



CENTER FOR CHILD  
& FAMILY HEALTH



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities  
and Substance Abuse Services

## **Development of a Clinical Assessment and Treatment Platform to Address Problematic Sexual Behavior (PSB) Among Children Ages 3-18 Across North Carolina**

July 2019

*Prepared by the North Carolina Child Treatment Program (NC CTP) in collaboration  
with the North Carolina Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services (NC DMHIDD/SAS)*

### **EXECUTIVE SUMMARY**

Problematic sexual behavior (PSB) among children and adolescents is a significant public health and safety concern. While children and adolescents may exhibit a wide range of developmentally-typical sexual behaviors involving self and others, some youth engage in sexual behavior that is problematic and requires clinical intervention and treatment. Solitary sexual behaviors are considered problematic when they cause physical harm or interrupt normative development and functioning. Similarly, sexual behaviors involving others are considered problematic when they are coerced, aggressive, cause physical harm, or involve a significant differential with regard to child size, age, or cognitive ability (ATSA, 2017).

Although prevalence rates for PSB are unknown, crime and victim data gathered from a variety of sources provides some understanding of the issue. The National Children's Alliance reports that 20-25% of sexual abuse cases handled by Children's Advocacy Centers in 2015 involved youth acting out toward other youth (National Children's Alliance, 2017). In North Carolina, combined data from the states' Children's Advocacy Centers in 2015 indicated that 16.4% of cases involved youth acting out toward other youth. The North Carolina Department of Public Safety, Juvenile Justice Section reported that 4,571 minors were adjudicated for sexual offenses in a 10-year period ending in December 2016. Adjudicated children were between the ages of 6 and 16 years, with approximately one-third under 13 (J. Steinberg, personal communication, April 21, 2017). These data highlight the importance of public sector professionals collaborating in a coordinated effort in regard to the identification, assessment and treatment of PSB in children and adolescents.

Fortunately, evidence-based and evidence-informed PSB treatments are available, and youth who participate in treatment demonstrate low rates of recidivism (ATSA, 2006). Despite the availability of effective, scalable treatment options, there have not been coordinated efforts to train the North Carolina PSB clinical workforce, nor have there been sustained efforts to disseminate PSB interventions widely in community or confined settings.

In recognition of this treatment gap, the North Carolina Child Treatment Program (NC CTP), in collaboration with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMH/DD/SAS), engaged in a two-year exploratory process to evaluate and address gaps in the childhood PSB clinical service array.

## EXPLORATORY PROCESS

NC CTP faculty, state policy leaders, PSB clinicians, and other stakeholders:

- ✓ Evaluated current PSB clinical workforce practices and capacity across North Carolina;
- ✓ Determined critical components for the implementation and sustainability of a statewide childhood PSB assessment and treatment platform;
- ✓ Evaluated twenty-one evidence-based and evidence-informed PSB treatments for children 3-18 years of age, resulting in the recommendation of three treatments for statewide dissemination;
- ✓ Evaluated system-level barriers to the development, implementation, and sustainment of a childhood PSB clinical service array, and recommended strategies to address these barriers.

## PROGRAM LAUNCH

This comprehensive and systematic process resulted in:

- ✓ Selection of the Problematic Sexual Behavior- Cognitive Behavioral Therapy (PSB-CBT) treatment model for statewide dissemination
- ✓ Securing of funding to support a two-year PSB platform launch phase, beginning July 2019
- ✓ Recommendation that other evidence-based and evidence-informed treatment models currently in practice within select NC agencies or locations be considered for geographic expansion or targeted implementation within a statewide PSB treatment platform

During the two-year launch period, the following actions will occur:

- ✓ PSB-CBT clinician training and treatment provision with implementation of the model phased by age group: School-Age (7-12) in Year 1; Adolescent (13-18) in Year 2; Preschool (3-6) in Year 3
- ✓ Development of a statewide platform to address child and youth PSB through:
  - creation of a state-level child and adolescent PSB clinical advisory board
  - workforce development and sustainment
  - policy and program development
  - referral base and support services coordination
  - clinical service delivery and outcomes monitoring
  - program monitoring and evaluation

For more detailed information on the methodology for the two-year exploratory process, please contact Ben Cobb, PSB-Platform Program Manager and Improvement Advisor, at [benjamin.cobb@duke.edu](mailto:benjamin.cobb@duke.edu).

## ABOUT THE NORTH CAROLINA CHILD TREATMENT PROGRAM (NC CTP)

NC CTP, a program of the Center for Child & Family Health (CCFH), was established in 2006 to train licensed mental health therapists in a child trauma evidence-based treatment. During the pilot phase (2006-2013), NC CTP provided intensive training and coaching to over 300 clinicians in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Program graduates, in turn, provide treatment to thousands of children and adolescents from 3-18 years of age who experience a wide range of traumas, including sexual abuse, physical abuse, exposure to family and community violence, natural disasters, traumatic grief, and life-threatening accidents and medical conditions.

In 2013, NC CTP was granted an annually-recurring appropriation by the North Carolina General Assembly, allowing for expansion of program scope and geographic reach. Since 2013, NC CTP has enrolled approximately 150 licensed clinicians per year in clinical training, across an array of evidence-based treatments including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Child-Parent Psychotherapy (CPP), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). During their clinical training, clinicians offer high-quality treatment in community and confined settings to over 700 children and adolescents, as well as to their caregivers.

Following graduation, NC CTP faculty supports the clinician-graduate workforce through advanced training opportunities and ongoing access to clinical consultation. Additionally, NC CTP provides access to a web-based, TF-CBT clinical support tool. Finally, a publicly-available roster of program graduates links families and professionals to the trained workforce ([www.ncchildtreatmentprogram.org](http://www.ncchildtreatmentprogram.org)). NC CTP rostered clinicians provide treatment to thousands of children across North Carolina each year.

## REFERENCES

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