

# The University of Oklahoma Health Sciences Center

## Problematic Sexual Behavior - Cognitive-Behavioral Therapy™

### Training and Technical Assistance Program

## Learning Collaborative Information Guide

Revised 7/2025



### FOR MORE INFORMATION

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

#### PSB-CBT™ TTA Program

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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 children ages 7-12, with adaptation available for ages 13-14, 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](mailto:OU-YPSB@ouhsc.edu).



### Information Guide Overview

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**Program Background: PSB-CBT™**, is 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™ TTA 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, as well as consultants, who are experienced clinical providers and trainers in PSB-CBT™. The PSB-CBT™ TTA 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:**

Jenny Almanzar, LCSW-R*	Ingrid Mürrle, MA*
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##### **Financial Management:**

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##### **Senior Leader Trainers:**

Tricia Gardner, JD  
Karen Hill, EdD, LPC-A\*\*  
Andrew Monroe, MSW, LCSW  
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Jane Silovsky, PhD

##### **TTA Management:**

Steven Fowler, BS - Data Analyst  
Trista Maluy, BA - Admin Support  
Laura Nardin, BA - TTA Support Staff  
Katie Nelson, BA - TTA Support Staff  
Carrie Schwab, AA - TTA Manager

##### **Consultants:**

\*Clinical Trainer  
\*\*Senior Leader Trainer

## 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, with adaptation for ages 13-14), which is conducted in 18-20 weekly, 90-minute sessions.

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; [Barry & Harris, 2019](#); [Cohen & Mannarino, 1996, 1997](#); [Pithers, Gray, Busconi, & Houchens, 1998](#); [Silovsky, Hunter & Taylor, 2018](#); [Silovsky, Niec, Bard, & Hecht, 2007](#); [St. Amand, Bard, & Silovsky, 2008](#)).



## Training Requirements

### PSB-CBT™ Model Training and Fidelity Requirements

Individuals seeking to meet full fidelity to implement PSB-CBT™ treatment must meet the following training and consultation requirements for the school-age model. Through this process, individuals implementing the group modality **will need to complete requirements for both child 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, Approved Clinical Trainer, or Approved Within-Agency Trainer. All criteria must be met to achieve completion of full fidelity in the PSB-CBT™ school-age modality:

1. Individuals must have a graduate degree in behavioral health fields (i.e., psychology, social work, etc.) and have a professional license to provide clinical services in their home/state.
  - a. Individuals enrolled in graduate degree programs in behavioral health fields (i.e., psychology, social work, etc.) who have been approved to attend the PSB-CBT™ Learning Collaborative, but who are not yet licensed **ARE** able to participate in all aspects of the PSB-CBT™ training (i.e., live learning sessions, consultation calls, submitting fidelity recordings to be part of gaining fidelity review, etc.), and complete all requirements of training. However, non-licensed individuals will not be provided with their final PSB-CBT™ training and fidelity completion certificate until they have provided documentation of obtaining professional licensure. Also, this requirement is needed for PSB-CBT™ Roster.
2. Completion of the PSB-CBT™ Provider Application in its entirety.
3. Completion of all pre-work assignments (i.e., pre-test of knowledge and required readings) through the Learning Center, resulting from review of the exploration phase materials.
4. Attendance and active participation in a PSB-CBT™ intensive clinical training approved by the OU PSB-CBT™ T/TA Program.
5. Demonstrate competence in assessing PSB families' progress in treatment using clinical judgement and the Assessment of Sexual Behavior - Child (ASB-C), and other standardized measures, to make appropriate decisions about completion of PSB-CBT™ treatment services.
6. Active participation in consultation calls in the context of an active Learning Collaborative, at minimum **80%** attendance, facilitated by an OU PSB-CBT™ Approved Trainer, until fidelity to the model has been met.
  - a. "Active participation" is defined as, 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. Submit recordings of required PSB-CBT™ sessions for fidelity monitoring by a Master Trainer or Approved Trainer.
  - a. Individuals are encouraged to review own recordings using the OU PSB-CBT™ fidelity monitoring forms to evaluate their own performance.
8. 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.
9. Implementation of the PSB-CBT™ model per the treatment curriculum and with appropriate conceptualization of youth with PSB.
10. Upon successful completion, individual 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 PSB-CBT™ Within-Agency Trainer.



## Characteristics of Individuals Successfully Trained in PSB-CBT™

Successful and sustainable implementation of the model requires attention to particular factors, or "drivers" that support model fidelity and improved client outcomes. Agencies that have successfully implemented PSB-CBT™ with fidelity note selection of clinicians to participate in training and implementation of PSB-CBT™ as a key driver to success.

Through the selection process, agencies have determined that the following characteristics are representative of clinicians effective in their uptake and delivering of 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 PSB-CBT™ program within agency



### 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 or Approved Clinical 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

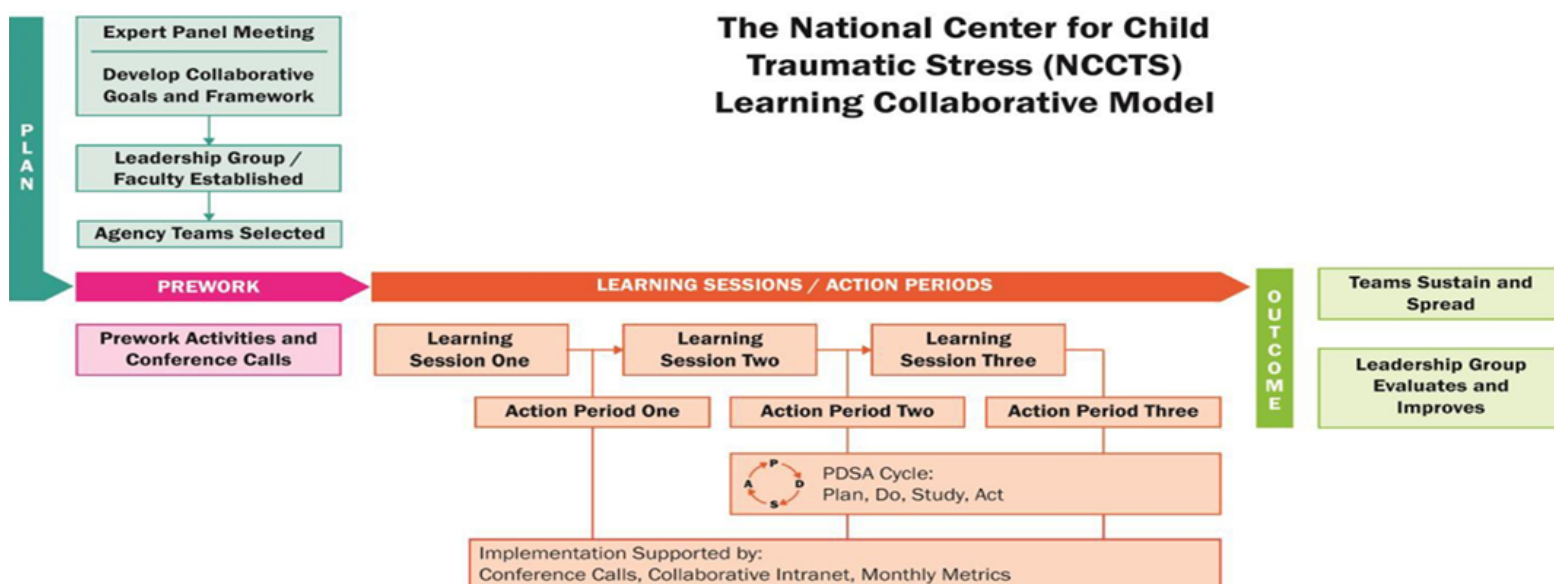


Figure adapted from Institute for Healthcare Improvement (IHI), 2003

A final learning session four is held toward the conclusion of the Learning Collaborative. The purpose is to celebrate the successes of both the clinical and senior leadership, as well as to address implementation and sustainability of the program and community response. LS4 may also address regional or statewide efforts when applicable.



## Learning Collaborative Participation

### Team Requirements Criteria:

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 an optional supervisor. Participating teams will also need to include **at least 1 Senior Leader**.

All members of the team are expected to:

- o Complete pre-work assignments through the Learning Center, resulting from review of the exploration phase materials.
- o Attend and actively participate in three in-person Learning Sessions, each 2-3 days in length, and one virtual Learning Session at the end of the training period.
- o 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**.
- o Participate in various learning activities and utilization of the Learning Center to help integrate learning during “action periods”.
- o Actively participate in consultation calls in the context of an active Learning Collaborative at minimum 80% attendance (i.e., Bimonthly clinical consultation calls – Clinical Track; Monthly Senior Leader calls – Senior Leader Track).

**Clinician** is defined as an individual expected to meet full fidelity and provide PSB-CBT™ treatment or clinical services to youth with PSB within their organization and/or local mental health community.

- o Example(s): Clinical Therapist (including LPC, LCSW, LMFT), Clinical Psychologist, and Student, Intern, and/or Postdoctoral Fellow in the behavioral health field.
- o Cost: \$4,500 per clinician providing group treatment; \$5,500 per clinician providing family treatment

**Supervisor** is defined as an individual who will be providing clinical supervision of the PSB-CBT™ treatment program. This individual may work towards full fidelity in the model but is not a requirement.

- o Cost: \$2,500 per supervisor; however, if supervisor will be meeting full fidelity, cost will be \$4,500 if providing group treatment; \$5,500 if providing family treatment.

**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 Leaders from both the CAC and the service agency are required to participate. This individual may participate in a dual-role and work towards full fidelity in the model but it not a requirement.

- o Example(s): CEO, President, Vice President, Executive Director, Clinical Director, Service Area Director, Director of Behavioral Health, etc.
- o Cost: \$2,500 per senior leader; however, if senior leader will be meeting full fidelity, cost will be \$4,500 if providing group treatment; \$5,500 if providing family treatment.

\*While the ideal scenario would consist of at least 2 clinicians providing the family modality, some smaller agencies have been successful with 1 clinician initially participating in the PSB-CBT™ Learning Collaborative with their Senior Leader, and also working towards PSB-CBT™ Within-Agency Trainer for sustainability.

## Application Process

- 1) Agencies are encouraged to participate in the Information Call to hear additional information regarding the project and/or application process.
- 2) The Agency Application, Supervisor/Senior Leader Application, Provider Application, and supporting documentation required for participating in the Learning Collaborative will be made available during the Information Call, and listed on the training calendar.
- 3) Senior Leaders typically submit the Agency Application; however, the application should be completed collaboratively by agency teams.
- 4) 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.
- 5) Sites selected to participate in the Learning Collaborative will be notified via email with information regarding the Welcome Call and next steps for participation.

## Who Attends What?

**Information Call** - Agencies/Organizations (i.e., Senior Leader, Supervisor, and Clinical roles) interested in learning more about PSB-CBT™ Learning Collaborative opportunities.

**Welcome Call** - Agencies/Organizations (i.e., Senior Leader, Supervisor, and Clinical roles) accepted to participate in the PSB-CBT™ Learning Collaborative. This call will provide all training logistics (i.e., location, date/time, parking, lodging recommendations, etc.)

**Senior Leader Call** - Senior Leader and Supervisor roles) accepted to participate in the PSB-CBT™ Learning Collaborative. This call will provide information regarding expectations of the participating Senior Leader, as well as expectations of the Agency/Organization throughout the Learning Collaborative.

**Learning Sessions** - Senior Leader, Supervisor, and Clinical roles actively participating in the PSB-CBT™ Learning Collaborative. Each session will have space for both Senior Leader and Clinical Tracks, separately and combined.

**Action Periods** - Senior Leader, Supervisor, and Clinical roles will have action period expectations between each Learning Session, as well as Monthly Senior Leader and Bimonthly Clinical Consultation Calls.

### Key Project Dates:

#### Information Call

Application Release  
Applications Due

#### Welcome Call

Senior Leader/Supervisor Call

Pre-work Assignments

#### Learning Session 1

(Clinical/Senior Leader - 3 days)  
Action Period 1

#### Learning Session 2

(Clinical - 3 days; Senior Leader 2 days)  
Action Period 2

#### Learning Session 3

(Clinical/Senior Leader - 2 days)  
Action Period 3

#### Learning Session 4

(Clinical - 1 hour; Senior Leader 1/2 day)



### Participation Requirements to Consider

#### Time Requirements and Associated Costs :

OU PSB-CBT™ Master Trainers' and Approved Clinical 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, with an additional 1/2 day virtual learning session at the end of training. 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 or Approval Clinical 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 twice every month		✓
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 8 days of training	✓	✓

## PSB-CBT™ Clinical 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 = Minimum 2-4 Clinicians + (Optional) Supervisor + (Required) Senior Leader

The cost listed is intended for Learning Collaboratives with six (6) teams, minimum of 24 clinical trainees, and at least one (1) Senior Leader from each team.

Training and consultation includes training one team of a minimum of 2 clinicians (family) or minimum of 4 clinicians (group), 1 clinical supervisor, and 1 senior leader trained in the PSB-CBT School-Age model at a cost of **\$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:

- Information Call
- Review of the Agency Application, Supervisor Application, and Provider Applications
- Welcome Call
- Provision of pre-work assignments through the Learning Center
- Live PSB-CBT™ Training in Oklahoma City, OK
  - Learning Session 1: Overview and Assessment (3 Days)
  - Learning Session 2: Clinical Treatment, Part 1 (3 Days)
  - Learning Session 3: Clinical Treatment, Part 2 (2 Days)
  - Learning Session 4: Advanced Training (1/2 Day)
- One (1) PSB-CBT™ school-age toolkit per site. Sites may purchase additional toolkits.
- Printing costs, including all learning session training guides, and PSB-CBT™ School-Age Treatment Manual (group or family, plus adaptation for 13-14 year olds if applicable).
- 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) Learning Center and Connected Community
- Senior Leader 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™ T/TA 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.