

**The Problematic Sexual Behavior— Cognitive-Behavioral Therapy for Adolescents
Learning Collaborative
Training Information Guide**

For more information about the treatment for problematic sexual behavior of youth, please contact:

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Inside:

- ◆ Useful information about the Learning Collaborative training Problematic Sexual Behavior-Cognitive-Behavioral Therapy (PSB-CBT), 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
- ◆ Training opportunities are offered by the PSB-CBT Training and Technical Assistance Program at the University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect.
- ◆ If interested in training for a different age group, please contact OU-YPSB@ouhsc.edu.

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Program Background: PSB-CBT-A, is a comprehensive family-based intervention for adolescents with problematic sexual behaviors, was developed and tested at the Center on Child Abuse and Neglect, within the University of Oklahoma Health Sciences. 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 adolescents with problematic sexual behaviors. To support community implementation of PSB-CBT-A, 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 –A 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.

Project Training and Technical Assistance Team

Trainers:

Jenny Almanzar, MSW
Ashley Galsky, PhD
Natalie Gallo, LPC
Julia Grimm, MSW
Carrie Jenkins, MA
Andrea Monroe, MSW
Peggy Moulton, MSW, LCSW
Kate Theimer, PhD

Senior Leader Faculty:

Tricia Gardner, JD
Renee Roman, MSW
Susan Schmidt, PhD

Program Staff:

Kristen Starr, AA; *PSB TTA Coordinator*
Gandra Lovell, BS; *Contract Manager*
Steven Fowler, BS; *Database Management*

PSB-CBT-A Model Training & Fidelity Requirements

Providers seeking to become certified to implement PSB-CBT-A must meet the following training and consultation requirements for the adolescent 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 adolescent group or **family modality** is determined by the OU PSB-CBT-A Master Trainers, or Approved Trainer. Training, including fidelity modality requirements include:

1. Completion of the OUHSC PSB-CBT-A Program Organizational Assessment and Senior Leader Application after the community has self-evaluated [readiness](#).
2. Completion of all required readings and pre-work assignments.
3. Attendance and active participation in PSB-CBT-A 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-A treatment with a minimum of three families (e.g., caregiver and youth) in group modality, with an option for **six months with a minimum of two families through completion**.
5. Implementation of the PSB-CBT-A 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. 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 judgement and standardized measures to make appropriate decisions about completion of PSB-CBT-A treatment services.
9. Upon successful completion, the therapist must agree to continue to implement the OU PSB-CBT model 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 youth 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 providers who have an approach and conceptual understanding similar to PSB-CBT
- Strong organizational skills (eg, 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 youth)
- Comfortable managing 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

Problematic Sexual Behavior – Cognitive-Behavioral Therapy (PSB-CBT) Learning Collaborative

Learning Collaborative Structure & Key Elements

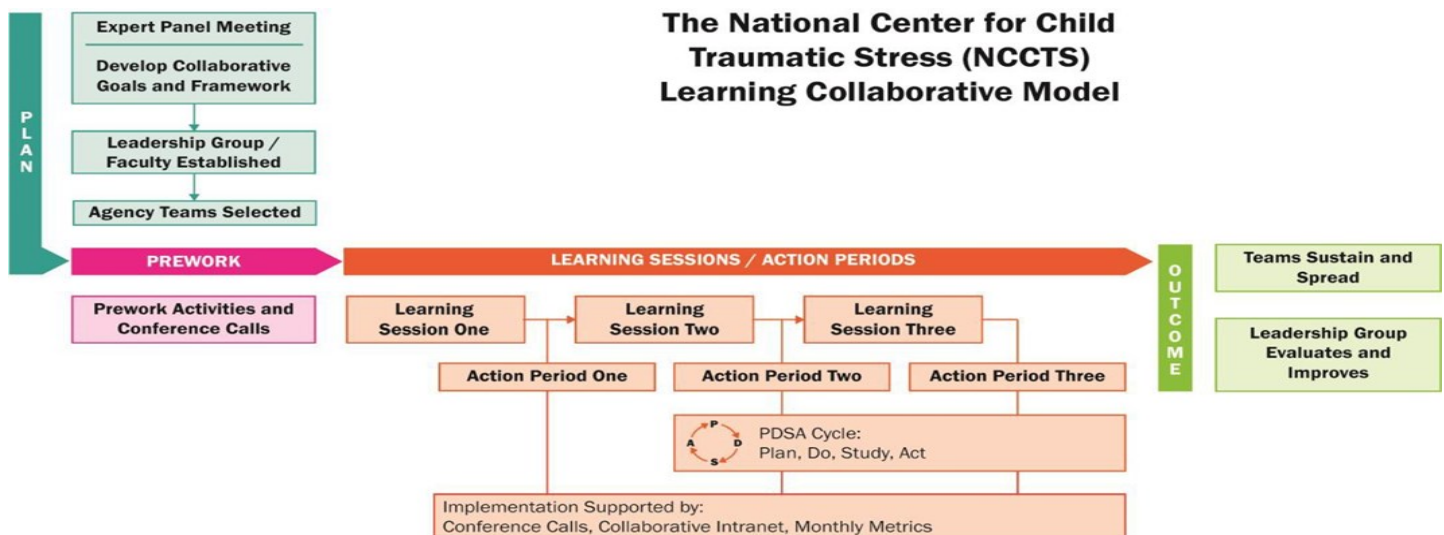
A Learning Collaborative is:

- 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 an 18-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-A. 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., juvenile justice, 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-A from PSB-CBT Master Trainers in the intervention
- ◆ Providers are able to receive continuing education credit for face-to-face or virtual sessions, when needed.
- ◆ Teams learn valuable quality improvement methods and strategies for establishing new PSB-CBT-A 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



Team Requirements

Teams consist of at least 4 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-A within their organization and/or in their community. If the agency has partnered with another agency to provide direct services, Senior Administrative Leaders from **both** agencies are required to participate. **All members** of the team are expected to:

- ♦ Complete pre-work learning activities
- ♦ Attend the series of web-based “*Learning Phases*”, Phase 1 - 15 hours, Phase 2 - 30 hours, Phase 3 - 4 hours
- ♦ Completion of at least one year (12 months) of conducting PSB-CBT-A treatment with a minimum of three families in the group modality, with an option for 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 web-based consultation calls including Senior Leader calls and clinical consultation calls throughout duration of Learning Collaborative.

KEY PROJECT DATES

TO CONSIDER

Information Call

March 28, 2022
2:00—3:30 CST

Applications Due

April 22, 2022

Participant Announcement

May 6, 2022

Welcome Call

May 23, 2022
1:00—2:30 CST

Learning Phase 1

June 27– June 28, 2022

Learning Phase 2

August 3—August 5, 2022

Learning Phase 3

February 20, 2023

Application Process:

The Senior Leader and Provider Applications, and supporting documentation required for participating in the Learning Collaborative will be made available from the PSB Training Coordinator.

Interested parties 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 individuals upon receipt of their application by email. If an individual 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 person, however due to current circumstances, the training is being held in a virtual format.

Questions? Please contact the PSB-CBT-A Training Coordinator, Kristen Starr, at: OU-YPSB@ouhsc.edu.

Time Requirements

OU PSB-CBT Master Trainers' time and expertise, training resources (learning session venues, conference calls, materials, etc.) are all included in this 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-A, include the following costs to the agency:

- ◆ Staff time, for participation in all learning sessions
- ◆ 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 consultation. These activities are spread throughout 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 routinely for at least three families
- ◆ Agency resources necessary to record clinical sessions and transmission of recordings to the PSB-CBT Master Trainers.

LC Training Component	Approximate Time Requirements & Frequency	Senior Leader	Clinician
Pre-Work: Videos and Required Readings	4 Videos (Approx 3 hours) 7 Readings	✓	✓
Monthly Senior Leader calls	1 hour per month	✓	
Monthly clinical consultation calls	Phase 1: 1 hour monthly Phases 2/3: 2 hours monthly		✓
Clinical session prep time	30 minutes per session		✓
In-house model-specific clinical peer supervision	1 hour recommended per week		✓
Review and completion of training assignments, including prep assignments for monthly calls	1 hour per month	✓	✓
Clinical session video, audio, and file uploading	30 minutes per session		✓
Tracking clinical measures and metrics	1 hour per family		✓
Community outreach for education and referrals	Varies	✓	✓
Virtual Learning Sessions (Time commitments vary by Learning Phase)	Totaling 49 hours over 16 months	✓	✓

Adolescents who have engaged in problematic and illegal sexual behavior have made poor choices, but with support from family and the community, they are capable of making better choices.