guidance. So, yeah, any final thoughts, any hip-hip-hoorays, or anything on your mind you want to say?

**Michelle Miller:**

I just want to thank you for the opportunity to talk about a topic that is so important, and it’s exciting that you have this podcast series that’s going to come out. Your contribution has been great. Jerri Sites, Southern Regional, so I really appreciate all of that.

**Jimmy Widdifield, Jr.:**

Well, thank you and right back at you, and at NCA, to know there is a nationwide organization that supports multidisciplinary teams and Children’s Advocacy Centers. And something that you said really early on, Michelle, is the goal here is to ensure that all children have safety—physical, psychological, whatever it is—that all children have safety, and that includes children who initiate harm or problematic sexual behavior. They deserve to be safe and get the best services as possible. Well, it has really been a pleasure. Let’s not wait until the next San Diego conference to get back together. Thank you for your generosity your thoughts and being so candid with us. We appreciate you. Keep up the great work.

**Michelle Miller:**

Great, thank you.