

OU Problematic Sexual Behavior - Cognitive Behavior Therapy Agency Readiness Guide

*A Readiness Tool to Assist Your Agency in
Planning to Provide Community-Based Services
for Youth with Problematic Sexual Behaviors*



AGENCY READINESS GUIDE

Thank you for your interest in developing a program to serve children with problematic sexual behaviors and their families with the Problematic Sexual Behaviors – Cognitive-Behavioral Therapy (PSB-CBT) Program. The purpose of this guide is to provide you (and your agency) with a tool that can be used to examine your agency's level of readiness to implement, and more importantly sustain, a treatment program for youth with problematic sexual behaviors.

This guide is designed as an internal document for your agency (i.e., it will not be submitted to the University of Oklahoma). This guide is designed to facilitate discussion of factors that impact success in providing the PSB-CBT Program.

The Agency Readiness Guide provides information about a variety of domains related to success with the program such as referrals, caregiver participation, provider characteristics, and collaboration with community stakeholders. For each domain, a rating scale is intended to be useful as a visual depiction of your agency's strengths and challenges. However, we want to emphasize that training and implementation of the PSB-CBT program does not require agencies to have high (green) ratings across the instrument. In fact, it may be unrealistic to think that any agency would be able to mark green ratings for every topic on the guide.

The guide is designed to help raise awareness of your agency's strengths and challenges, assist with making plans to address challenges, and help complete the application for PSB-CBT training. In order to succeed in the implementation process, and maximize the likelihood of sustainability, this Agency Readiness Guide should be completed as a group with critical members of your agency (e.g., administration, clinical supervisors, and clinicians). Agencies may consider including key stakeholders from the community in these discussions.

If you have questions, please contact our team at the OU Health Sciences Center (OU-YPSB@ouhsc.edu).

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Successful programs start serving children with problematic sexual behavior as quickly as possible after the clinical training. This is most likely to occur when agencies already have existing referrals of children with problematic sexual behavior (or referral sources). Collaborative relationships with child protective services, child advocacy centers, schools, law enforcement, and juvenile justice (particularly if you are serving older youth) are key to sustainable programming. When examining your agency’s readiness in the area of referrals, think about how successful your agency has been and your potential for receiving referrals for youth with problematic sexual behaviors.

Key topics/concepts to consider:

- How are youth with problematic sexual behaviors identified in the community?
- When youth are identified, how are they connected to treatment services?
- How often does your agency receive referrals for youth with PSB?
- What could you do as an agency to increase the number of referrals for youth with PSB?
- Would you have inclusion/exclusion criteria for your group services?
 - Important topics to consider include, but are not limited to, the following: age of youth, types of sexual behavior, adjudication status, language barriers, and referral source.

OVERALL RATING: REFERRALS

1	2	3	4	5	6	7	8	9	10
Have to overcome significant referral barriers			Have some barriers to referrals and working on ways to overcome those barriers				Have regular success in receiving referrals for youth with PSB		

Comments:

What are the next steps for your agency (i.e., in what ways could referrals be improved at your agency)?

If your ratings for Referrals fell within the yellow or red category, suggestions include:

- Investigate the individual(s) who are currently connecting youth with problematic sexual behaviors to treatment services within your community.
- Schedule in-person meetings with community leaders who are directly connected with referring children for services, and problem-solve barriers to referrals. Make sure to also develop strategies to overcome identified barriers and include benchmarks for progress and a timeline for reassessing how successfulness of the strategy.
- Meet with potential community collaborators (e.g., child protective services, child advocacy centers, lunch meetings with judges) to discuss your services.
- Present at events hosted by potential referral sources and collaborators (e.g., child protective services annual conference, Court Appointed Special Advocate Meetings).
- Conduct meetings with the referral team at your agency to discuss services for youth with problematic sexual behaviors, and seek their suggestions for increasing referrals.
- Meet with other professionals in the area that currently provide services to youth with problematic sexual behaviors to discuss: (a) the services you provide; (b) their current referral process; (c) lessons they have learned to increase referrals.
- Meet with agency clinical staff to identify if current clients/patients are appropriate for PSB treatment. Determine who referred these families for services at the agency and then reach out to those individuals and/or agencies to establish a referral connection.
- Identify the agencies in the community that serve families of youth with PSB such as, but not limited to, Child Protective Services, child advocacy centers, juvenile justice, local law enforcement, and schools. Contact the senior leaders (e.g., Director, Clinical Supervisor) at these agencies to introduce the PSB Program and attempt to schedule an in-person meeting to discuss how a referral connection could be made.
- Provide community education presentations on the subject of children with problematic sexual behavior that includes information about referring to PSB Program at the agency.
- If the agency or potential referral source agency have internal newsletters or distribution lists, write a short description of the PSB Program and referral process and request it be included in the newsletter or sent via distribution list. Agency staff and community colleagues are excellent sources of information for where to do these presentations.
- Contact the PSB-CBT Team at the OUHSC to discuss current referral challenges.

Agencies that are able to implement and sustain the PSB-CBT model typically have strong working relationships with community partners that already serve children with problematic sexual behaviors, such as child welfare, juvenile justice, child advocacy centers, law enforcement, and the schools. Think about your agency’s current relationship with community partners.

Key topics/concepts to consider:

- Who are the major voices for youth with PSB within your community (e.g., judges, prosecutors, probation officers, child protective service leaders)?
- What is your agency’s current relationship with the individuals who are the major voices in your community?
- How do you plan to establish/continue regular communication with major voices (e.g., courts, child protective services) and your program?
- What kind of relationship do you have with community agencies that may serve as referral sources? For example, if child welfare is an important referral source in your community – do you have an established relationship with staff at child welfare?
- As a system, what barriers will you face within your community? Examples include: (a) child protective services does not address problematic sexual behavior of youth; (b) youth are commonly sent away to residential treatment; and/or (c) the community is unsure how to manage young children with problematic sexual behavior?
- What are some of the strengths for your agency when working with community partners?
- What are some of the challenges your agency faces when working with community partners?

Resource: NCSBY Fact Sheet: Collaborative, Community Based, Evidence Based Services: Targeting Problematic Sexual Behavior in Children and Youth

OVERALL RATING: COMMUNITY COLLABORATIONS

1	2	3	4	5	6	7	8	9	10
Need to overcome challenges with community partners			Have some challenges with community partners, but working on ways to overcome these challenges				Have regular communication and success with community partners		

Comments:

What are the next steps for your agency (i.e., in what ways could caregiver participation be improved at your agency)?

If your ratings on Community Collaborations fell within the yellow or red category, suggestions include:

- Meet with agency staff and/or colleagues in the community to identify who in the community would be appropriate partners in working with children with PSB, child victims, and their families. Reach out to these prospective community partners to introduce your agency and PSB Program, and start a dialogue about ways you the agency and community partner could collaborate to enhance services for these families.
- Schedule an agency “open house” or tours for prospective community partners and have flyers about the agency and services ready to give attendees. Make sure to talk about the agency PSB Program and goals for developing and maintain a network of community partners to collaborate regarding treatment for children with PSB, child victims, and their families.
- Identify who within your agency has established relationships with state and local agencies that will be critical partners. Have these identified individuals facilitate communication related to the PSB Program (even if these individuals will not be directly involved with services).
- Host a community meeting to discuss youth with PSB and identify current gaps in the community regarding the accurate understanding of assessment, treatments, and prevention. Invite leadership from child protective services, law enforcement, probation, prosecution, public defenders, other court personnel, schools, child advocacy centers, medical personnel, behavioral health specialists, and other agencies with interest or investment with this population.
- Maintain regular phone, email, and/or in-person contacts with community partners to share successes and challenges of collaborations. Send thank you notes for successes.
- Offer to provide consultation on complex PSB cases and use that relationship to promote interagency relationships to enhance services for children with problematic sexual behaviors, their child victims, and their families.
- Contact the OUHSC PSB-CBT Team to discuss suggestions for establishing or strengthening collaborations within your community.

Agencies that are able to successfully implement and sustain the PSB-CBT model have strong caregiver involvement in the treatment program. In fact, caregivers are required to attend and participate in each group session. Think about how successful your agency is at involving caregivers directly in the services you provide.

Key topics/concepts to consider:

- Currently, how involved are caregivers in treatment sessions with youth at your facility (e.g., are they expected to attend each week, do they actively participate in sessions with youth)?
- How does your agency currently view the importance of having caregivers involved in services for their child?
- Have you been able to successfully address internal barriers, such as parents' lack of motivation, limited self-efficacy, perception that the child is the problem) to caregiver participation in your community?
 - If yes, how were you able to address internal barriers?
 - If no, what kinds of challenges have you encountered?
- Have you been able to address external barriers (transportation, hours of operation, babysitters) to caregiver participation?
 - If yes, how were you able to address external barriers?
 - If no, what kinds of challenges have you encountered?

OVERALL RATING: CAREGIVER PARTICIPATION

1	2	3	4	5	6	7	8	9	10
Have to overcome significant barriers for caregiver participation			Have some barriers to caregiver participation and working on ways to overcome those barriers				Have regular success in engaging caregivers in treatment		

Comments:

What are the next steps for your agency (i.e., in what ways could caregiver participation be improved at your agency)?

If your ratings for Caregiver Participation fell within the yellow or red category, suggestions include:

- Consider reviewing research on engaging caregivers in treatment. Determine what strategies would be good to try and have a plan for how to revise these strategies based on successes and challenges. Example resources include:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938751/pdf/ccap19_3p182.pdf.
<http://lausdsmh.net/wp-content/uploads/2012/03/Mary-McKay-Parent-Engagement-Presentation.pdf>
- Talk to caregivers of current or past clients/patients about their experiences in services at your agency to get ideas for engaging caregivers in treatment with their children.
- Consider if the agency has a culture of not including caregivers in treatment and start conversations with staff on how to change that culture.
- For foster parents, connect with the managing agency and get permission to provide foster parents with continuing education for attending treatment services with their foster child.
- Find services in your community that will help aid in transportation services.
- Have a previous graduated parent make a testimonial to show to families, or have a past parent come and speak to the current parents.
- Incorporate Motivational Interviewing (MI) strategies into the curriculum.
- If possible, offer services at times that are most convenient for caregivers (e.g., evenings).
- If possible, offer free childcare during service appointments for other children in the caregiver's home. Consider partnering with volunteer groups to provide this support.
- If possible, provide a small snack to children (and caregivers) if appointments are scheduled near a mealtime.
- During the initial appointment, spend time with the caregiver addressing their concerns, dispelling myths they may have about problematic sexual behaviors of youth, identifying supports and barriers to participation, and discussing ways to overcome any barriers.
- Plan on providing an open-ended group program where caregivers of youth who are about to graduate can provide testimonials to caregivers who are new to the program.
- Contact the OUHSC PSB-CBT Team to discuss strategies for increasing caregiver participation.

Agencies which are successful in implementing the PSB-CBT model often have experience in and have successfully implemented and sustained other evidence-based treatments for children and their caregivers.

Key topics/concepts to consider:

- Currently, what are the evidence-based models that are regularly utilized at your agency?
- How comfortable are your clinicians with providing evidence-based practices?
- Is Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) implemented in your agency?
What was the process of training?
- How many of your clinicians have been trained in empirically-supported parent behavior management therapies such as Parent-Child Interaction Therapy (PCIT) or Incredible Years?
- What supports does your agency provide to providers and programs to facilitate training in an evidence based model? How do you manage productivity requirements, CEU needs, and other factors that impact time and training? What strategies have been successful to implement evidence-based models in your agency?
- What have been some of the challenges in implementing evidence-based models in your agency?
- If this is the first evidence-based model your agency will implement, would you like to have contact with an agency director who has successfully brought evidence-based treatment programs to their agency for advice?

OVERALL RATING: EVIDENCE-BASED PRACTICES

1	2	3	4	5	6	7	8	9	10
Have experienced limited success implementing evidence-based models in our agency			Have experienced some challenges when implementing evidence-based models, but have a few models that have been implemented successfully				Have regular success in implementing evidence-based practices at our agency		

Comments:

What are the next steps for your agency (i.e., in what ways could the implementation of evidence-based practices be improved at your agency)?

If your ratings on Evidence-Based Practices fell within the yellow or red category, suggestions include:

- If this is the first evidence-based model your agency will implement, contact an agency director who has successfully brought evidence-based treatment programs to their agency for advice.
- Talk to community partners and colleagues with experience in evidence-based models for ideas and support in implementing the PSB Program.
- Reach out to training centers in evidence-based models to request resources on what to consider and try when interested in establishing an evidence-based model.
- If applicable, conduct a meeting with all agency personnel to discuss why certain models have been successfully implemented in your agency, and while other models have not been as successful.
- Regularly collect data on the clients served in your agency to evaluate your strengths and challenges with referrals and treatment programs. Use this data for quality improvement purposes.
- Meet with others who helped successfully implement an evidence-based model and brainstorm what contributed to the success of implementation. Identify how to use that information to support the implementation of the PSB Program.
- Contact the OUHSC PSB-CBT as a resource to connect you with evidence-based training opportunities.

Agencies that are able to sustain the PSB-CBT program utilize empirically-supported assessments throughout services to develop the initial treatment plan, evaluate progress in treatment, improve services, and guide treatment decisions, and treatment outcomes.

Key topics/concepts to consider:

- Currently, what assessment instruments are regularly utilized at your facility for children with problematic sexual behaviors?
- What assessment instruments are regularly utilized at your facility for children who have experienced child abuse and/or neglect (or other traumatic events)?
- How comfortable are your clinicians with routinely using empirically-supported assessments?
- Are your clinicians trained to administer, interpret, and effectively utilize the Child Sexual Behavior Inventory (CSBI)?
- Are your clinicians trained to administer, interpret, and effectively utilize the UCLA PTSD Reaction Index and/or the Trauma Symptoms Checklist for Children (TSCC)?
- Are your clinicians trained to administer, interpret, and effectively utilize the Child Behavior Checklist (CBCL) and/or the Behavior Assessment System for Children (BASC)?
- What strategies have been successful to implement empirically-supported assessments in your agency?
- What have been some of the challenges to implementing empirically-supported assessments in your agency?
- What quality improvement efforts have been implemented in your agency?
- How will your team manage data and summarize important findings from your program (e.g., recidivism rates, family involvement)?

Resources: Assessment Tools Fact Sheet

OVERALL RATING: ASSESSMENTS

1	2	3	4	5	6	7	8	9	10
Have to overcome barriers to regularly utilizing assessments			Have some barriers related to assessments and working on ways to overcome those barriers				History of successfully utilizing empirically-supported assessments		

Comments:

What are the next steps for your agency (i.e., in what ways could you improve the use of empirically-supported assessments at your agency)?

If your ratings on Assessments fell within the yellow or red category, suggestions include:

- Consult with local agencies who regularly use assessment tools to discuss their experiences.
- Review information about potential assessments measures online and/or use the fact sheet attached to this packet.
- Meet with the agency clinical team and discuss current procedures for measuring clients' progress on treatment goals. Can the team document progress over time? Can the team identify when treatment is not working and other options need to be considered? Identify what are your agency's strengths/needs regarding assessments to: (a) identify treatment goals, (b) evaluate progress of the child, and (c) examine the program's strengths and areas that need improvement.
- Contact the OUHSC PSB-CBT Team to discuss empirically-supported assessments and ways to receive training within your community.

Agencies that are able to sustain the PSB-CBT program have been able to successfully address logistical concerns associated with providing a group treatment program in the community. This next section is designed to help you consider some of the more common logistical topics.

Key topics/concepts to consider:

- Where would you provide group services for youth with PSB and their families (e.g., within your own agency, partnering agency)? Where would you have enough space to conduct groups?
- When will you conduct the group to maximize family participation?
- Which clinicians at your facility would participate in training and provide services for families?
 - What is it about these clinicians that make them the most qualified?
- In order to meet the certification requirements treatment sessions must be recorded to assess fidelity to the model. What challenges might you experience with recording sessions and what strategies could you use to overcome these challenges?
- Another certification requirement is for your trained clinicians to participate in a one-hour consultation call every other week. These calls are conducted via WebEx, an online system that functions like Skype. What challenges might you experience with consultation attendance and what strategies could you use to overcome these challenges?
- How would your organization cover the time for providers to participate in the training and ongoing consultation?

Resources: Provider Characteristics Fact Sheet; Logistics Fact Sheet

OVERALL RATING: LOGISTICS

1	2	3	4	5	6	7	8	9	10
Have to overcome significant logistical barriers			Have some logistical barriers and working on ways to overcome those barriers				Have a carefully designed plan to address logistical barriers		

Comments:

What are the next steps for your agency (i.e., in what ways could the logistics of conducting a group treatment be improved at your agency)?

If your ratings on Logistics fell within the yellow or red category, suggestions include:

- Review the Logistics Fact Sheet and discuss the best options to address logistical issues.
- If group space is not available at your facility, consider partnering with other agencies for space. Consider locations that reduce barriers to family participation.
- Review Provider Characteristics Fact Sheet. Discuss with the clinical team to identify providers with the best fit for the program.
- Consider partnering with local graduate schools to provide practicum training experiences and have students as co-facilitators of the program.
- Contact the OUHSC PSB-CBT Team to discuss questions and concerns highlighted on the Logistics handout.

Agencies that are able to sustain the PSB-CBT program are generally knowledgeable about the families they will serve in their community and they carefully consider familial and culturally relevant topics prior to implementing a new program.

Key topics/concepts to consider:

- Treating problematic sexual behavior of youth involves two highly sensitive topics for a family: Parenting practices and the sexual behavior of children.
 - Parents typically find it difficult to address sexual behavior with their children. The parents own history can impact their response. We find there are regional and other cultural factors that impact their comfort level addressing sexual behavior and sex education.
 - Parents can feel defensive when parenting behaviors are addressed in treatment. Helping caregivers understand that the parenting information is designed to help their child and not to blame parents for past behavior.
- How successful have your programs been in addressing these sensitive topics with families? What supports does your team have in place for families and clinicians? What educational opportunities do we have for family members?
- How would your agency provide an environment where clinicians could talk about these issues?
- What strategies does your agency use to ensure that families receive culturally informed services?
- Discuss how your agency might address families who present to treatment with additional challenges (e.g., learning problems, developmental delays)?

OVERALL RATING: FAMILY/CULTURAL CONSIDERATIONS

1	2	3	4	5	6	7	8	9	10
Have to overcome significant family/cultural barriers			Have some family/cultural barriers and working on ways to overcome those barriers				Have a history of successfully addressing cultural/ethnic factors in our community		

Comments:

What are the next steps for your agency (i.e., in what ways could you improve services for families and cultures at your agency)?

If your ratings on Family/Cultural Consideration fell within the yellow or red category, suggestions include:

- Discuss community diversity and identify strengths and barriers to addressing sensitive topics, including parenting youth with problematic sexual behaviors.
- Identify team members who have experienced success with engaging caregivers on these sensitive topics. Consider providing in-services training or other strategies that have been successful.
- Invite leadership from the community to discuss the best practices to address these sensitive topics. Leaders may be formal (e.g., church officials, directors of community organizations) or informal (individuals known in the community to be influential).
- Attend online or conference trainings on addressing sensitive topics with diverse communities.
- Contact the OUHSC PSB-CBT Team to discuss ways in which services can be conducted in a manner that is culturally informed and sensitive to diverse groups of families.

Sustaining the PSB-CBT program at your agency will require effort, resources, and a strong commitment to serving children with problematic sexual behaviors in your community. This next section is designed to help you consider sustainability topics. Sustainability includes: (a) funding for the services; (b) funding for outreach and community collaborations; (c) personnel committed to maintaining the program; and (d) within-agency trainers to support sustaining and expanding the program.

Key topics/concepts to consider:

- What are your plans for funding the clinical program? For funding the administration and outreach portions of the program?
- If you will have a multidisciplinary team component to the program, what are your thoughts about funding this portion? [Note: Child Advocacy Centers are key collaborators in this area.]
- How successful has your agency been in sustaining other evidence-based programs?
 - If your program has a history of success, what are the factors that helped your agency be successful?
 - If your program has not had a history of success, what factors have caused the most problems?
- What funding options have you explored?
- How would your organization continue to fund the services after clinicians have been trained in PSB-CBT?
- What are the most important foreseeable challenges your agency may face when trying to sustain the PSB-CBT Program?
- Who within the agency would be best to provide ongoing training on PSB to new personnel?
- What are supports and barriers for the personnel to become within-agency trainers in the PSB-CBT model?

Resources: Funding Considerations Fact Sheet; Provider Characteristics Fact Sheet

OVERALL RATING: SUSTAINABILITY

1	2	3	4	5	6	7	8	9	10
Have to overcome significant barriers in order to achieve long-term sustainability			Have some sustainability barriers and working on ways to overcome those barriers				Have a history of sustaining evidence-based programs at our agency		

Comments:

What are the next steps for your agency (i.e., in what ways could sustainability be planned for and improved at your agency)?

If your ratings on Sustainability fell within the yellow or red category, suggestions include:

- Review the Funding Considerations Fact Sheet and host a meeting within your agency to explore and identify potential funding sources within your community. Also discuss possible regional, state, and federal funding opportunities.
- Meet with community partners about current and future funding options. Child protective services, probation, and Medicaid officials may be helpful, as well as private organizations such as United Way.
- Talk with leadership from other community agencies who have successfully sustained programs for youth with PSB.
- Contact the OUHSC PSB-CBT Team to discuss potential long-term funding strategies.

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Fact Sheets

1. NCSBY: Collaborative, Community-Based, Evidence-Based Services:
Targeting Problematic Sexual Behavior in Children & Youth
2. Assessment Tools
3. Provider Characteristics
4. Logistics
5. Funding Considerations

