

ADVANCED TF-CBT TRAINING FOR PSB

The National Children's Alliance in collaboration with the University of Oklahoma Health Sciences Center invites you to apply to participate in an Advanced TF-CBT Training Implementing Trauma-Focused Cognitive Behavioral Therapy for Preschool and School-Age Children with Problematic Sexual Behavior Related to Trauma.

ELIGIBILITY

- 1. Must be professionally license eligible.**
- 2. Completed all aspects of TF-CBT training.**
- 3. Completed 3 full TF-CBT cases using a standardized assessment measure to assess progress; and**
- 4. Two of the three completed full TF-CBT cases must have actively involved caregivers.**

TRAINING DETAILS & REQUIREMENTS

- 1. Application and pre-test.**
- 2. Pre-work including readings and video training series.**
- 3. Webinar with clinicians and senior leaders.**
- 4. One-day, in-person/virtual platform, clinical training. Offered in 2 locations.**
- 5. Monthly consultation calls for 6 months.**
- 6. Follow up implementation call for senior leaders and clinicians.**

COST

\$325.00 per clinical trainee participant. Cost includes daylong training, materials, and consultation calls.

No additional cost for the Senior Leader webinar and Implementation call.

Cost does not include travel.

WHEN

One-Day Trainings:

Summer 2021 TBD—Virtual

Fall 2021 TBD—Oklahoma City, OK

HOW TO APPLY

Online link provided upon NCA funding.

OU-YPSB@ouhsc.edu



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CENTER ON CHILD
ABUSE AND NEGLECT

DESCRIPTION

Children with problematic sexual behavior (PSB) are defined as youth ages 12 and younger who engage in behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves (Chaffin et al., 2008). Though PSB among pre-school and school-age children can present without co-occurring diagnoses or symptoms, it is common for these children to present to clinical environments with a history of experiencing traumatic stress (e.g., neglect, sexual abuse, witnessing and/or experiencing violence within the home, separation or loss of caregivers) and concerns of Posttraumatic Stress Disorder (PTSD). Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an effective intervention in reducing PTSD symptoms and PSB when the PSB relates to their traumatic experiences.

This advanced TF-CBT training aims to increase and enhance participants' understanding of PSB in children 12 years and younger; assessment and treatment decision making skills when addressing children presenting with co-occurring symptoms of trauma and PSB; and confidence and competence in implementing TF-CBT for children with trauma-related PSB.

The advanced TF-CBT training is comprised of pre-work, daylong in person training, and consultation calls. In addition, a webinar for senior leaders and clinicians will be provided. Webinar with the clinicians and their senior leaders to discuss readiness to address PSB in youth in their community will be held about a month prior to the one-day live training. Because addressing PSB in children can be complicated due to a variety of factors, we are complementing the advanced clinical training with information for the agency on strategies for successful implementation of services.

The training and consultation will be conducted by a TF-CBT Trainer and a Problematic Sexual Behavior – Cognitive-Behavioral Therapy (PSB-CBT) Trainer.

DEFINITION OF SENIOR LEADER

A "Senior Leader" is defined as those having administrative responsibility within their organization and/or local mental health community with the authority to make systematic changes (policies, procedures, budgeting) to support the implementation of clinical services within their organization and/or in their community.

FOR MORE INFORMATION ABOUT PROBLEMATIC SEXUAL BEHAVIOR OF YOUTH, PLEASE SEE:

National Children's Alliance webpage on PSB:

<https://learn.nationalchildrensalliance.org/psb>

National Center on the Sexual Behavior of Youth:

www.ncsby.org



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Implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Preschool and School-age Children with Problematic Sexual Behavior (PSB) Related to Trauma

Description:

Children with problematic sexual behavior (PSB) are defined as youth ages 12 and younger who engage in behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves (Chaffin et al., 2008). Though PSB among pre-school and school-age children can present without co-occurring diagnoses or symptoms, it is common for these children to present to clinical environments with a history of experiencing traumatic stress (e.g., neglect, sexual abuse, witnessing and/or experiencing violence within the home, separation or loss of caregivers) and concerns of Posttraumatic Stress Disorder (PTSD). Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an effective intervention in reducing PTSD symptoms and PSB when the PSB relates to their traumatic experiences.

This advanced TF-CBT training aims to increase and enhance participants' understanding of PSB in children 12 years and younger; assessment and treatment decision making skills when addressing children presenting with co-occurring symptoms of trauma and PSB; and confidence and competence in implementing TF-CBT for children with trauma-related PSB.

The advanced TF-CBT training is comprised of pre-work, daylong in person/virtual platform training, and consultation calls. The training and consultation will be conducted by a TF-CBT Trainer and a Problematic Sexual Behavior – Cognitive-Behavioral Therapy (PSB-CBT) Trainer.

Training Details and Requirements:

1. Application and pre-test.
2. Pre-work for this training includes readings and completion of the free National Center on Sexual Behavior of Youth (NCSBY) Youth with Problematic Sexual Behaviors Video Training Series: <https://learn.nationalchildrensalliance.org/products/youth-with-problematic-sexual-behaviors>
3. Webinar with the clinicians and their senior leaders to discuss readiness to address PSB in youth in their community will be held about a month prior to the one-day live training. Because addressing PSB in children can be complicated due to a variety of factors, we are complementing the advanced clinical training with information for the agency on strategies for successful implementation of services. A "Senior Leader" is defined as those having administrative responsibility within their organization and/or local mental health community with the authority to make systematic changes (policies, procedures, budgeting) to support the implementation of clinical services within their organization and/or in their community.
4. One-day, in-person/virtual platform, clinical training. Offered in 2 locations.
5. Monthly consultation calls for six months for clinical trainees following the in-person/virtual platform training.
6. Follow up implementation call for senior leaders and clinical trainees to address strategies for successful application of the services.

Participation Eligibility:

1. Attendees must be professionally license eligible;
2. Completed all aspects of TF-CBT training (i.e., web-based, in-person/virtual platform, and consultation calls);

3. Completed three full TF-CBT cases using a standardized assessment measure to assess progress; and
4. Two of the three completed full TF-CBT cases must have actively involved caregivers.

Two Dates and Locations:

Date: Summer 2021

Location: *Virtual*

Date: Fall 2021

Location: *Oklahoma City, Oklahoma*

Costs:

\$325.00 per clinical trainee participant.

This cost includes the daylong training and calls with relevant handouts and training materials. There is no additional costs for the senior leader webinar and implementation call. The cost does not include travel costs or time to participate in the training activities.

For more information about problematic sexual behavior of youth, please see.

- National Children's Alliance webpage on PSB: <https://learn.nationalchildrensalliance.org/psb>
- National Center on the Sexual Behavior of Youth: www.ncsby.org

NCA PSB-CBT Agency Application

Complete the PSB-CBT Agency Application in it's entirety.

Please note that completing this application may take 20-30 minutes, or longer to complete. You will be able to 'Save & Return Later' if needed, but will be required to enter an auto-generated return code upon returning to the application in order to continue.

Also note, every clinician listed on this application will need to complete the PSB-CBT Provider Application, for this application to be considered for training.

The University of Oklahoma Health Sciences Center

Problematic Sexual Behavior - Cognitive-Behavioral Therapy Training and Technical Assistance Program

Thank you for your interest in clinical training and program implementation in the University of Oklahoma Health Sciences Center Problematic Sexual Behavior - Cognitive-Behavioral Therapy (PSB-CBT) school-age (7-12) group modality for children with problematic sexual behavior. This training is designed for communities in which a Child Advocacy Center is the lead agency or has partnered with a mental health or service agency to provide the direct care.

Person Completing Application

Date Application Completed

Application to be completed online when funding is secured.

SECTION I: Primary/Lead Agency, Partnering Agency, and Senior Leader Information

Agency Name

Agency Type

☐ Child Advocacy Center ☐ Mental Health of Service Agency

Agency Street Address

Agency City

Agency State

Agency Zip Code

Agency Main Phone

Agency Fax Number

Agency Website/URL

Will this person be the Primary Contact for the Problematic Sexual Behavior (PSB) Project Coordination?

☐ Yes ☐ No

Primary Contact Name

Primary Contact Title

Primary Office Phone

Primary Contact Email

Executive or Site Director

Name

Title

Email

Office Phone

Cell Phone

Fax Number

Partnering Agency - If applicable (must be whichever is not marked above)

Agency Name

Agency Type

- ☐ Child Advocacy Center
☐ Mental Health of Service Agency

Lead Person

Lead Person Email

Agency Street Address

Agency City

Agency State

Agency Zip Code

Agency Main Phone

Agency Fax Number

Agency Website/URL

What led your team and community to seek training in the PSB-CBT models for children/youth?

Will you be collaborating with other agencies for provision of clinical services to CHILD VICTIMS and OTHER FAMILY MEMBERS impacted by youths' PSB?

☐ Yes ☐ No

Service Agency Name 1

Services Provided

Service Agency Name 2

Services Provided

Senior Leaders

Participating teams will include one (1) Senior Administrative Leader. A "Senior Leader" is defined as individuals having administrative responsibility within their organization and/or local mental health community with the authority to make systematic changes (policies, procedures, budgeting) to support the implementation of PSB-CBT within their organization and/or across the community.

The Primary and Partnering Agencies (i.e., Child Advocacy Center and Mental Health Agency) must each have a Senior Leader participating in the project. If these persons are different from the individuals noted above, then complete the following. If same as person(s) above, then provide their names below. A minimum of two (2) (CAC and MHA) and up to four (4) senior leaders can be identified.

Senior Leader 1

Senior Leader Name

Agency Name

Agency Street Address

Agency City

Agency State

Agency Zip Code

Agency Main Phone

Email

Agency Website/URL

Senior Leader 2

Senior Leader Name

Agency Name

Agency Street Address

Agency City

Agency State

Agency Zip Code

Agency Main Phone

Email

Agency Website/URL

Clinician Information - Indicate status of PSB clinical team(s)

The clinical team (for family modality) should include at least two (2) clinicians who will pursue reaching fidelity in the model and a clinical supervisor. The clinical team (for group modality) should include at least four (4) clinicians who will pursue reaching fidelity in the model and a clinical supervisor if that person is not one of the group clinicians. Ideally, the clinical team is comprised of two (2) clinicians for the caregivers' group and two (2) clinicians for each children's group.

- ☐ No identified clinicians
☐ No identified clinicians; in process of hiring/assigning
☐ Clinicians hired/identified

Clinician 1

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)

Clinician 2

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)

Clinician 3

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)
-

Clinician 4

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)
-

Clinician 5

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)
-

Clinician 6

Clinician Name

Clinician Degree & Credential(s)

Clinician Agency

Role on PSB Program

- ☐ Senior Leader
☐ Clinical Supervisor
☐ Clinician
(Check all that apply.)

Non-Clinical PSB Project Personnel - Provide information on other relevant project personnel who will not be participating in the clinical training, but will be project support/administrative staff.

Non-Clinical PSB Project Personnel 1

Non-Clinical PSB Project Personnel Name

Non-Clinical PSB Project Personnel Role

Non-Clinical PSB Project Personnel Email

Non-Clinical PSB Project Personnel 2

Non-Clinical PSB Project Personnel Name

Non-Clinical PSB Project Personnel Role

Non-Clinical PSB Project Personnel Email

Community Stakeholders Involved in Project Implementation and/or Team Collaboration**(e.g., Juvenile Justice agencies, Child Welfare, Child Advocacy Center, referral sources, etc.)**

Stakeholder Agency Name 1

Stakeholder Name

Stakeholder Role on PSB Project

Will provide referrals of children with PSB?

☐ Yes
☐ No

Stakeholder Agency Name 2

Stakeholder Name

Stakeholder Role on PSB Project

Will provide referrals of children with PSB?

☐ Yes
☐ No

Stakeholder Agency Name 3

Stakeholder Name

Stakeholder Role on PSB Project

Will provide referrals of children with PSB?

☐ Yes
☐ No

Who else in your community believes there is a need for treatment services for children with PSB?

Among relevant stakeholders, who are the current "champions" (i.e., specific people) for evidence-based treatments for children with PSB? If none are identified, who are potential "champions"?

In what ways are the leaders in the agency committed to developing, establishing, and sustaining treatment for children with PSB? What levels of leadership have demonstrated this commitment?

Describe your agency's relationships with relevant stakeholders (e.g., Child Protection Services, Juvenile Justice, local schools, etc.). What strategies do you use to establish, enhance, and sustain these relationships?

SECTION II: Lead Agency Service History

Has your agency provided treatment for children with PSB prior to this application?

- ☐ Yes
☐ No

What treatment settings does your agency currently use specifically for children with PSB?

- ☐ Out-patient
☐ In-patient
☐ Residential/Group Home
☐ In-home
 (Check all that apply.)

What treatment modalities are used specifically for children with PSB?

- ☐ Individual therapy
☐ Family therapy
☐ Group therapy/Treatment
 (Check all that apply.)

Please list the ages served and describe the treatment (e.g., theoretical orientation, modality, etc.).

If treatment manuals are available, please attach for review.

What are the typical reasons the children with PSB are referred for treatment?

- ☐ Problematic sexual behaviors
☐ General behavior problems
☐ ADD/ADHD
☐ Abuse/Victim issues
☐ Legal offense
☐ Other
 (Check all that apply.)

What is the estimated number of children (AGES 0-2) referred to your agency for treatment of PSB in the past six (6) months?

What is the estimated number of children (AGES 3-6) referred to your agency for treatment of PSB in the past six (6) months?

What is the estimated number of children (AGES 7-9) referred to your agency for treatment of PSB in the past six (6) months?

What is the estimated number of children (AGES 10-12) referred to your agency for treatment of PSB in the past six (6) months?

What is the estimated number of children (AGES 13-14) referred to your agency for treatment of PSB in the past six (6) months?

What is the estimated number of children (AGES 15-18) referred to your agency for treatment of PSB in the past six (6) months?

Who refers children with PSB to your agency?

- ☐ Parent/Caregiver
 - ☐ Foster parent
 - ☐ School
 - ☐ Mental health professional
 - ☐ Insurance companies
 - ☐ Child Advocacy Center
 - ☐ Child Protection Services
 - ☐ Juvenile Justice (e.g., probation, court, public defenders, prosecutors, etc.)
 - ☐ Law Enforcement
 - ☐ Physician, other medical professional
 - ☐ Other
- (Check all that apply.)

What services for children with PSB are currently available in your service area that are not provided by your agency?

Does your agency provide treatment to children who have experienced trauma (e.g., child abuse and neglect, etc.)?

☐ Yes ☐ No

What percentage of these children also have PSB?

☐ 0-10% ☐ 11-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Describe your agency's philosophy on evidence-based treatments, including treatment fidelity.

Does your agency provide Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)?

☐ Yes ☐ No

Describe the TF-CBT training received and how fidelity to the TF-CBT model is ensured.

Does your agency provide Behavior Parent Training (e.g., Parent-Child Interaction Therapy, Barkley Noncompliant Child, Incredible Years, Positive Parenting Program, etc.) to families?

☐ Yes ☐ No

Describe the training received in Behavior Parent Training and how fidelity to the model(s) is ensured.

Does your agency provide any other evidence-based treatments to your clients?

☐ Yes ☐ No

Please provide more information on other evidence-based treatment provided.

If your agency is providing evidence-based treatments, what supports has the leadership of the agency provided for the clinical staff to learn and implement the treatments with fidelity?

Describe your lead agency's productivity requirements for providers.

SECTION III: PSB Program Development

Describe the goals and/or plans for implementing a group treatment PSB-CBT program for children, their child victims, and their families. How do you envision the program in your agency?

We recognize that written policies and procedures or Memorandums of Understandings (MOU) with stakeholders may not be in place for serving children with PSB. The following questions are designed to gain baseline information about current practices.

If policies and procedures or MOUs are available, please attach.

Does your agency currently have protocols, policies and procedures, or MOUs in place that address the following:

Referrals of children with PSB (e.g., recruitment, referral procedures, inclusion criteria, screening procedures, etc.)? ☐ Yes ☐ No

Intakes/Assessments of children with PSB? ☐ Yes ☐ No

Involvement of family members in services for children with PSB? ☐ Yes ☐ No

Treatment of children with PSB (e.g., clinical decision making for treatment planning, establishment of treatment plan, treatment adherence, management of missed sessions, graduation criteria)? ☐ Yes ☐ No

Coordination of treatment for family members, including other children impacted by children's PSB? ☐ Yes ☐ No

Qualifications, training, and continuing education for treatment providers? ☐ Yes ☐ No

Multidisciplinary team activities to address the needs of children with PSB, their child victims, caregivers, and other impacted by the PSB? ☐ Yes ☐ No

Data sharing with outside/independent program evaluators? ☐ Yes ☐ No

Management of care and coordination of services with -

Juvenile Justice Services? ☐ Yes ☐ No

Child Protective Services? ☐ Yes ☐ No

Schools? ☐ Yes ☐ No

Victim advocacy agencies? ☐ Yes ☐ No

Other social services/mental health/community services systems?

☐ Yes ☐ No

Any additional of other information about policies, procedures, and/or MOUs?

What types of services do you plan to have available for the children with PSB and the family members?

- ☐ Individual therapy
☐ Individual Cognitive Behavior Therapy
☐ Group therapy/Treatment for PSB
☐ Abuse-focused Cognitive Behavioral Therapy
☐ Family Therapy
☐ Trauma-Focused Cognitive Behavioral Therapy
☐ Behavior Parent Training
☐ Marriage Counseling
☐ Case Management
☐ Mentoring Services
☐ In-home Services
☐ School-based Services
☐ Other
(Check all that apply.)

What are the inclusion and exclusion criteria to accept children for this program:

Age range?

Restrictions or requirements based on adjudication status?

☐ Yes
☐ No

Details?

Restrictions based on sexual behavior exhibited?

☐ Yes
☐ No

Details?

Language requirements or restrictions?

☐ Yes
☐ No

Details?

Cognitive functioning restrictions?

☐ Yes
☐ No

Details?

Family composition requirements or restrictions?

☐ Yes

☐ No

Details?

Requirements or restrictions related to residential placement?

☐ Yes

☐ No

Details?

Other inclusion of exclusion criteria?

☐ Yes

☐ No

Details

How will the agency identify or recruit potential clients and promote the program in the community?

What is the plan for clients to be available to participate in the PSB-CBT program immediately following PSB-CBT training?

Caregiver involvement in services is essential for treatment of PSB. What strategies to enhance parent engagement in services do you use? What questions do you have on this issue?

What is the plan for serving the family, including the other children who may or may not have been involved in the PSB?

Describe the cultural and ethnic diversity or clientele served by your agency, including the percentages of racial/ethnic groups served. What supports and challenges do you anticipate for provision of PSB treatment that addressed sensitive topics, including sexual behavior of children and sex education.

What support do you anticipate from the community stakeholders listed in Section I?

What program/agency/services are not yet involved with your agency that you anticipate will be important to include?

What is the plan to recruit and train new providers in the PSB-CBT model(s) and/or train existing providers trained in the model(s)?

Agencies who have primarily served child victims in the past sometimes have personnel who struggle with providing services for PSB. How do you anticipate your staff will perceive addressing PSB of youth? Are there any areas you would like addressed in training?

What is the physical space capacity within the agency to provide simultaneous treatment groups?

Describe plans for allowing the team time to staff and prepare for the PSB-CBT group sessions.

What problems/barriers, including system barriers (e.g., school, Juvenile Justice, Child Protective Services, etc.), do you foresee in establishing this program?

Do you have a planned assessment protocol for the program? If so, what will be the assessment protocol and measures for the children with PSB and their caregivers (such as, Child Behavior Checklist, Child Sexual Behavior Inventory, Trauma Symptom Checklist for Children)? If not, what measures and procedures are you considering?

What will be the assessment protocol and measures for the child victims and/or other affected children and their caregivers?

What is the agency's experience in data collection, sharing, and evaluation for treatment services?

What ideas/plans do you have regarding quality improvement and internal evaluation of the PSB-CBT treatment program?

How does the agency currently fund/sustain clinical services and programs?

What budget questions do you have (e.g., billing for services, reimbursement, program funding and sustainability, etc.) regarding the PSB-CBT Program?

What is the plan to financially sustain the PSB-CBT Program?

What additional training and technical assistance (T/TA) needs do you anticipate?

Information Technology (IT) Support

This information is used to help plan for fidelity monitoring (i.e., reviewing recordings of sessions) during clinical consultation and for additional training purposes.

Does the agency have an IT department/staff? ☐ Yes
☐ No

May we contact IT staff about IT questions? ☐ Yes
☐ No

Name(s)/Contact Information (e.g., email, phone).

Does the agency use Microsoft Office or similar product? ☐ Yes
☐ No

Details/Version?

What are the agency policies and/or experiences for video/audio recording clients and sharing that information with designated others (i.e., trainers/consultants) or allowing others to view live-streaming sessions?

Indicate if the agency has the following equipment available for webinars and recording sessions:

- ☐ Webcam, digital camcorder, etc.
 - ☐ Speakers (built-in to computer or stand-alone)
 - ☐ Polycom or other comparable secure system
 - ☐ Microphone (built-in to computer or stand-alone)
 - ☐ Audio recorder (cassette or digital)
- (Check all that apply.)

SECTION IV: OU PSB-CBT-S Model Fidelity Requirements

Fidelity to evidence-based treatments is a critical component to ensuring that the model is implemented in a way that promotes positive treatment outcomes as documented in the research on the model. Implementing the OU PSB-CBT group model with fidelity is a precursor to developing within-agency trainers for the PSB Program and a necessary component for program sustainability. At a minimum, two clinicians who will be implementing the PSB-CBT group treatment curriculum must pursue reaching fidelity in the group model. Clinicians seeking to be identified as implementing the PSB-CBT group model with fidelity must meet the following requirements for school age curriculum. Clinicians are encouraged to gain fidelity in both caregivers' and children's groups. Completion of these requirements and determination that the clinician meets fidelity to the model is determined by a decision of the OU PSB-CBT Master Trainers.

- 1 - Completion of all required readings and pre-work assignments resulting from review of the exploration phase materials.
- 2 - Completion of the National Children's Alliance video series on Youth with Problematic Sexual Behavior.
- 3 - Attendance and active participation in a PSB-CBT intensive clinical training approved by the OU PSB-CBT T/TA Program.
- 4 - Completion of at least one-year (12-months) of experience conducting PSB-CBT treatment with a minimum of four families (e.g., caregiver and youth) in group modality, or six-months with a minimum of two families in the family modality through completion.
- 5 - Implementation of the PSB-CBT model per the treatment curriculum and with appropriate conceptualization of youth with PSB.
- 6 - Active participation in consultation calls facilitated by an OU PSB-CBT Approved Trainer until fidelity to the model has been met. "Actively participated" means, at a minimum, directly involved in consultation discussion, regularly sending recorded sessions to a Master Trainer for fidelity monitoring, and evidence of application of feedback from consultation by a PSB-CBT Approved Trainer.
- 7 - Regularly submit recordings of PSB-CBT sessions for fidelity monitoring by a Master Trainer or Approved Trainer. Clinicians are encouraged to review own recordings using the OU PSB-CBT fidelity monitoring forms to evaluate their own performance.
- 8 - Demonstrate competence in assessing PSB families' progress in treatment using clinical judgment and the CSBI (and other standardized measures) to make appropriate decisions about completion of PSB-CBT treatment services.
- 9 - Upon completion of requirements, clinician must agree to continue to implement the OU PSB-CBT model with fidelity and adhere to administrative decisions from OU PSB-CBT Master Trainers or approved Within-Agency Trainer.

Will the agency provide the administrative and clinical support for clinicians seeking to meet criteria for fidelity?

- ☐ Yes
☐ No

Please explain.

By signing here, I, as Senior Leader on this project, agree to support all clinicians listed in the application to complete fidelity requirements in the PSB-CBT model.

By signing here, I, as Senior Leader on this project, I recognize and accept responsibility that the success of my agency is built on the leadership I will provide throughout this training.

I commit to supporting the success of the program through active participation in all live trainings, all senior leader calls and web-based trainings, providing in-agency leadership support, as well as, facilitating the development of a community change team to address PSB of youth in my community in partnership with the multidisciplinary team. This community change team will focus on improving practice, policies, and procedures to address PSB of youth.

Further, I commit to achieving agency milestones to support the successful implementation and sustainability of the PSB-CBT program.

Add any additional comments, information, or questions relevant to this application.