

The paper for
professionals who work
with troubled youth



STARR POINTS

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Evidence-based assessment tool helps predict the risk of recidivism for adjudicated youth who sexually offend.

A ground-breaking assessment tool now used by Starr Commonwealth in Sexually Reactive Youth (SRY) programs in Michigan and Ohio is showing great promise in both the evaluation and treatment planning for youth who sexually offend or sexually abuse others. ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) is an empirically guided checklist to help estimate the short-term risk of a sexual re-offense for youth ages 12 to 18.



It also offers valuable insights for the treatment of youth in this highly specialized category. "In the past, most of the research on sexually offending behaviors has focused on adults," says Dr. Jim Longhurst, licensed psychologist for Starr Commonwealth. "Because the ERASOR assessment was designed exclusively for adolescents, it's a far more valid and reliable instrument for evaluation and treatment planning."

ERASOR was developed by Dr. James R. Worling, an internationally recognized expert on the etiology, assessment and treatment of adolescent sexual aggression. The evidence-based assessment provides clinicians with objective coding instructions for 25 risk factors (16 dynamic and 9 static) that together help determine a child's chance of re-offending. It can also identify specific areas

where a child may be struggling. "Behavior can be rooted in anger, for instance, or grief or any number of root causes," says Longhurst. "Once you know what's at the heart of behavior, you can tailor treatment to address it."

Last fall, Worling came to the Starr Institute for Training in Albion, Michigan to instruct the organization's senior clinicians and other area childcare professionals on the use of this valuable, results-oriented instrument. Worling's comprehensive two-day training program covered everything from determining pre- and post-treatment risk levels to current treatment approaches to best-practice guidelines in the treatment of sexually reactive youth.

"As an empirically-guided tool, ERASOR gives us a valid and reliable way to provide referring agencies with an assessment that translates to risk while also assisting us in the development of a highly effective, highly individualized strength-based treatment plan."

*Jim Longhurst, Ed.D.
Licensed Psychologist, Starr Commonwealth*

For Longhurst, ERASOR takes the practice of strength-based treatment to the next level. "As an empirically-guided tool, ERASOR gives us a valid and reliable way to provide referring agencies with an assessment that translates to risk while also assisting us in the development of a highly effective, highly individualized treatment plan."

Starr Commonwealth is one of the few strength-based programs in the country with a program dedicated exclusively to the treatment of youth who sexually offend. "Many residential treatment centers don't consider the distinction between sexually reactive adolescents and those who may be struggling with very different behavior issues," says Longhurst who notes that Starr has a 91.4% success rate in SRY treatment. "Kids who sexually offend do much better when they know they're with others who understand and are dealing with the same issues."

New federal funding supports Starr Commonwealth programs

Starr's quality programs for troubled youth got a major vote of support from the federal government last year. The Fiscal 2010 Omnibus Appropriations Act, passed by Congress in 2009, will include over \$2 million for Starr Commonwealth programs and facilities. The new funding will be available this fall and will be allocated to the following Starr programs and locations:

- \$300,000 for Battle Creek's parent-referred day treatment program
- \$876,600 for Battle Creek's facility renovations
- \$350,000 for Detroit's renovation and expansion of transitional facilities for youth
- \$200,000 for Detroit's pilot of Bridges to Responsible Adulthood program
- \$200,000 for Columbus' Transitions program (Supervised Transitional Living)
- \$500,000 for Van Wert's expansion of the adolescent delinquency program



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STARR

THE LONG VIEW

Dr. James Longhurst is a licensed psychologist for Starr Commonwealth. In addition to his role as Director for Montcalm Schools, Jim is involved in all case planning and clinical services for the organization. He is a member of the American Psychological Association and is a charter member of the International Positive Psychology Association. Jim is a certified lead facilitator and trainer for Starr's Healing of Racism and Glasswing™ facilitator training initiative.



Why is the assessment of strengths so important?

A few years ago, Starr's residential programs began the implementation of a true strength-based assessment tool – **The Behavioral and Emotional Rating Scale: Second Edition**. Completed by the youth, parents, and a teacher or clinician, results of this widely accepted tool enable us to better understand a youth's strengths along important dimensions: interpersonal; family; intrapersonal; school; and affective. This instrument has many applications including:

- Measurement of gain in strengths: Administered on a pre- and post-treatment basis, we can scientifically determine the effects of treatment on a youth's behavioral and emotional strengths as experienced by the youth, parents and clinicians.
- Clinical applications: The pre-treatment results serve as a guide for treatment planning that draws upon the strengths of the youth. Having a comprehensive understanding of the strengths provides clinicians with ideas on how to provide sufficient experiences, instruction and opportunities for continued growth and achievement of goals.

A real "strength" of this assessment tool is that it incorporates the experiences of three parties – the youth, parents and clinicians. As often happens, youth exhibit strengths in some situations and not others. As well, it is helpful to see how the three assessments compare in consistency. A youth may see strength in a particular dimension that is not experienced by the parent, or vice versa. This is very important to know from a clinical standpoint because a strength not recognized or reinforced may result in "strength atrophy" or "strength extinction." If not properly channeled and guided, the youth could even deploy strengths into destructive and hurtful activities.

A good example of the importance of gathering observations from all three sources is "Brandon." Brandon came to our program having lived basically homeless and "on the streets" for most of his life. He was later adopted but became such a handful that his parents and social services worker turned to Starr for help. You can imagine the issues of trust and safety Brandon experienced on a continuous basis.

Brandon's pre-treatment BERS2 scores indicated that both his self-assessment and his parents' assessment ranked him at less than 1 percentile – meaning that more than 99% of youth assessed on this instrument scored higher, exhibiting more behavioral and emotional strengths. His clinician's rating was somewhat higher – 5 percentile – but still very low. It was quite apparent that much work was needed to bolster Brandon's ability to interact effectively with others.

After nine months of residential treatment, including group therapy, individual counseling, educational instruction, and structured recreational and service learning activities, Brandon was re-tested using the BERS2. Both Brandon and his clinician saw significant improvement in his strengths – Brandon's scores jumped to the 20th percentile and his clinician's up to 23rd percentile. BUT, Brandon's parents' scores remained exactly the same – less than 1st percentile! They had not observed any progress at all.

This was significant clinical information for the treatment team. They were able to set up a series of clinical parent conferences to help Brandon's parents see that he was indeed making progress in many areas and to talk about how it was that they had overlooked the gains made by their son. They were helped to communicate this awareness to Brandon which served to reinforce the gains made and to encourage further growth. In this way the BERS2 served not only as a measurement of growth but as an applied clinical tool.

CYBER-STARR

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Starr Points is a quarterly newsletter published by Starr Commonwealth, an internationally recognized leader in transformational programs for children, families, schools and communities. Founded in 1913, Starr's treatment philosophy is rooted in seeing something good in every child, which serves as the guiding principle in its strength-based approach. Starr offers a full spectrum of community-based early intervention and prevention services along with specialized residential programs. Through the Starr Institute of Training, parents, clinicians, educators and childcare professionals now have access to Starr's highly successful and innovative techniques aimed at bringing out the best in every child. For more information, visit www.starr.org.

Starr Commonwealth Programs

Albion, Michigan

Juvenile Justice (residential)
Sexually Reactive Youth (residential)
Abuse/Neglect (residential)
Alternatives (substance abuse, residential)
Montcalm School for Boys

Battle Creek, Michigan

Day Treatment
Intensive In-Home
Starr Life Skills
(supervised independent living)
Foster Care
Juvenile Diversion Program
Daytime Curfew
Suspension Center
NovaNet Credit Recovery

Columbus, Ohio

Sexually Reactive Youth (residential)
Transitions (supervised transitional living)
MyPlace Independent Living
Ohio Families First
Treatment Foster Care
Community-Based Treatment Center

Detroit, Michigan

Alternatives
(substance abuse, community-based)
New Boundaries (residential transition and reintegration support)
Starr Life Skills
(supervised independent living)
Transitions (supervised transitional living)
Foster Care

Van Wert, Ohio

Traditional Delinquent for Boys
Traditional Residential for Girls
Montcalm School for Girls

For Michigan referrals, please call toll-free 800-837-5591 or e-mail michintake@starr.org

For Ohio referrals, please call toll-free 866-289-9201 or e-mail ohiointake@starr.org

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