

## Problematic Sexual Behavior – Cognitive-Behavioral Therapy™ for School-Age Children (PSB-CBT™): AT-A-GLANCE

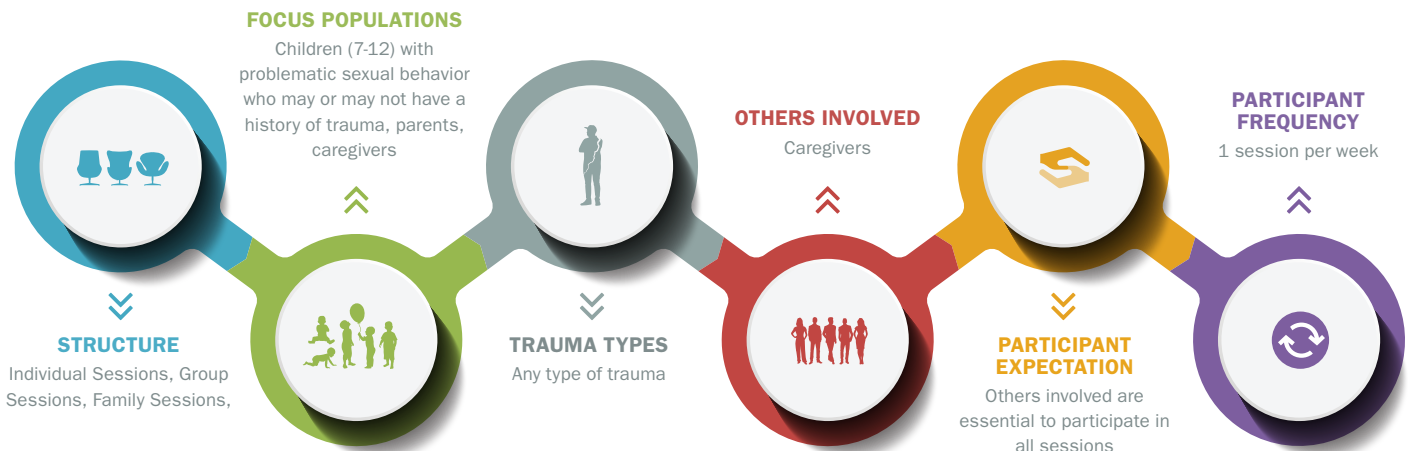
■ **What is PSB-CBT™?**

PSB-CBT™ is a group treatment model originally designed to treat youth ages 7 to 12 who present with PSB. The PSB-CBT™ treatment approach uses concurrent groups for youth and their caregivers with combined multi-family group sessions about once a month. Active participation of a caregiver is required, with the caregiver defined as the person who provides primary care of the child in the home (e.g., mother, father, step-parent, grandparent, foster parent). PSB-CBT™ shares the common theory base and core components of evidence-based programs (EBP) for PSB.

■ **What are the goals of PSB-CBT™?**

1. The underlying approach is strengths-based, focusing on the youth as children first with capacity to learn and implement appropriate behavior, make safe decisions, and develop healthy relationships.
2. Using cognitive-behavioral approaches, the youth are taught rules about sexual behavior and specific skills of coping, self-control, and decision making.
3. Core treatment components with caregivers address managing child behavior, supporting healthy development, sex education, abuse prevention, and rules about sexual behavior.

■ **What does PSB-CBT™ look like?**



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■ **Additional Information**

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 referred due to disruptive behavior problems but had no known PSB), both with very low rates of future sexual offenses detected by child welfare, juveniles services, or law enforcement (both around 2% to 3% respectively). The children randomized to the play therapy group had significantly higher rates of future problematic sexual behavior (11%) (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). For research effectiveness and outcomes of the preschool and school-age models, visit the California Evidence Based Clearing House or the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (MPG).

Additionally, there have been adaptations of the practice for American Indian and Alaska Native Tribes. There are translations of PSB-CBT™ materials for children, youth, and families available in Spanish.

**LOCATION:**  
In a provider's office,  
virtually/via telehealth

■ **What is the commitment?**

The group modality includes 60 to 90-minute weekly concurrent child and caregivers group (18) sessions. For the family modality, sessions vary in terms of setup: Caregiver alone, child alone, and the family together. Caregivers and children will both participate in assessment, including written assessment tools, interviews, behavioral observations, and environmental screeners.

■ **How do we know it works?**

PSB-CBT™ has research evidence to support its benefits. PSB-CBT™ was developed by Barbara Bonner in partnership with C. Eugene Walker, and Lucy Berliner for children with problematic sexual behavior. For more information, see page 3. Additionally, there have been adaptations of the practice for American Indian and Alaska Native Tribes. There are translations of PSB-CBT™ materials for children, youth, and families available in Spanish. Learn more on page 3.

■ **For more information explore the next several pages or check out:**

<https://connect.ncsby.org/psbcbt/home>

<https://connect.ncsby.org/psbcbt/psbcbt-model/research-and-outcomes>

## PSB-CBT™: THE EVIDENCE

### ■ What types of evidence are available for PSB-CBT™?

- Evidence-Based Treatment
- Randomized Clinical/Controlled Trial

### ■ Where can I learn more about the evidence?

- PSB-CBT™ Research and Outcomes
- California Evidence Based Clearing House
- Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (MPG)

### ■ How is PSB-CBT™ measured in real time?

- Child Sexual Behavior Inventory (CSBI)
- Youth Sexual Behavior Problems Inventory (YSBPI)
- Assessment of Sexual Behavior: Child Version

### ■ What changes for the better as a result of PSB-CBT™?

PSB, Trauma, General Behavior Problems, Caregiver Stress, Caregiver Supports

### ■ What do the numbers tell us (i.e., quantitative data)?

In a 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%).

### ■ What do the stories tell us (i.e., qualitative data)?

Shields, J. D., Klinkebiel, C., Taylor, E. K., Espeleta, H. C., Beasley, L., & Silovsky, J. F. (2018). A Qualitative Analysis of Family Perspective on Treatment Services for Youth with Problematic Sexual Behavior: Enhancing Engagement. *Victims and Offenders, 13*(7), 955-973. <https://doi.org/10.1080/15564886.2018.1506853>

One caregiver stated that services “helped my child with his behavior at school, he understands that his previous behavior was not appropriate.” Others reported that their child was showing “appropriate sexual behavior,” was “less rebellious,” was “more calm,” was showing “honesty,” or was “follow[ing] rules” when treatment ended.

Many youths also noted improvements to their own behavior, with one commenting that treatment “made my behavior better,” another stating that treatment “helped so that I won’t break [rules about] sexual behavior,” and still another stating, “I behave better with the other kids in school.”

Caregivers stated that being part of the group provided the “ability to talk to others and have them understand” and “made us feel that we were not alone.” Caregivers also commented on the support their children also received, with one stating that his or her child “met peers going through the same issue,” and another commented that group helped his or her child in that “he knows he’s not the only kid in the world who has made this mistake.” Youths noted similar themes. One youth stated that “we received help and support” and another noted that he or she “realized I am not alone.” Several youths also commented on the peer relationships they developed, as one youth stated, “I made new friends in the program.”

*“The PSB-CBT™ Training Team were incredible and helped our team feel safe in an intense learning process. Most importantly, we successfully implemented a new program and have seen how impactful it is and how valuable it is to our community”*

– Senior Leader and Clinician in Fargo, ND

## PSB-CBT™: ADAPTABILITY AND ACCESSIBILITY

### ■ What is the history of PSB-CBT™?

Problematic Sexual Behavior – Cognitive-Behavioral Therapy™ (PSB-CBT™) is a comprehensive family-based clinical treatment intervention for children and adolescents with problematic and illegal sexual behaviors. The PSB-CBT™ models were developed and tested at the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center in Oklahoma City, Oklahoma. Training and technical assistance is offered through our PSB-CBT™ T/TA Program to facilitate dissemination of up-to-date information and implementation of evidence-based treatments for families with youth with problematic or illegal sexual behaviors. To support community implementation of PSB-CBT™, the T/TA team has integrated the National Child Traumatic Stress Network (NCTSN) Learning Collaborative model into T/TA services to best engage and train personnel at behavioral health agencies, children’s advocacy centers (CACs) and other service agencies.

<https://connect.ncsby.org/psbcbt/home>

### ■ How did PSB-CBT™ developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?

Given the prevalence of racial disparities and inequities in child service systems, implementation of effective intervention must address the roles of race, gender, power, privilege, and poverty. Recognizing our need to examine our own organization before supporting other teams’ efforts to reduce inequities for marginalized populations including Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ youth, we have begun the process of self-evaluation. Additionally, we designed a revised Restoring the Sacred Circle Toolkit to support tribal communities by providing much-needed resources to build on protective factors to promote healthy development and respond to problematic sexual behavior in a respectful manner that treats the youth as sacred. Learn more about the toolkit here: <https://www.ncsby.org/american-indian-and-alaska-native-tribes>

### ■ What is the role of PSB-CBT™ providers in tailoring the model for individuals, families, and communities?

We have developed a tool designed for agencies to help “self-assess” readiness for implementing a PSB-CBT™ treatment program in their community and consider what is needed to reach goals for successful implementation. [https://higherlogicdownload.s3.amazonaws.com/NCSBY/b729af67-75a0-4731-b90d-496bb09f4ead/UploadedImages/PSB-CBT\\_Agency\\_Readiness\\_Guide\\_2022-23.pdf](https://higherlogicdownload.s3.amazonaws.com/NCSBY/b729af67-75a0-4731-b90d-496bb09f4ead/UploadedImages/PSB-CBT_Agency_Readiness_Guide_2022-23.pdf)

### ■ How are lessons learned from individuals, families, communities and providers used to keep improving PSB-CBT™?

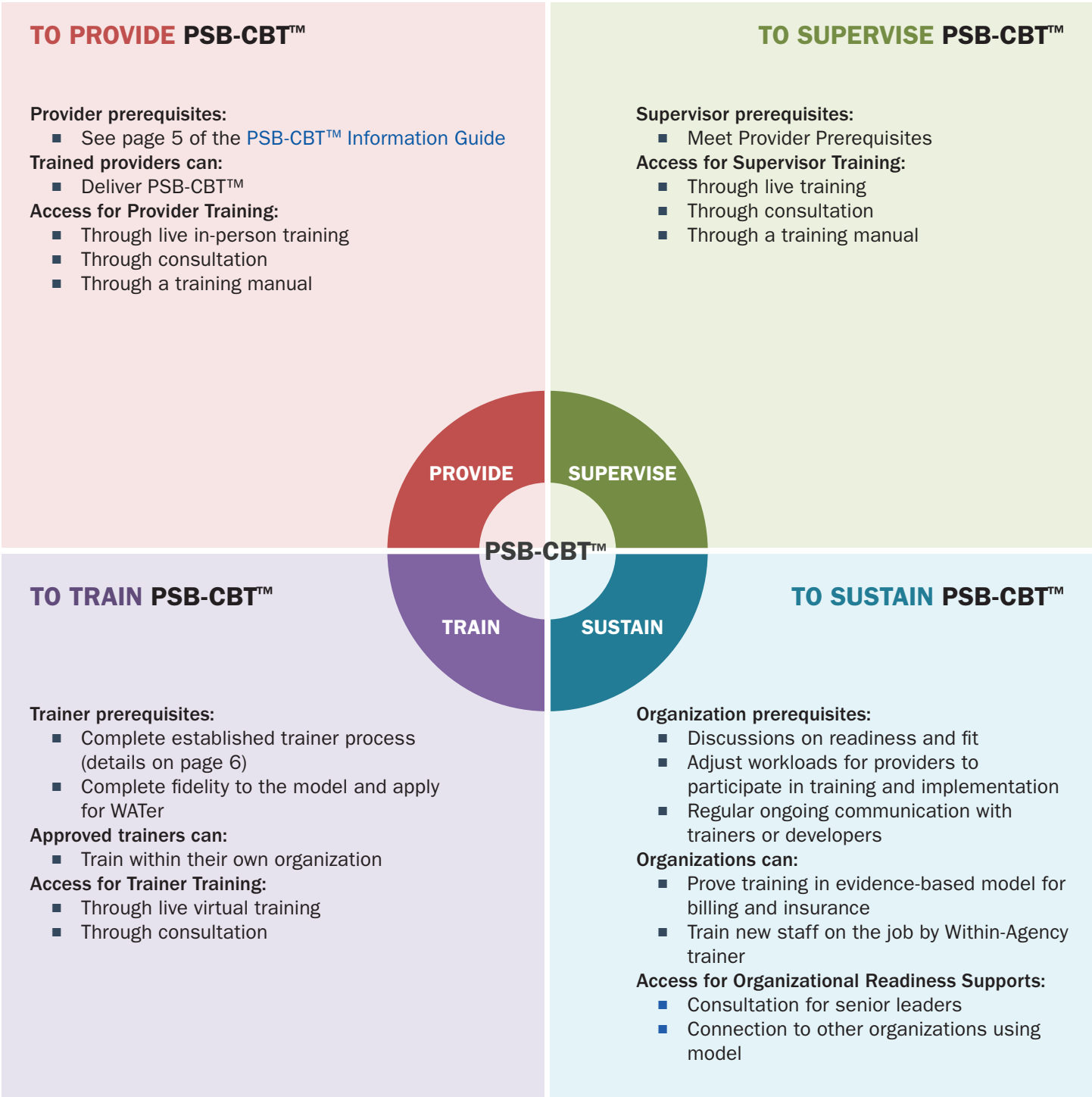
We have developed a Caregiver Partnership Board (CPB) and Youth Partnership Board (YPB) which is comprised of caregivers and youth who have participated in PSB-CBT™ treatment program. Members play a vital role in informing patient care, patient-centered research, and best practices. <https://www.ncsby.org/partnership-boards>

Members of the youth board assists in providing insights for training professionals who work with youth displaying PSB. The goal is to enhance outcomes and services for both the youth and their families.

### ■ Resources and materials are available:

- In more than one language – Spanish. Translations were done by professional translation services.
- For more information on adaptation and access, visit <https://www.ncsby.org/partnership-boards>

**PSB-CBT™:**  
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING



## PSB-CBT™:

### MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

#### PROVIDE PSB-CBT™

- **Training cost:** \$4500/per clinician (group)/\$5500/per clinician (family)
- **Time Commitment:** 12+ months
- **Additional Details:** Training is limited each year. See training calendar for more details. <https://connect.ncsby.org/psbcbt/home>

#### SUPERVISE PSB-CBT™

- **Training cost:** \$2500/per clinical supervisor/senior leader
- **Time Commitment:** 12+ months
- **Additional Details:** Training is limited each year. See training calendar for more details. <https://connect.ncsby.org/psbcbt/home>

#### TRAIN PSB-CBT™

- **Training cost:** \$2750 (1st candidate from single site), \$1750 (additional candidate(s) from same site)
- **Time Commitment:** 6+ months
- **Additional Details:** More information can be found here: <https://connect.ncsby.org/psbcbt/advanced-training/within-agency-training>

#### SUSTAIN PSB-CBT™

- Providers seeking to become rostered 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.

To learn more about providing, supervising, training, or sustaining, please email: [OU-YPSB@ouhsc.edu](mailto:OU-YPSB@ouhsc.edu).  
For additional resources and related products, please explore: <https://www.ncsby.org/>

The Problematic Sexual Behavior – Cognitive-Behavioral Therapy™ for School-Age Children (PSB-CBT™): At-A-Glance was reviewed and approved for accuracy by the Training and Technical Assistance Manager in July 2024.

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