

# Obstacles on the Yellow Brick 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

# The Problem

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- IDD adult consumers with **severe** behavioral problems and **court involvement** are at risk for institutionalization.
- 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)

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## IDD Historically:

- Shorter life expectancy
- Testing for newborns began in 1960
- 1970s: 1000 children w/ IDD died after birth died due to hypothyroidism
- 1970s: One out 10 children with Haemophilus influenzae type b (Hib) bacterial disease died as a result of secondary meningitis and IDD

# Overview (Cont.)

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## IDD Advancements:

- Environmental exposure to lead  
*Federal ban on lead in paint and gasoline*
- Testing for thyroid hormone  
*By 2000, 49 states screened for 21 or more conditions*
- NIMH communication & behavior tools developed
- 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

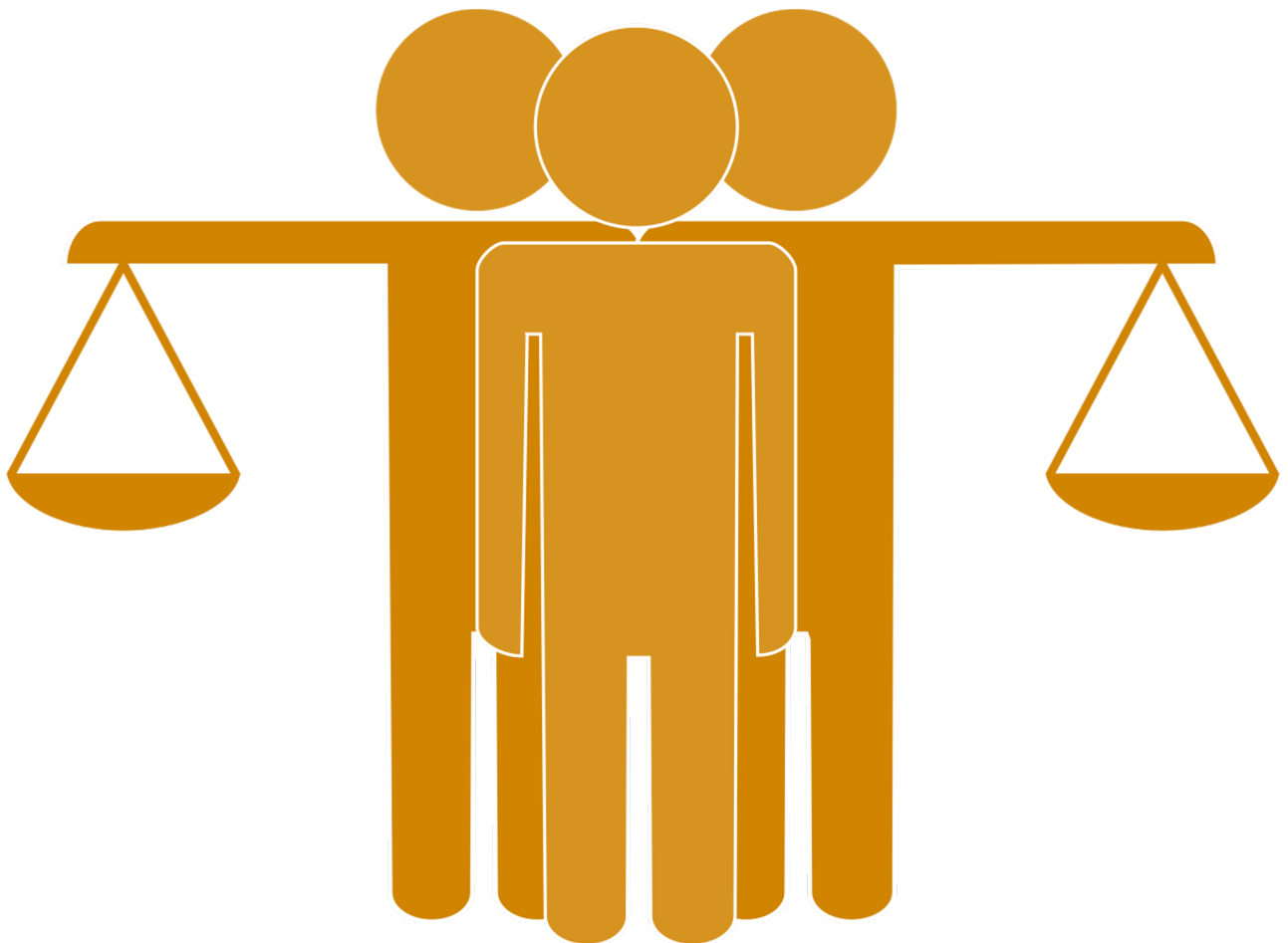
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- **56.7 million** with some disability  
(2010)
- **1.7 million children** with IDD
- **The state of CA reports over 300,000 individuals** with IDD



# IDD Criminal Justice Population

## Statistics...



2011-12

# Disabilities Among Prison and Jail Inmates

- Review of self-reported inmate disabilities compared with non-institutionalized 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.)

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- 32% of prisoners and 40% of jail inmates reported having at least one disability
- Prisoners and jail inmates were three and four times more likely, respectively, than the general population to report one disability
- Two in three prisoners, and three 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

- Dearth of literature and statistics
- Children with IDD children are:
  - 2.8 x more likely to experience emotional abuse
  - 2.1 x more likely to experience physical abuse
  - 1.8 x more likely to experience sexual abuse
- Persons with IDD are:
  - 11 x more likely to experience sexual assault
  - 13 x more likely to experience robbery

# Sexual Offending: Issues



# Sexual **Offense**

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## **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

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- 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
- An individual with IDD who has sexually offended cannot understand that he or she has done something wrong
- IDD individuals cannot be successfully treated





# Small Group **Discussion**

# Specialized Staff Trainings



# Specialized **Staff** **Training**

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- Awareness of personal values and biases regarding sexual behavior
- Awareness 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 of legal and psychological terms for sexual offending behaviors

# Specialized Staff Training (Cont.)

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- 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 in working with IDD/sexually offending 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

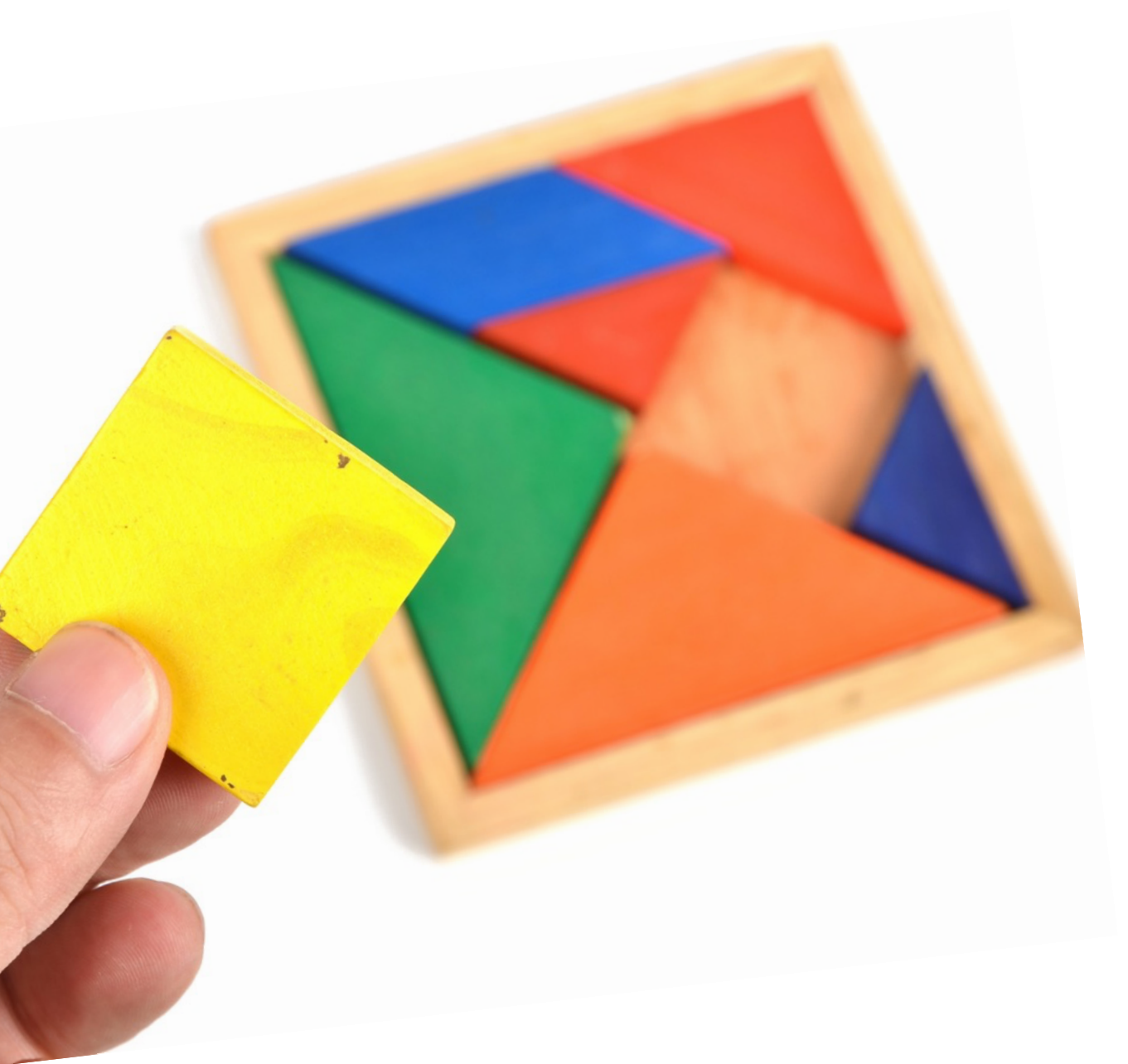
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# Broad Recommendations: **Canadian Report**

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- 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 a 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 and 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.**)

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- 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

- Triggers
- Anger
- Fantasies

## Pretend Normal

- Return to Normal Routine
- Overcompensation
- Vows to Never Re-Offend

## Acting Out

- Commitment to Offend
- Behavior Occurs

## Justification

- Guilt or Shame
- Fear of Consequences
- Cover-Up (Undoing)
- Withdrawal/Self-Destructive Behaviors
- 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 them to appropriate services.





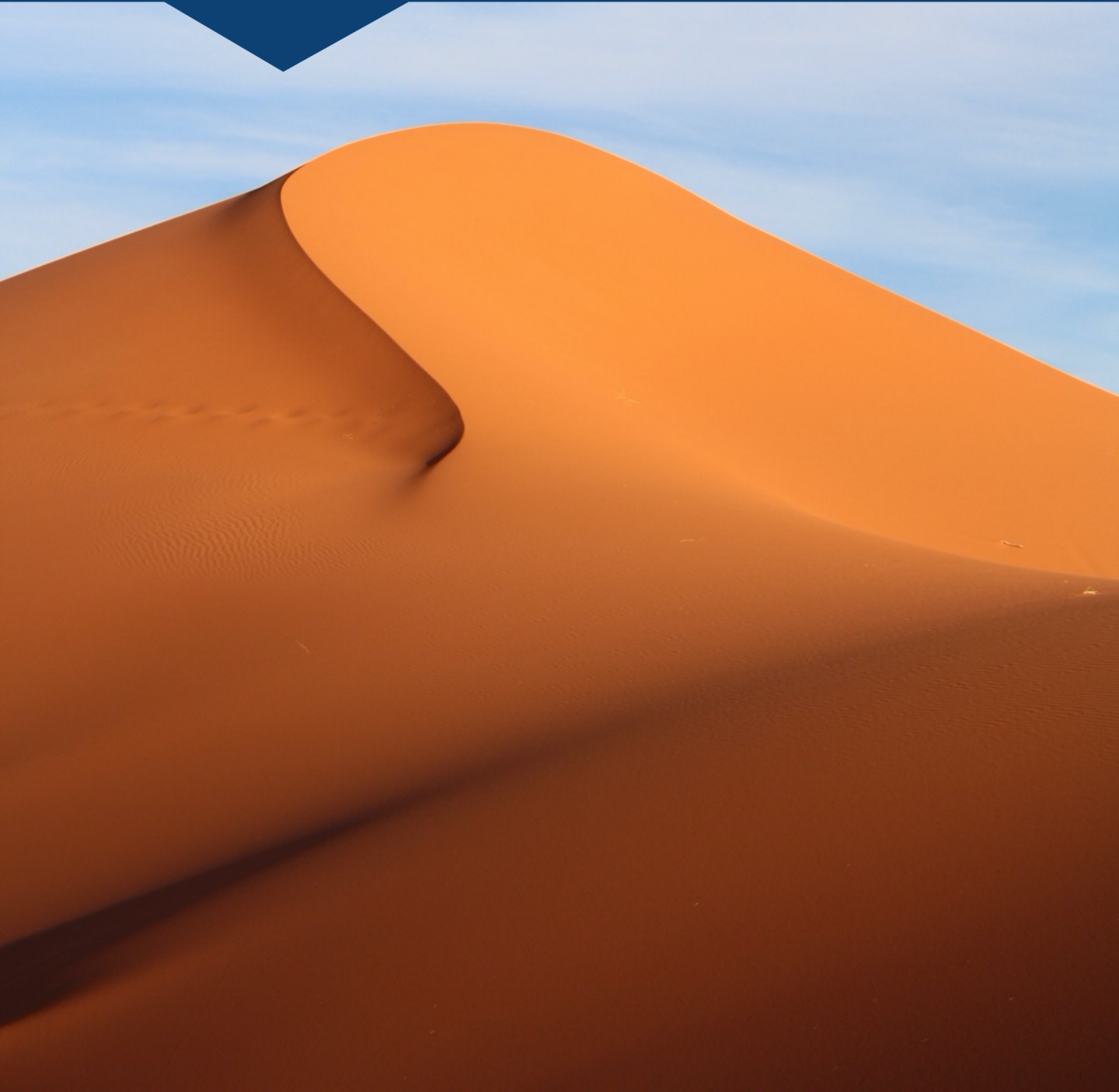
Community Placement

**NIMB Common  
Recommendations**

# Potential Home Site



# Potential Home Site



# Potential Home Site



# Placement **Myths**

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- Community placement is proven to put neighbors and the community at risk
- People with IDD cannot benefit from treatment and/or control their urges ... they will always re-offend ... 98%

# Placement **Myths** (**Cont.**)

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- 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



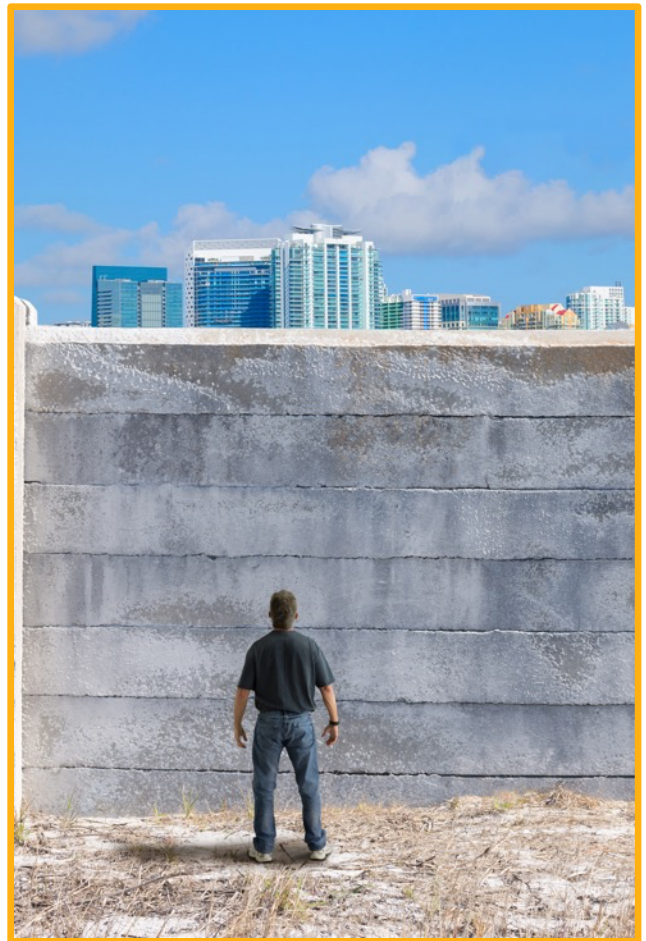
# Obstacles to **Placement**

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- 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 role
- Political consideration
- What constitutes ***successful placement?***
- What does it take for the client to be ***successful?***



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# The Importance of **Relationships**

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## **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

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- Staff training regarding IDD and current research
- Development of multidisciplinary team(s)
  - Director
  - BCBA
  - RN
  - LCSW
  - Psychologist
  - Psychiatrist

# Recommendations (Cont.)

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## **Develop collaboration with:**

- Regional center
- Provider
- Other consultants in plan
- Local court system
- Local law enforcement
- Consumer's family whenever possible

# Recommendations (Cont.)

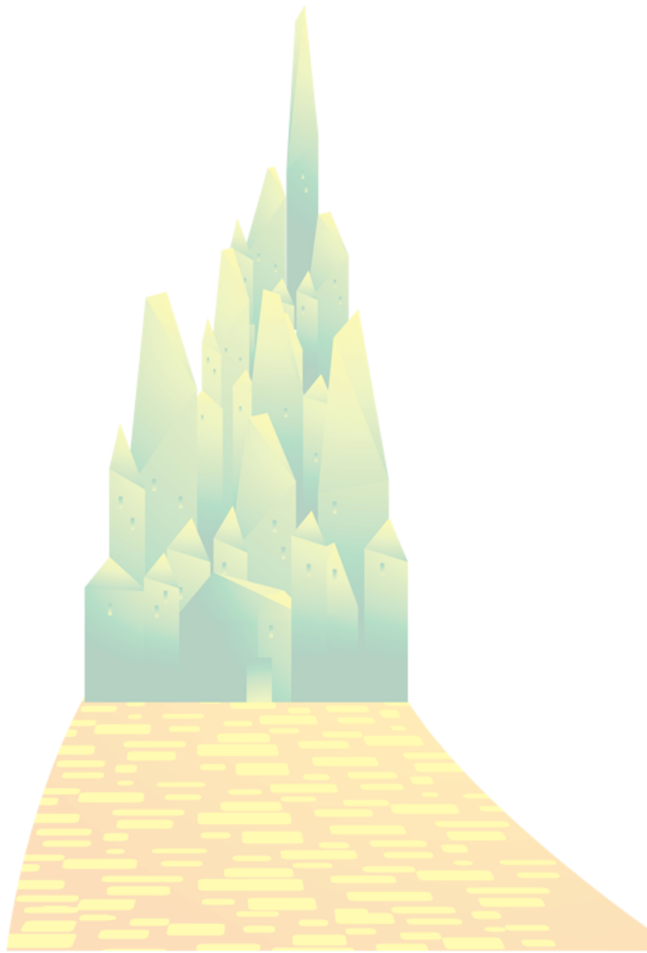
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## Relationship with the consumer:

- Regional center
- Provider

## Understanding of consumer level of functioning:

- What has and hasn't worked before
- Knowledge of consumer triggers
- Knowledge of consumers' preferences



# Questions?



Liberty  
Healthcare  
Corporation

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## Thank you!