



# Challenges

## TresslerCare implements outcomes measures

In this issue of **Meeting Challenges**, we would like to introduce a new challenge TresslerCare is undertaking—implementing a comprehensive outcomes measures initiative in 2002, designed to analyze and document the effectiveness of our services. We no longer have the luxury of simply assuming we are doing a good job, and recognize county departments are faced with tough decisions about where to invest limited dollars.

Like many agencies, TresslerCare completed “point-in-time” outcome measures in the past, and results were encouraging. However, a shortcoming was the inability to continuously solicit feedback from those we serve: referral sources and the children and families receiving our treatment interventions.


To that end, we developed an outcomes measurement process that encompasses three key components.

- The first component is a pre- and post-service **clinical assessment**, designed to measure behavioral change in children and their families.
- The second component consists of **quality assurance** surveys distributed following discharge to the referring county agency, child (if age 14 or over), and the child’s parent(s).
- The third and final piece is a one-page **administrative summary** documenting the results of the clinical assessments and quality assurance surveys, and, additionally, incorporating Adoption & Safe Families Act (ASFA) and fiscal measures. This summary, provided to the county, lists each TresslerCare service the child received, and the total cost of care.

You will receive the administrative summary for community-based programs (Foster Care and our In-Home services located in

the Capital Region) as a first step. We hope you find this information valuable as you face the challenge of deciding which service is best suited for a particular child and family.

We appreciate candid feedback in the survey you complete, as we strive to improve our services.



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# TRESSLERCARE SEXUAL OFFENDER SERVICES

## Leading expert shapes programs

*When Jane Yeatter, director of clinical services II, joined TresslerCare as a contract counselor in 1981, she had no idea that she would one day lead the area's first program to offer outpatient group and individual therapy for kids who have sexually offended or acted out, and that the program would grow to include intensive in-home treatment, assessment, and specialized services for these kids.*

*But as the years passed, Yeatter saw an increased number of referrals. "We now have three groups to address sexual behaviors—two groups for the 13 to 18-year-olds and one for eight to 12-year-olds," she says. "There are more kids who are sexually acting out and there are more kids who are needing treatment for those behaviors."*

### Governor appoints Yeatter to board

Last December, Governor Mark Schweiker appointed Jane Yeatter to the Sexual Offenders Assessment Board, the arm of the Board of Probation and Parole that assesses adult sex offenders under Megan's Law.

"My job as a board member is to assess whether or not the adult sexual offender meets the criteria to be a Sexually Violent Predator (SVP) within the guidelines provided in the statute. If, in fact, the offender meets the criteria, then it is my job, as an expert witness, to testify at a court hearing scheduled for the purpose of establishing SVP status."

In the late 70s, Yeatter was working in a community program where she saw a growing need for sex education for kids. Out of that experience she developed a community-based, sex-education program that she eventually brought to TresslerCare. During the early 80s, as she and co-facilitator Bill Love worked with kids placed in the court system, she realized that the number of offenders was increasing and something more had to be done to help them.

It wasn't until Yeatter facilitated a group of pedophiles at the State Correctional Institute at Camp Hill from 1985 to 1987 that she got her answer. "That is where I got schooled," she says. "It was the offenders who taught me about offending issues and what the treatment issues were—what needed to be addressed in juveniles. "In 1988, Yeatter and Love began their first group with juveniles at TresslerCare and have continued ever since.

Treatment is based on the addictions model of learning control. "It is a three-step process that begins with kids taking full responsibility for any and all sexual acting-out behavior," Yeatter says. "The second step is learning to understand all of the dynamics and risk factors that resulted in their behaviors. The third step is that they need to develop a relapse prevention plan. They have to complete the relapse prevention plan, and they have to demonstrate that they can follow that plan."

The goal of treatment is for juvenile offenders to develop emotional coping skills and increased self-responsibility. "We deal with anger management, social skills, self-per-



ception, sex education, messages kids have gotten about sex, role identity and also gender-identity issues," she says.

Additional topics include expression of feelings, assertiveness, empathy for victims, peer relationships, accepting authority, responsibility, use of pornography, appropriate expression of sexual feelings, sexual fantasies, power and control issues, the offender's own prior victimization, family relationships, and attitudes toward women.

The weekly group meeting is beneficial for juveniles because they find relief in knowing they are not alone and they gain support from each other, according to Yeatter. "They can hear things from peers that they won't hear from adults," she explains. "Group is an excellent forum for them to then practice new skills."

As Yeatter and her staff continued to offer outpatient therapy to juvenile sexual offenders, they grew increasingly frustrated that family education and support, realignment of family dynamics and relationships, and supervision issues were not being addressed. In an effort to provide

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# DELAWARE COUNTY BRIDGE PROGRAM

## Youth held to high expectations

Nearly three years ago, Delaware County's juvenile probation officers were actively using TresslerCare's Weekend Alternative Program (WAP) at the Wilderness Center in Boiling Springs, Pa. But their clients' attendance at the 10-week program, which combines group counseling, an experiential wilderness challenge and community service, was suffering.

"We'd have eight kids scheduled for the weekend and we'd have only three or four showing up," explains Corey Carothers, WAP program director. The issue arose primarily because the youths had to secure their own transportation to the county's juvenile probation office, from which they would be transported to the weekend program.

In search of a way to improve attendance and incorporate a family component during the week,

TresslerCare developed a specialized program to connect with WAP.

"We came up with some key points—curfew, school, and family. Out of that we developed the Bridge Program to improve the attendance and to provide some structure and accountability while the kids are home during the week," explains Ron Davis, program manager of the Bridge Program. "Now we consistently have 15 kids going to the Wilderness Center on the weekend."

Begun in August of 1999, the Bridge Program has been very successful, averaging about 100 participants each year. "The program has grown from being a support to the weekend program to functioning nearly on its own," Davis says.

The Bridge Program runs Sunday through Thursday, beginning with a curfew call at 9 p.m. Sunday night.

Mondays consist of school visits; Tuesdays and Wednesday feature a drug and alcohol group session. On Thursdays, counselors complete any remaining school visits. "Throughout the week we have family contact by phone or in the home," Davis adds. "Friday is the day we pick them up at their house and meet the weekend counselors who take them to the Wilderness Center."

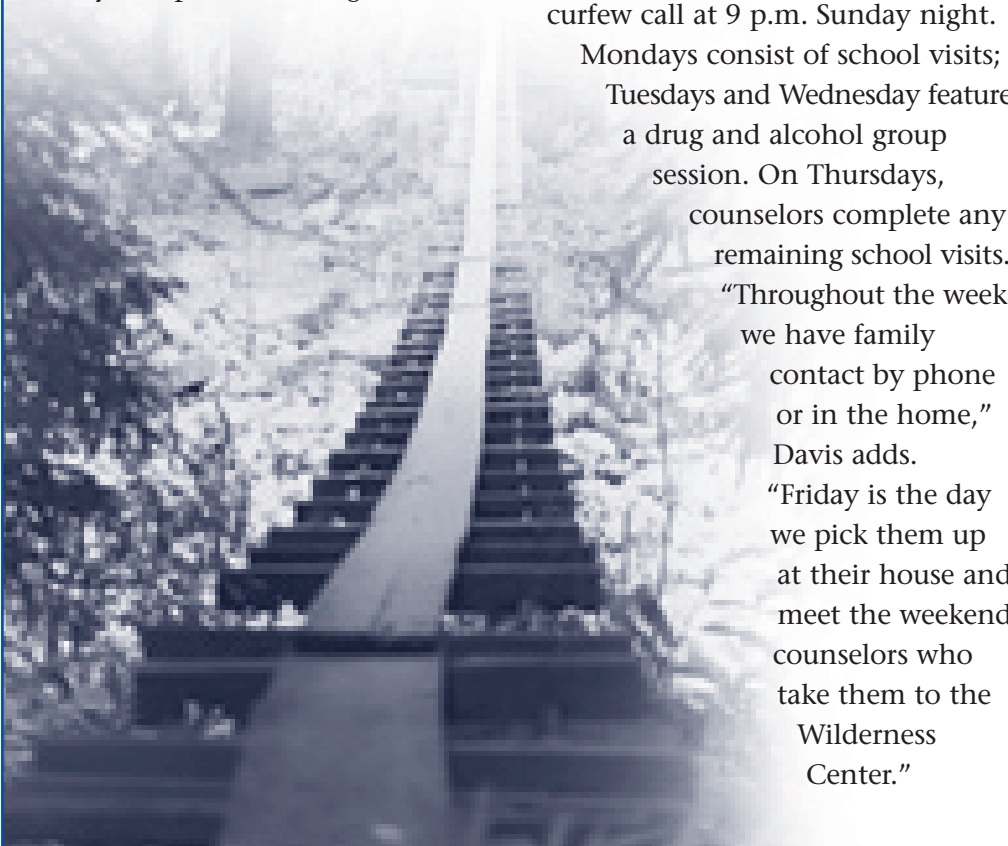


The weekend activities rotate among wilderness adventure, counseling, and community service.

"They've cleaned the Appalachian Trail, worked in retirement communities, and served with Habitat for Humanity," says Davis. "We encourage learning while they are doing service."

The wilderness component of the program can be a big adjustment for many of the youth, who are more familiar with the streets than the woods, says Rich Kasarda, a Delaware County probation officer. "When the kids first go up [to the Wilderness Center], they are a little hesitant," he says, adding that both the kids and staff have an adjustment period.

"The first week or two the staff and the kid get a feel for one another," he says. "As the program moves along, there are much higher



expectations of the youngsters. From the fifth to the tenth week, they really grasp what is going on."

As soon as the youth are dropped at their doors on Sunday nights, counselors for the Bridge

Program begin their curfew calls, according to Davis.

"We are talking to the kids about their goals, some of the mistakes they may have made, and communicating with the probation officers," he says.

The families of the youth in the Bridge Program have been very happy with it, according to Kasarda. "It really helps support the family, helping the kids maintain certain respect levels around the house," he says. "It is another person looking over their shoulder."

After the 10 weeks of the weekend component are completed, there is a four-week aftercare program. "That is not etched in stone, but that is the model," explains Davis.

According to Kasarda, the aftercare helps to support the family so services do not come to an abrupt end. "If that child is still having difficulties during the week, we will use the weekends" to reinforce the changes in behavior, he adds.

For Megan O'Neill, also a Delaware County probation officer, the four-week period is a good time to see if the youth will recidivate. "If they come home and decide not to use what they learn, you can figure it out in those four weeks," she

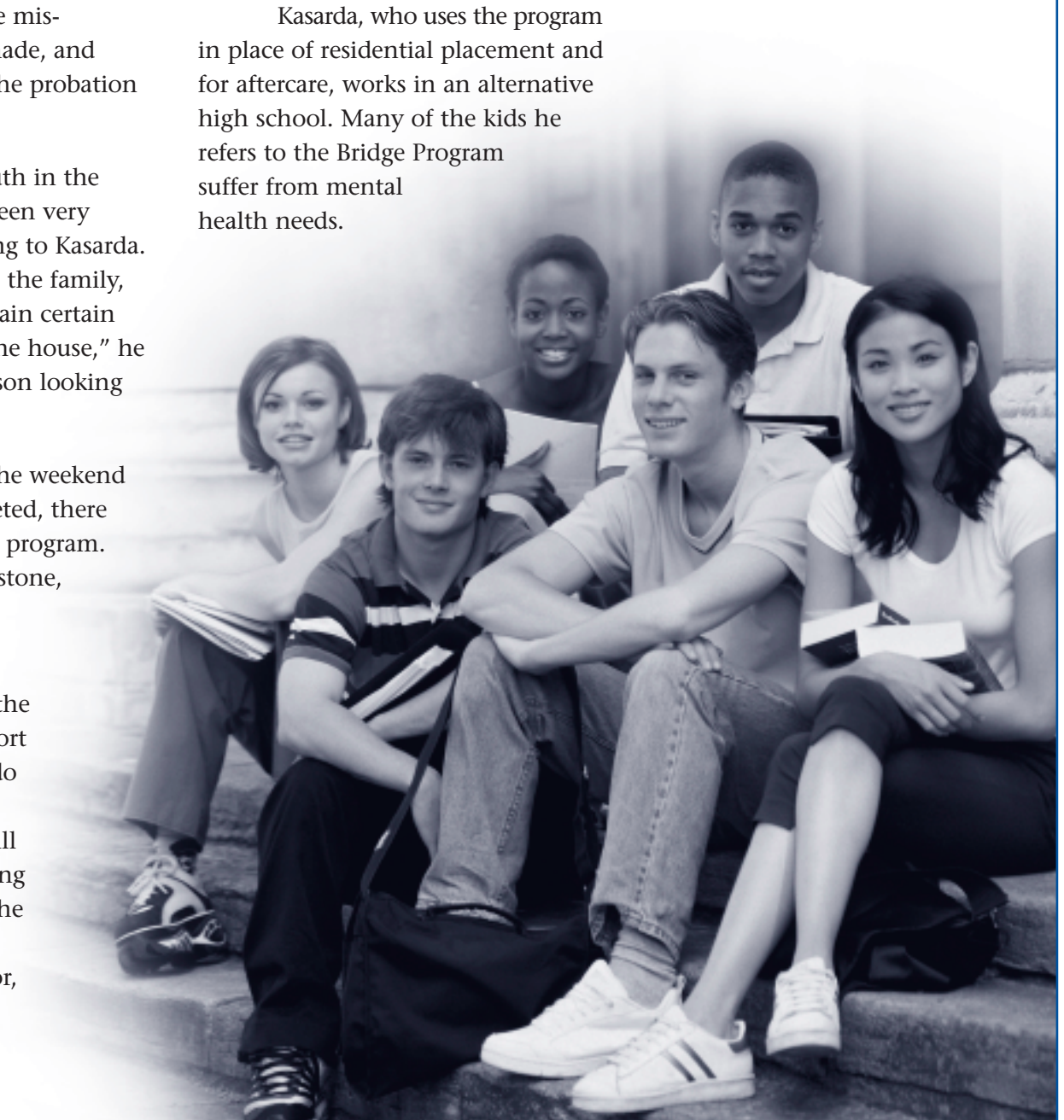
says, adding that she has a really good success rate with the program.

Kasarda, who uses the program in place of residential placement and for aftercare, works in an alternative high school. Many of the kids he refers to the Bridge Program suffer from mental health needs.

***"We are talking to the kids about their goals, some of the mistakes they may have made, and communicating with the probation officers."***

"I'm not a firm believer in kids taking meds. I think there is always an alternative," he says. "Ron and the staff have a knack of working with these kids."

Davis says that for the short time he has youths in the program, he tries to do as much as he can. "I feel as though when they leave the program, for those three months, they made good choices," he says. "Their motivation is a lot higher." ✪



## UPDATES

**TresslerCare - Northwest Region:**  
**Rod Burlingame**, clinical director, recently earned a professional counselor license from Pennsylvania's newly created State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors.

**TresslerCare - Southeast Region:**  
**Jennifer Myers**, master's degree intern majoring in family therapy at Hahnemann University in Philadelphia, provided invaluable support to the Chester County Aftercare program for two semesters.

**Chester County Aftercare & Bridge programs** are providing family therapy and in-home services in collaboration with youth served by TresslerCare's residential Wilderness School and new 90-day Challenge+Plus program.

**TresslerCare - Capital Region:**  
In April, Bruce Schaffer, a private consultant and trainer with JKM Training who had more than 25 years of experience in human services, conducted a continuing training session for **TresslerCare foster parents** entitled "Refusal Skills for Adolescents." Several foster families from Cumberland County Children & Youth Services also attended.

The **TresslerCare Foster Care** program is enhancing its Fost/Adopt services through closer collaboration with **Tressler Adoption Services of Central Pennsylvania**.

**Kathy Selgas** was promoted to the position of program manager with TresslerCare's Specialized In-Home



Treatment program (for youth with acting-out and sexual-offender issues).

**Jeanne Schott**, MSW intern with the Specialized In-Home Treatment program, developed a quality assurance survey that was distributed to 75 individual referral sources in March. After final compilation, results will be shared in an upcoming issue of this newsletter.

The **TresslerCare Aftercare & Prevention Program** (TAPP) has begun development of an "accountability-focused" in-home service to be combined with **TresslerCare's Weekend Alternative Program** (WAP). Designed for juvenile probation offices in particular, emphasis will be on shorter duration of services and BARJ principles.

**TresslerCare - Wilderness Center:**  
A Jan. 1 fire forced the Wilderness Center to transform its shop area into a temporary dining hall, resulting in the suspension of regular vocational arts activities. Instructor Terry Smith took the opportunity to teach **model building skills** to our youth. His effort also taught patience, following directions, and cooperation.

The third quarter marking period grades are out, and 14 young men in the Wilderness School program earned **Distinguished Honors and Honors**. To earn this distinction, you must earn 90 percent and 85 percent average, respectively, in all subjects, and no single grade below a C. For some in the program, this is the first time in their academic lives they have achieved such lofty goals. Congratulations to all! And, thanks to our dedicated Intermediate Unit staff.

The Wilderness School now recognizes a "**Student of the Week**" and a "**Student of the Month**" to honor those youth who exemplify the values of Courage, Trust, Effort, Responsibility and Respect. Four different youth earned Student of the Week. The first Student of the Month was a young man from Delaware County. Congratulations!

The **90-Day Challenge+ Plus program** continues to have a 100 percent success rate, as all the youth who entered have been successfully discharged. ✨

## Leading expert shapes programs *Continued*

more comprehensive services, they applied for and received a grant from the Pennsylvania Commission on Crime Delinquency.

The grant would help Yeatter and her staff to develop a specialized in-home treatment program, operational in April of 1998, which includes a weekly group session, individual counseling, and in-home family therapy session.

“They also get in-home case management, which is at least two in-home visits per week and often daily contact,” says Yeatter. “It requires a lot of involvement and a significant commitment from the families to maintain the kids in the home.”

The program, very successful in its first year, now stands on its own and is supported by each county.

“We work with the family because, if we don’t, these kids are going to go back to situations where the family hasn’t developed the skills and understanding to support change in the youth’s behaviors.”

In addition to the outpatient therapy and specialized in-home services, TresslerCare offers assessments, which involve comprehensive clinical interviewing along with specific tools to identify sexual thoughts, perceptions, and distortions.

Yeatter’s practical experiences were enhanced by extensive formal training, eventually resulting in certification as a Sex Offender Treatment Provider (issued by the Commonwealth of Virginia) in 1998. Additionally, she is a member of the Association for the Treatment of Sexual Abusers (ATSA), recognized

as the national leader in the treatment of offenders.

“We also have staff who are trained to administer the ABEL Assessment for sexual interest and, for those referred to the in-home treatment program, we include a comprehensive in-home assessment,” Yeatter says.

When an assessment is completed, Yeatter and her staff determine the services needed by the juvenile offender and either provide the services or refer the juvenile elsewhere.

“Our services are used both as a first-step effort to maintain kids in the community and also as a transition for those kids who have successfully completed residential services and are being returned to the community,” she says. “It is both prevention of placement and aftercare.” \*