

The University of Oklahoma Health Sciences Center

Problematic Sexual Behavior - Cognitive-Behavioral Therapy

Training and Technical Assistance Program

NCA - Learning Collaborative Information Guide



FOR MORE INFORMATION

about treatment for problematic sexual behavior of youth, please contact:

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This guide has useful information about the Learning Collaborative training in the Problematic Sexual Behavior - Cognitive-Behavioral Therapy (PSB-CBT) school-age model, which includes training in the assessment and treatment of youth with problematic sexual behaviors, their victims, and their families.

- **Treatment model**
- **Training requirements**
- **Learning Collaborative structure and key elements**
- **Learning Collaborative participation**
- **Participation requirements to consider**
- **Estimated PSB-CBT Training Cost**

Training opportunities are offered by the PSB-CBT Training and Technical Assistance Program at the University of Oklahoma Health Sciences Center.

If interested in training for a different age group, (i.e., Preschool or Adolescent), please contact OU-YPSB@ouhsc.edu.



Information Guide Overview

Table of Contents

- **Information Guide Overview** -----2
Program Background, and Project Training and Technical Assistance Team
- **Treatment Model** -----3
Model Overview, Facts, Research, and Outcomes
- **Training Requirements** -----4
Fidelity Requirements, and Characteristics of Successful Clinicians
- **Learning Collaborative Structure and Key Elements** -----5
Background, Training Components, and Map
- **Learning Collaborative Participation** -----6
Key Dates, Team Requirements, and Application Process
- **Participation Requirements to Consider** -----7
Time Requirements and Associated Costs
- **Estimated PSB-CBT Training Cost** -----8

Program Background: PSB-CBT, a comprehensive family-based intervention for children with problematic sexual behaviors, was developed and tested at the Center on Child Abuse and Neglect, within the University of Oklahoma Health Sciences Center. Training and technical assistance is offered through our **PSB-CBT Program** to facilitate dissemination of up-to-date information and implementation of evidence-based treatments for families with children with problematic sexual behaviors. To support community implementation of PSB-CBT, the training team has integrated the National Child Traumatic Stress Network (NCTSN) Learning Collaborative model to engage and train personnel at behavioral health agencies, Children’s Advocacy Centers, and other service agencies.

Project Training and Technical Assistance Team: This PSB-CBT Learning Collaborative will be led by University of Oklahoma Health Sciences Center staff, who are experienced trainers in PSB-CBT. The PSB-CBT program has significant experience in research, evaluation, training and services for problematic sexual behavior of youth.

PSB-CBT Training and Technical Assistance Team

Clinical Trainers:

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Andrew Monroe, MSW, LCSW
Jennifer Shields, PhD
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Erin Taylor, PhD
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Consultants:

*Clinical Trainer
**Senior Leader Trainer

TTA Management:

Trista Campos, BA - PI Admin Support
Steven Fowler, BS - Database Manager
Kristina Kchao, AA - Project Admin Support
Carrie Schwab, AA - Program Coordinator

Financial Management:

Gandra Lovell, BS - Contract/BAA Coordinator
Angela Raper, BA - Grant Manager

Senior Leader Trainers:

Tricia Gardner, JD
Karen Hill, MS**
Renee Roman, MSW, LMSW**
Jane Silovsky, PhD

Treatment Model

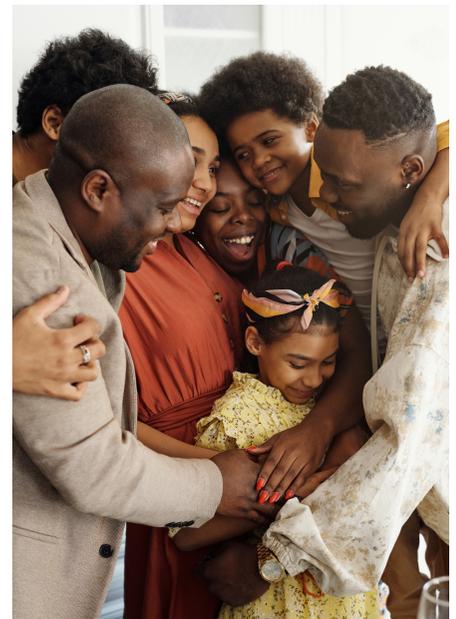
Problematic Sexual Behavior - Cognitive-Behavioral Therapy

While sexual exploration and play are a natural part of childhood sexual development, some children's sexual behavior indicates **more than harmless curiosity**. In cases where sexual behaviors pose a risk to the safety or well-being of the child and other children, it is imperative for families and communities to step in and intervene through proper identification, support, and treatment. The PSB-CBT model is a family-oriented, cognitive-behavioral treatment group or family intervention model designed to eliminate problematic sexual behaviors and improve prosocial behavior and adjustment in children, while reducing stress and enhancing skills in parents and caregivers. The PSB-CBT treatment model is nationally recognized and empirically-supported intervention. Training opportunities are for the **school-age model**, for children (ages 7-12 years), which is conducted in 16-18 weekly, 90-minute sessions. The group modality includes sessions with the children and caregivers together concurrently. These sessions are about once a month. For the family modality, sessions vary in terms of setup: Caregiver alone, child alone, and the family together.

Our previous evaluations and experience have demonstrated an advantage for successful community implementation and sustainability of the PSB-CBT program when partnering with Children's Advocacy Centers who have leadership and investment in improving practice and policy to address problematic sexual behavior of youth. Priority for this unique training opportunity will be given to programs who are able to start serving youth as quickly as possible after the clinical training. This is most likely to occur when agencies already have: (1) existing referrals of youth with problematic sexual behavior (or referral sources); and (2) collaborative relationships with community agencies (e.g., child protective services, children advocacy centers, law enforcement, and juvenile justice).

Important Facts about the PSB-CBT Treatment Model:

- Cognitive-behavioral and social ecological approach
- Group treatment program with 6-8 children in a group, or
- In a family treatment modality
- Requires active involvement of parents or other caregivers
- Short-term, community-based outpatient program
- Referrals to the program often come from a variety of community partners (e.g., child protective services, juvenile justice, schools, other mental health providers, and families themselves).
- Low recidivism (2%) found in a 10-year follow-up of school-age youth (Carpentier, Silovsky, Chaffin, 2006)
- Programs for adolescents, school-age children up to age 14, and preschoolers available



PSB-CBT Research and Outcomes:

The original group treatment program for children with PSB protocol was developed by Barbara Bonner, C. Eugene Walker, and Lucy Berliner. This school-age group treatment program was evaluated rigorously by comparing it to a group play therapy approach. Initial outcomes demonstrated improvements with reduced PSB and other nonsexual behavior problems (Bonner, Walker, & Berliner, 1999). These youth were then followed up in administrative databases for state law enforcement, juvenile services, and child welfare. In this 10-year follow-up study, children who were randomized to the PSB-CBT group treatment were found to be no different from a clinical comparison group (i.e., children who referred due to disruptive behavior problems but had no known PSB), both with very low rates of future sexual offenses detected by child welfare, juvenile services, or law enforcement (both around 2 to 3%). The children randomized to the play therapy group had significantly higher rates of future problematic sexual behavior (10%) (Carpentier, Silovsky & Chaffin, 2006). In addition to this research, a small but reasonably rigorous body of PSB treatment effectiveness research has emerged, sufficient to guide recommendations (Bonner et al., 1999; Cohen & Mannarino, 1996, 1997; Pithers, Gray, Busconi, & Houchens, 1998; Silovsky, Niec, Bard, & Hecht, 2005; St. Amand, Bard, & Silovsky, 2008).

Training Requirements

PSB-CBT Model Training and Fidelity Requirements

Providers seeking to become certified to implement PSB-CBT must meet the following training and consultation requirements for the school-age model. Through this process, providers implementing the group modality **will need to complete requirements for both youth and caregiver groups**. Completion of these requirements and fidelity in the school-age group or family modality is determined by the OU PSB-CBT Master Trainers, or Approved Within-Agency Trainer. Training, including fidelity modality requirements include:

1. Completion of the full exploration of PSB fit-to-agency process as demonstrated by completion of the OUHSC PSB-CBT Program Organizational Assessment and Agency Application after the community has self-evaluated readiness.
2. Completion of all required readings and pre-work assignments resulting from review of the exploration phase materials.
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 through completion.
5. Implementation the PSB-CBT model per the treatment curriculum and with appropriate conceptualization of youth with PSB.
6. Active participation in consultation calls, at minimum 80% attendance, facilitated by a 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. Therapists 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 successful completion, the therapist must agree to continue to implement the OU PSB-CBT model(s) with fidelity and adhere to administrative decisions from OU PSB-CBT T/TA Program regarding the OU PSB-CBT model. Meeting the above requirements is the first step to becoming a Within-Agency Trainer.

Characteristics of Providers Successfully Trained in PSB-CBT:

- Cognitive-behavioral and family systems orientations
- Comfortable discussing sexual development and sexual content with children and caregivers
- Able to effectively engage caregivers, family members, and youth
- Comfortable with directive approaches in clinical treatment
- New providers who have a mature approach to families or seasoned provider who have an approach and conceptual understanding similar to PSB-CBT
- Strong organizational skills (e.g., ability to coordinate, community outreach, and managing referrals)
- Good communication skills with families and referral sources
- Prepared to actively and directly collaborate with partnering agencies and community stakeholders such as probation and child welfare
- Able to apply and teach parents behavioral management and relationship building skills
- Experienced with group treatment modality (caregiver and child)
- Comfortable managing child/youth behavior in a group or family therapy setting
- Strong presentation and facilitation skills for group training and education sessions
- Invested in sustaining the program



Learning Collaborative Structure and Key Elements

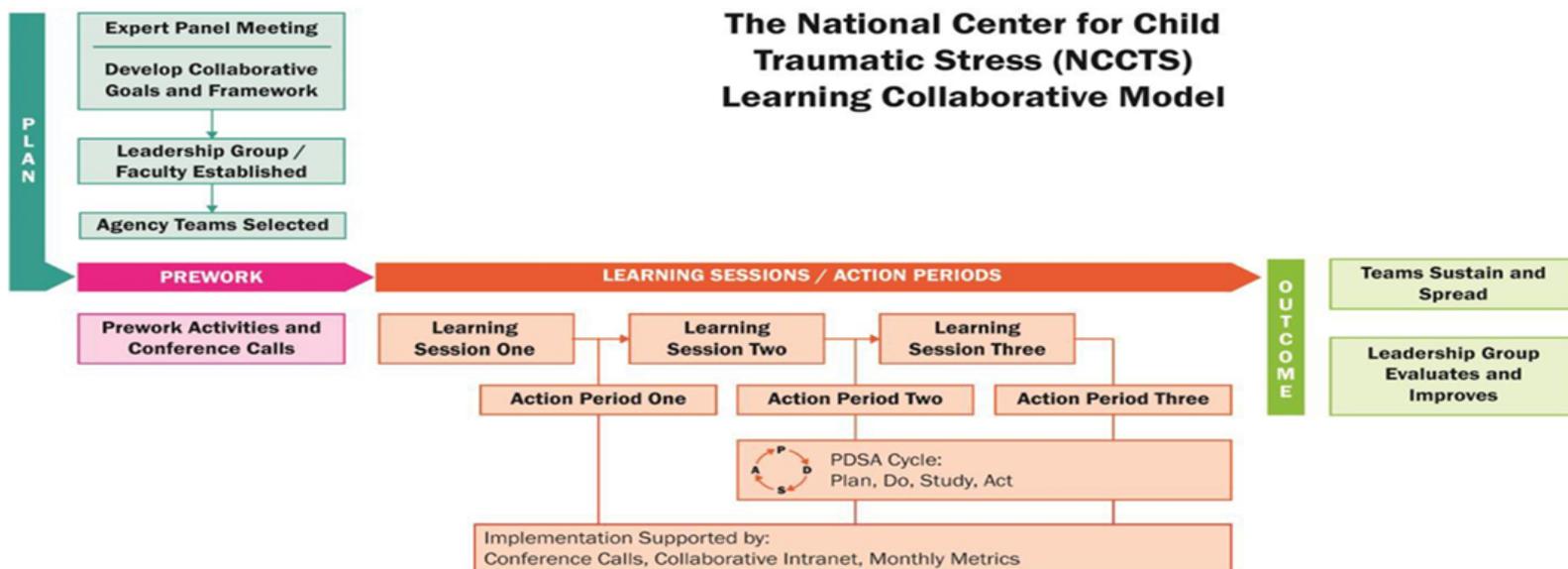
A Learning Collaborative is:

- An intensive training model that focuses on adoption of best practices in diverse service settings and emphasizes adult learning principles, interactive training methods, and skill-focused learning
- A learning process that brings together multiple teams to work on improving a process, practice, or system and learning from team members collective experiences and challenges
- A model that requires focused work by each team to adapt effective practices to their settings over the course of a 12-month learning process
- A model that uses methods for accelerating improvement in settings and capitalizes on shared learning and collaboration
- Designed to ensure organizational “give and take” about critical issues related to adoption and adaptation

The OU PSB-CBT program has examined training strategies and success to support implementation and sustainability of PSB-CBT. We found that training individual providers in isolation is not successful. Rather, **successful implementation is more likely achieved with a learning collaborative model in which service agency leadership are invested in and actively involved in the training**, as well as key community agencies (e.g., child protective services, law enforcement, and schools). The Learning Collaborative was adapted from the Breakthrough Series Collaborative methodology first developed in 1995 by the Institute for Healthcare Improvement and Associates in Process Improvement. In 2005, Duke University and the University of California, Los Angeles (functioning as the National Center for Child Traumatic Stress), began adapting the methodology to focus on spreading, adopting, and adapting evidence-based practices within organizations that serve children impacted by trauma. **Our adapted Learning Collaborative includes intensive training in PSB-CBT**, as well as training methods designed to help participating agencies and community make necessary organizational and policy changes to fully implement and sustain the practice.

Benefits of Participation:

- Clinical participants receive high quality training case and consultation in PSB- CBT from PSB-CBT Master Trainers in the intervention
- Providers are able to receive continuing education credit for face-to-face sessions, when needed.
- Teams learn valuable quality improvement methods and strategies for establishing new PSB-CBT programs
- Teams receive support in engagement, outreach, education, and teaming strategies with local stakeholders, preferably in a multidisciplinary team environment.
- Teams receive training and consultation in the development of data collection and reporting systems to support long-term sustainability of the intervention with fidelity
- Agencies benefit from the sharing of best practices among participating teams to enhance clinical skill, facilitate client engagement and strengthen organizational support
- Agencies increase their organizational capacity in order to skillfully deliver and sustain PSB-CBT after completion of Learning Collaborative



Learning Collaborative Participation

Team Requirements:

For the **group treatment modality**, teams consist of at least 4 clinicians and a supervisor, while the **family therapy modality**, teams consist of at least 2 clinicians and a supervisor. Participating teams will also need to include **Senior Administrative Leader(s)**. 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 PSB-CBT within their organization and/or in their community. If the Child Advocacy Center (CAC) has partnered with another agency to provide direct services, Senior Administrative Leaders from **both** the CAC and the service agency are required to participate. **All members** of the team are expected to:

- Complete pre-work learning activities
- Attend the three-four “Learning Sessions”, each 2-3 days in length
- Completion of at least one year (12 months) of conducting PSB-CBT treatment with a **minimum of four families** in the group modality, or six months with **two families** in the family modality.
- Participate in various learning activities and utilization of virtual workspace to help integrate learning during “action periods”
- Actively participate in regularly scheduled calls including monthly Senior Leader calls and clinical consultation calls throughout duration of Learning Collaborative

Application Process:

The Agency Application, Provider Application, and supporting documentation required for participating in the Learning Collaborative will be made available from the PSB Coordinator.

Senior Leaders typically submit the Agency Application; however, the application should be completed collaboratively by agency teams.

Agencies are encouraged to participate in the Information Call to hear additional information regarding the project and/or application process.

OU PSB-CBT T/TA Program staff will notify teams upon receipt of their application and supporting team member provider applications by email. If a team does not receive this notification, then they are responsible for contacting the OU PSB-CBT T/TA Program staff to determine if the application was received.

OU PSB-CBT T/TA Program staff will work with the lead agency to develop training dates, application process details, review of applications, and systems change. Typically, the PSB-CBT Learning Collaborative model has been delivered in Oklahoma City, OK when there are multiple teams from different states; however, for statewide initiatives, the trainers will travel to a centrally located area within the specific state to deliver the training.

Key Project Dates:

Information Call

February 11, 2022 11:00 CST

Application Release Applications Due

March 18, 2022

Welcome Call

April 15, 2022 12:00 CST

Senior Leader Call

April 22, 2022 11:00 CST

Pre-work Activities

Learning Session 1 (3days)

May 2022

Action Period 1

Learning Session 2 (3 days)

July 2022

Action Period 2

Learning Session 2.5 (3 days)

September 2022

Learning Session 3 (2 days)

December 2022

Participation Requirements to Consider

Time Requirements and Associated Costs :

OU PSB-CBT Master Trainers' time and expertise, training resources (learning session venues, conference calls, materials, etc.) are all included in the cost of training. However, participation in the Learning Collaborative will require significant allocation of staff time and agency resources in support of the required clinical training and anticipated organizational changes necessary to implement and plan for the sustainability of PSB- CBT, include the following costs to the agency:

- Staff time, travel, and lodging costs associated with participation in the three face-to-face learning sessions. All team members are required to participate in these sessions, including the Senior Leaders.
- Agency resources necessary to access web-based training resources including accessibility to an on-line platform, as well as access to technology for video/audio sharing.
- Staff time for completion of all pre-work activities, Action Period activities, case consultation activities, and implementation of team-based activities including monthly team meetings and model-specific clinical supervision. These activities are spread throughout the 12 months of the project and may vary by agency as to their frequency and duration. Estimates of these time requirements are provided in the table below.
- Agency resources necessary to provide appropriate treatment space as outlined by the OU PSB-CBT T/TA Program.
- Agency resources necessary to utilize required clinical assessment measures (e.g., Child Sexual Behavior Inventory) routinely for at least four families.
- Agency resources necessary to record clinical sessions and transmission of recordings to the PSB-CBT Master Trainers.

LC Training Component	Approx Time Req & Freq	Senior Leader	Clinician
Implementation team meetings; and pre-work for Learning Sessions	1.5 hours per month	✓	✓
Monthly Senior Leader calls	1 hour per month	✓	
Bi-weekly clinical consultation calls	1 hour every other week		✓
Clinical session prep time	30 minutes per session		✓
In-house model-specific clinical peer supervision	1 hour recommended per week		✓
Review and completion of Learning Collaboration assignments including prep assignments for monthly calls	1 hour per month	✓	✓
Clinical session video, audio, and file uploading	30 minutes per session		✓
Community outreach for education and referrals	varies	✓	✓
3-4 Learning Sessions (in-person or virtual)	Totaling 7 days of training	✓	✓

PSB-CBT Training Cost

PSB-CBT Estimated Training Costs :

The Learning Collaborative will serve as a forum to provide training and technical assistance to support system change for youth with problematic sexual behavior. Utilizing the community-based Learning Collaborative training model each site will implement a comprehensive community-based system utilizing evidence-based treatment planning and evidence-based treatments for youth with problematic sexual behaviors and their caregivers.

Training depends on a number of factors, including number of teams trained, number of individuals within the team trained, location of training, family or group treatment modality, and coverage of cost for materials and location. Costs listed below are estimates and interested parties should contact the OU PSB-CBT T/TA Program prior to contracting. Costs can change without notice prior to contracting.

Team = 4 Clinicians + Supervisor + Senior Leader

Cost for teams use of the **Group** or **Family** Modality has an estimated cost between **\$4,500-\$5,500 per clinician**, and **\$2,500 per Clinical Supervisor*/Senior Leader**.

*If Clinical Supervisor will be meeting fidelity requirements, cost would be the same as clinician.

Costs included in the above rates:

- Provision of pre-work materials
- Information Call
- Review of the [Agency Application](#) and [Provider Applications](#)
- Welcome Call
- Live PSB-CBT Training in Oklahoma City, OK
 - Learning Session 1: Overview and Assessment Training (2 Days)
 - Learning Session 2: Clinical Treatment Training (3 Days)
 - Learning Session 3: Advanced/Booster Training (2 Days)
- PSB-CBT training kit for the group or family modality
- Printing costs, including the Background and Program Development Manual, the PSB-CBT School-Age Treatment Manual, and handouts for trainings for each trainee
- Twice a month clinical consultation calls for up to 12 months depending on trainees' progress toward fidelity, which includes review of recorded therapy sessions.
- Access to OUHSC OneDrive to upload session recordings for fidelity monitoring
- Access to the National Center on the Sexual Behavior of Youth (NCSBY) private resources section
- Senior Leader/Administration Calls every month
- Additional training and technical assistance, as needed

Costs that are NOT included in the above rates:

- If training is outside of Oklahoma (e.g., statewide Learning Collaborative initiatives), then travel costs for the OU PSB-CBT TTA trainers (2-3 clinical trainers, 1 senior leader trainer) for each Learning Session. Travel costs typically include:
 - Airfare
 - Lodging
 - Per Diem
 - Local Transportation
 - Mileage and Parking
- Trainee's travel for each Learning Session
- Evaluation of the outcomes of the youth in the PSB-CBT treatment program
- Quality improvement efforts of the sites.