Working with Developmentally Disabled Sex Offenders

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Knowing Your Client

"Too often we treat clients before we know them or we get to know them as we are treating them- both are unacceptable"

Randy Shively

Assessment is Priority

During orientation to a residential placement comprehensive assessment has to be the priority before any thought of treatment or what the client may or may not need

Assessment of Offenders with DD

- Intelligence (WASI; Kaufman BIT; WAIS-IV)
- Mental Status (Provider part of interview)
- Substance Abuse (Screen: CAGE; SASSI)
- Personality (Rotter Incomplete Sentences;Thematic Apperception Test)
- Sexuality/ Risk (SKAT-R; Hanson-Static; Dynamic)

Assessment Behavior Important

- Client response to instruction
- Client patience when problems get difficult
- Client understanding of words
- Anecdotal comments
- Time it takes to answer questions

Assessment Quote

"Assessment cues you into what is important to the offender, strategies used to work with them and the priority problems to address. Time spent upfront can be pay dirt in treatment"

Randy Shively

Offenders with ID

There are more sexual offenses in the ID population than in the general prison population

There seem to be a higher percentage of Paraphilias represented in this population

Risk Assessment

- Essential for determining supervision level
- Need more time in gathering key interviews and behavior observations
- Understanding of sexual terms/concepts- Sexual Knowledge and Attitudes Test-Revised (SKAT-R)

Risk Issues in Sex Offenders with MR

- There are identifiable risk issues in our population: **A Practical Guide for the Evaluation of Sexual Recidivism Risk in Mentally Retarded Sex Offenders**
- One fourth of offenders with ID have committed violent offenses (Klimecki et al, 1994)

Phenix, and Screenivasan, 2009

STAFF VIEW OF RISK

- Where can I safely take the client?
- Where can I not safely take the client?
- Who is the client safe to be around?
- Who is the client not safe to be around?

STAFF VIEW OF RISK

- Which staff does the client work well with client?
- Which staff does the client not work well with client?
- What do I not know about the client related to their risk? What triggers the client acting out?

STAFF VIEW OF RISK

- How do I supervise the client in the community?
- Who do I give information to and how do I report it if the client is not cooperating or does something risky when I am supervising?
- How do I supervise the client at home?

STAFF VIEW OF RISK

- Do I feel safe working with this client? If not what are my options?
- What is the worst thing this client has ever done? Under what circumstances did the behavior(s) occurred?
- What makes the client feel safe?

Sample Case of Assessment

Risk Inclusion in Behavior Plans

- Health and Safety Issues- fading
- Specific ways for direct care to supervise across all settings of DD client
- Behaviorally define deviant sexual behavior(s)

Developing Behavior Support Plan, cont'd

- Develop Preventions for Staff
- Develop Interventions for Staff
- Restrictions/ Fading
- Documentation of Plan

Wittwer Hall : Foundational Truths

- Clients are held accountable for all their behavior
- Staff training in risk issues is an ongoing process
- Defining supervision and risk is also ongoing and followed by team

Foundational Truths, cont'd

- Clients can learn their thinking errors and Social Behavior Problems and can own them (I-O-R)
- Creativity in Behavioral Incentives- keeping them relevant to client (motivation)

Layers of Reinforcement Motivates

- Resident of the Month
- Funky Fresh Fives
- 90% Club
- Certificates for Recognition
- Weekly Percentage of Points

Treatment Groups

- SO- beginners and advanced
- Substance Abuse
- Anger Management (Self Esteem, Sexuality)

Teaching Thinking Errors

- Look first at Social Behavior Problems
- Present in non-punitive way (Questions)
- Direct care use common language on living area
- Client's carry card and refer them often

Common Language

- Adapt to client's lingo
- Use pictures to illustrate feelings
- Have replacement thoughts which correspond with thinking errors

Assignments and Ownership

- Clients present their cycle and Relapse Prevention Plan in group
- Give assignments whenever possible using worksheets

Relapse Prevention

- Look at Big Picture

Does your lifestyle meet your emotional needs? Ie. Control, power, intimacy, adequacy, recognition

Relapse Plan Start Early

- In Counseling
- In Staff Training
- Across all environments- educate (Workshop, family, etc.

Relapse Prevention

- DD individuals need a lot of direction dealing with feelings, needs, and life plan!!
- Good Assignment: Old Me; New Me
- Keep Relapse Prevention simple and concrete

Relapse Prevention

Life Map: Good and bad experiences are put on a timeline showing two different pathways- one toward offending (negative consequences) and one toward freedom (positive consequences)

Lindsay

Relapse Prevention

1. **Dealing with risky thoughts:** change negative thoughts to positive thoughts

2. **Dealing with risky feelings:** cope with negative feelings in healthy ways

3. **Dealing with risky situations:** staying away or escaping risky situations

Horton and Frugoli

Relapse Prevention-Wittwer

- Support Team Members
- Safe Places/ Unsafe Places
- Triggers
- Offense Cycle

Supervision Expectation

"Supervision needs to be detailed and defined for the client and the staff in each environment. The risk factors need to be known by those entrusted to supervise"

Randy Shively

- **Supervision breaks down when:**

  - client is in denial of their need of help
  - staff do not know clearly what is expected
  - staff are inappropriately trained (turnover)
  - staff do not know the risk factors

Stress Positives to Client

- Direction if tempted
- Alibi if accused
- Support person to help
- Only necessary when triggers present
- Temporary: may change

Team Changes Supervision

Base changes in supervision with input from the team. This gives best plan and cuts down on manipulation.

Balance client's rights with health and safety issues present.

Approval of Community Sites

- Team approval
- Family History (denial)
- Site visits
- Comfort of client and history at the site

Model for Success

- Thorough assessment up front
- Relapse Prevention started early
- Staff well trained to supervise and knowledge of all risk factors
- Involve client in their plan and make them responsible for their safety

References

- Lindsay, W. (2009). The Treatment of the Sex Offender with Developmental Disablities: A Practice Workbook. Wiley-Blackwell.
- Horton,T., and Frugoli, T. (2001). Healthy Choices: Creative Ideas for Working with Sex Offenders with DD

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