OBSTACLES ON THE YELLOWBRICK ROAD TO COMMUNITY INTEGRATION

Developmentally Delayed Adults with Forensic Issues

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Agenda

• The Problem
• Obstacles to successful placement in the community
• Brief history of Intellectual and Developmental Disorders (IDD)
• Statistics and IDD in the Criminal Justice system
• IDD and sex offending behaviors
• Specialized staff training and an Interdisciplinary Team approach
• Recommendations

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The Problem

• IDD Adult Consumers with severe behavioral problems and court involvement have had extreme difficulty in finding and maintaining a community home.

• WHY?
Obstacles
1. Court System
2. Community reaction
3. Readiness for placement
4. Placement site
5. Political Climate
6. Available services
7. Transition to community

OVERVIEW (Handout)

IDD Historically:
- Shorter life expectancy
- Testing for newborns began in 1960
- 1976: 1000 children w/IDD died after birth died due to Hypothyroidism
- 1976: 1 out of 10 children with Hib Type B influenza bacterial disease died as a result of secondary Meningitis and IDD

Overview (Cont.)

IDD Advancements
- Environmental exposure to lead (Federal law now bans lead in paint and gasoline)
- Testing now for Thyroid Hormone; by 2000, 49 states screened for 21 conditions or more
- NIMH - Effective communication & behavior tools
- Research into adult stem cells in the brain
Worldwide Statistics
- One Billion people (15% of world population) have some form of disability
- 80% of the above live in developing Countries
- Numbers increase yearly: why?
  - New diseases
  - Substance abuse
  - Increased life span
  - Malnutrition
  - Armed conflict...

USA Statistics
- 56.7 million with some disability (2010)
- 1.7 million children w/IDD
- The state of CA reports over 300,000 individuals with Intellectual and Developmental Disorders

IDD Criminal Justice Population
Statistics...
Disabilities Among Prison and Jail Inmates 2011-12

- Review of self-reported inmate disabilities compared with noninstitutionalized general population
- The review detailed six specific disability types: hearing, vision, cognitive, ambulatory, self-care, and independent characteristics
- Cognitive disabilities were prevalent

Jennifer Bronson, Laura Maruschak, Bureau of Justice Statistics, Marcus Berzofsky, RTI International

Disabilities (cont.)

- 32% of prisoners and 40% of jail inmates reported having at least one disability
- Prisoners and jail inmates were 3 and 4 times, respectively, more likely than the general population to report one disability.
- 2 in 3 prisoners, and 3 in 10 jail inmates reported a cognitive disability (the most commonly reported disability)
- Female prisoners were more likely to report having a cognitive disability
- More than half of prisoners (54%) and jail inmates (53%) with disabilities reported a co-occurring chronic condition

Child Abuse and Crime in the IDD Population

- Birth of literature and statistics
- Child abuse of IDD children is:
  - 2.8 x higher for emotional abuse
  - 2.1 x greater for physical abuse
  - 1.8 x higher for sexual abuse
- Crime risk for persons w/IDD is:
  - 11 x higher for sexual assault
  - 13 times higher for robbery
Sexual Offending: Issues

Sexual Offense
Definition:
Sexual contact with another person without consent and all sexual contact with children

What Influences Sexual Offending Behaviors:
• Organic/Biological factors
• Psychological factors
• Social factors
• Lack of healthy experiences or opportunities for sexual expression or intimacy
• History of sexual or physical abuse
Myths/ Stereotypes: IDD and Sexual Behaviors

• Individuals with IDD viewed as either sexually impulsive or child-like and asexual
• Individuals with IDD who sexually offend against children are simply interacting with their emotional or intellectual equals
• Individual with IDD who have sexually offended cannot understand that he or she has done something wrong
• IDD individuals cannot be successfully treated

Specialized Staff Trainings

• Awareness of personal values and biases regarding sexual behavior
• Overview of “best practices” in management and treatment of sexual offending
• Understanding the “offense cycle” for each client, including victim choice, distorted thinking, offense triggers, deviant arousal patterns, and options for interventions
• Understanding and implementation of models such as “Good Lives Model” and “Old Me-New Me” for clients with developmental disabilities
• Understanding the legal and psychological terms for sexual offending behaviors
Specialized Staff Training, Cont.

- Explanation of sex offense-specific treatment programs and how they work
- Review of the impact of developmental disabilities and distorted thinking
- Review of Regional Center’s role working with IDD/SO clients
- Importance of the ‘Safety Team Approach’ and ‘Containment Model’ (interdisciplinary focus)
- Recognition of active or potential sexual offense thinking and/or behaviors and appropriate responses
- Review the balance between community safety and client management

Broad Recommendations: Canadian Report 2001

- Sexual offending by individuals with IDD is a community problem.
- The occurrence, investigation, apprehension, prosecution and treatment of these individuals fall under many different agencies each with varying philosophies and mandates. Therefore, we need to develop a common philosophy and approach that facilitates collaboration.

Training Issues
Training Issues

• Factors that undermine consumer’s level of control of his/her behavior
• Level of treatability regarding relapse/re-offense (Adaptive Functioning)
• Level of external control needed to protect past & potential victims
• Intent (level of culpability decreases with diminished capacity)
• Comfort level of caretakers and impact on consumer opportunities for age appropriate social experimentation. (Consumers may lack “normal” learning opportunities)

Training Issues cont.

• Accountability for inappropriate sexual behaviors
• Iatrogenic factors (medication, staff attitude, treatment modality, etc.)
• Level of ‘Criminal Thinking’ (Antisocial, addictive, victimization, etc.)
• Continuum of integrated treatment from provider to consumer residence

Offending Cycle

Build Up
• Cravings
• Anger
• Withdrawal

Acting Out
• Confess and/or steal
• Multiple crimes

Pretend Normal
• Return to normal routine
• Cover up compensation/return for offense

Justification
• Hard times
• Stress
• Cover up (lying)
• Overcome social/reflective deficits
• Vows to not re-offend
Risk Assessment and management

Experience has shown that there is a subpopulation of clients who have significant issues with deviant sexual arousal and aggression but who have not been involved with the criminal justice system. It is therefore important to identify this population and refer to appropriate services.

Community Placement

NIMB
Common Recommendations:

Potential Homesite
Placement Myths

- Community placement proven to put neighbors and the community at risk
- IDDs cannot benefit from treatment and/or control their urges...they will always re-offend...98%
Placement Myths cont.

- Community notification and housing restrictions equal a safer community
- Most sex offenders are pedophiles
- Most sex offenders are strangers
- Communities have a right to say who can be in their area

Obstacles to Placement

- The Court must agree and order placement
- Consumer must be in proximity to services
- Lengthy time to identify appropriate placement home that is specific to the individual consumer

Obstacles to Placement Cont.

- Community response
- Local Law Enforcement
- Political consideration
- What constitutes successful placement?
- What does it take for the client to be successful?
The Importance of Relationships
Characteristics of client success:
• History of positive adult experiences
• Work, education, independence
• Supportive connections with family and friends
• Development of a positive sense of self

Recommendations
• Staff training regarding IDD and current research
• Development of Multi-Disciplinary Team/s
  • Director
  • BCBA
  • RN
  • LCSW
  • Psychologist
  • Psychiatrist

Recommendations cont.
Develop collaboration with
• Regional Center
• Provider
• Other consultants in Plan
• Local court system
• Local Law Enforcement
• Consumer’s Family when ever possible
Recommendations cont.

Relationship with the consumer
  • Use of Person Centered Planning (PCP)
  • Trauma Informed Care

Understanding of consumer level of functioning
  • What has and hasn’t worked before
  • Knowledge of consumer triggers
  • Knowledge of consumers preferences

Questions

Thank You