Engaging Positive Behavior Support in Sexual Violence Prevention

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Disclaimer

- During this presentation, there will be a few pictures of books authored or co-authored by Robin.
- He certifies that he receives no remuneration from the sale of these books.
- All proceeds of their sale go back into the clinic and are used for persons in care, or are used for a scholarship for students interested in working with folks with IDD.
A judge in Canada observed:

*Herein lies the problem relating to the commission of sexual offences. Having a mature body beyond his intellect, he has urges for sexual gratification which leads to impulsiveness and unpremeditated behaviour without using caution and with risk taking. This is followed by non-comprehension that the behaviour was inappropriate.*
Inappropriate Sexual Behaviors and “Deviance”

Conceptualizations

- **Deviant**
  - Unusual
  - Atypical

- **Unlawful**
  - Children
  - Non Consent

- **Hypersexual**
  - Compulsive
  - Obsessive
  - Difficult to Control
Inconsistency

- A lack of clarity remains regarding definitions for “inappropriate” sexual interests, preferences, and behaviors.
- One of the greatest hurdles to defining sexual deviance is a lack of clarity as to what actually constitutes offensive sexual behavior.
- What do you consider to be sexually offensive?
- How close do you think your answer might be to your family, friends, or colleagues?

Consent

A particularly important concept to consider when looking at sexual offending is that of consent.

- What constitutes consent?
- Who can give it?
- Under what circumstances?
- Are there personal or situational variables that would impinge on consent?
  - Disability? Cognitive status?
More Inconsistency

In treatment, we tell people who have offended that it is not okay to fantasize about or have sexual relations with minors

Yet we, as a society, appear to be okay with…

- Young persons being sexually active
- Depicting minors in a sexually-charged manner

Many persons with intellectual disabilities have a harder time with age discrimination

DSM-5 Paraphilias

Paraphilia

- Any intense and persistent (≥ 6 months) sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.

Paraphilic Disorder

- A paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others.
Counterfeit Deviance

Counterfeit Deviance is observed in some people with disabilities, in which the behavior looks “deviant,” but may not be when you consider the circumstances.

— Dave Hingsburger

(Makes a great argument for employing Applied Behavioral Analysis)

Applied Behavioral Analysis

We certainly don’t want to “excuse” inappropriate behavior in a person with an intellectual disability, but it is important to acknowledge that exploring the manifestations of sexual violence and other aggression in the people we serve requires a different approach.

• ABA approach to understanding sexual misbehavior in individuals with IDD is gaining favor
<table>
<thead>
<tr>
<th>Roadblocks (Problems)</th>
<th>What are these roadblocks or problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ways to meet goal (Means)</td>
<td>This problem is about the way people try to meet their goals - what they actually do that either doesn't work or that causes problems.</td>
</tr>
<tr>
<td>Too Narrow or Too Broad a Good Life Plan (Scope)</td>
<td>This problem happens when people don’t have enough goals in their lives, or when they have too many or their goals are too general. Their Good Life Plan is too narrow and focused on short-term happiness or too broad and unfocused.</td>
</tr>
<tr>
<td>Conflict between goals</td>
<td>This problem happens when different goals in life don’t complement one another, or when meeting one goal means that other goals can’t be met.</td>
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<tr>
<td>Lack of Skills</td>
<td>This problem happens when people don’t have the skills or strategies to meet their goals.</td>
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<tr>
<td>Lack of opportunities</td>
<td>This problem happens when people don’t have the opportunities to meet their goals because outside factors stop them from doing so.</td>
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**Morning Routine — Visual Schedule**

The following is an example of a morning routine — visual schedule. Visual schedules must be modified to address the specific needs of the individual being supported.

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<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>Wake Up</td>
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<td>Take Meds</td>
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<td>Take Shower</td>
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<td>Eat Breakfast</td>
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<tr>
<td>Use Washroom</td>
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<tr>
<td>Brush Teeth</td>
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<tr>
<td>Get Dressed for work</td>
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<tr>
<td>Go to Work</td>
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<tr>
<td>REWARD EARNED?</td>
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**Assessment**

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Formal Risk Assessment

- Includes consideration of static (historical) and dynamic (day-to-day) variables
- Facilitated by use of actuarial risk assessment instruments like Static-99R
  - Augmented by formal consideration of dynamic risk factors or “criminogenic needs” using ARMIDILLO-S or SOTIPS, VSR:SO, or Stable-2007

Dynamic Risk & ID

Clearly, many persons with intellectual disabilities and sexual behavior problems are at a disadvantage in regard to many dynamic risk variables (e.g., relationship histories, emotional congruence, same sex victims)
- Differential diagnosis and individualized case planning can be difficult
Who can we use this on?

- The ARMIDILLO-S is designed for males ages 18 and older who have committed sexually offending behavior and are either in the borderline region of intellectual functioning or are intellectually disabled.
- Sexually offensive behavior is defined as any sexual actions on the part of the individual that have been formally or informally sanctioned due to their inappropriate or illegal nature.
Treatment & Supervision

RNR Principles
Bonta & Andrews, 2016

Through exhaustive research, Bonta & Andrews identified simple principles that, when followed, dramatically increase the potential for a person’s success on community release.

- Risk Principle: WHO to target for intervention
- Need Principle: WHAT to target for intervention
- Responsivity Principle: HOW to target for intervention
Responsivity

- Program materials must be presented in a manner that is simplified, concrete, and redundant
- Frequent review of topics covered is important, as is sufficient time for practice and repetition
- Given the increasing diversity of the people we serve, programs must be culturally relevant, holistic, and community-based

How do we Ensure Rights in a Culture of Risk while Managing Risk in a Culture of Rights...*

*...without driving the persons we serve batty and losing our own minds in the process?
Rights

There has been much talk recently about “rights for persons with disabilities”

I agree…

…but would note that these rights include:

- A right to competent and individualized risk assessment
- A right to evidence-based treatment and risk management
- A right to safe and secure social interaction
- A right to live offense-free

Agents of Change

As clinicians and other concerned practitioners, our goal is to assist all persons in the development of a balanced, self-determined* lifestyle.

Contemporary research in our field suggests that learning to live a “good life” is inconsistent with continued engagement in antisocial behavior.

*within reason, and always with safety in mind
Generalized Safety Plan

1. Before every outing in the community, I will need, understand, and accept the details of my Safety Plan. I will do this in front of thestaff or other appropriate person(s).
2. Before I go into the community, I will make sure that I am in a good/mood/mood and do something relaxing and calming before I go out.
   I MUST BE CALM AND POSITIVE BEFORE I GO OUT!
3. I have already completed the first part of my Safety Plan for this outing and have discussed my plan with staff. I will complete the rest when I get back.
4. An adult who is aware of my safety strategies will accompany me in the community to help me manage my SRT (Self-Regulation Therapy) skills.
5. When I go into the community, I will choose appropriate and safe places where there will be no peers or PYPs (Potentially Unwanted Persons).
6. It is my responsibility to use as many of this following strategies as I can to stay safe in the community:
   • Stay focused on my goal.
   • Choose places that are safe for me to attend.
   • Choose places where I can stay with people who are safe.
   • Keep a safe distance from PYPs.
   • Make sure the environment is safe before entering.
   • Walk away from any problem areas.
   • Look away from areas where there are PYPs.
   • Leave the environment altogether if I am feeling uncomfortable or if there are too many PYPs to stay safe.
7. I am to remember to use my SRT (Self-Regulation Therapy) strategies in the community without being reminded.
8. Staff are there to help me stay safe, so it is best for me to follow their directions when on an outing.

By following the items above, I will make sure that I have a safe and fun outing. With practice, I will get even better at making safe choices by using my SRT strategies in the community.

Signatures: ________________________  ________________________
Date: ________________________  ________________________

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Modifying Interventions

Treatment modifications include:

- Reduced reliance on verbal materials
- Increased use of visuals and modeling
- Increased use of practice
- Sexual education
- Increased supervision and structure
- Emphasis on predictability, clarity
- Use active teaching/explicit instruction
- Medication may be necessary
- Focus on rules and consequences
A little more behavioral than cognitive?

- Often, we have to consider the extent to which the “disability” interferes with a person’s ability to function in the cognitive realm.
- Some persons with IDD will require a stronger behavioral focus, including applied behavioral analysis:
  - Requires development of a structured plan and collection of data.
  - Attempt to gain better understanding of the function of the behavior.
Good Lives Model (GLM)

The basic premise of the Good Lives Model is the development of a “balanced, self-determined lifestyle”.
- Borrows from self-psychology and Life Skills model
- Treatment approaches are multi-modal and holistic

The GLM asserts that successfully treated persons strive to lead lives that are healthy, productive, and free of risk as a natural consequence of the stability that comes with leading a “good life.”
- What is a good life, and how will persons with IDD know what it is when they see it?

Primary Human Goods

- Life (including healthy living and functioning)
- Knowledge (how well informed one feels about things that are important to them)
- Excellence in play (hobbies and recreational pursuits)*
- Excellence in work (including mastery experiences)*
- Excellence in agency (autonomy, power and self-directedness)
- Inner peace (freedom from emotional turmoil and stress)
- Relatedness (intimate, romantic, and familial relationships)
- Community (connection to wider social groups)
- Spirituality (broad sense of finding meaning and purpose in life)
- Pleasure (feeling good in the here and now)
- Creativity (expressing oneself through alternative forms)
Challenges

Promoting healthy sexuality while maintaining safety
Meeting Sexual Needs

Individuals with intellectual disabilities may lack certain social and relationship skills; however, they all have the same desire for social comfort, personal relationships, and meeting of sexual needs in appropriate ways.

— Gerry Blasingame

Promoting Healthy Sexuality

- Attitudes of professionals can greatly influence persons in care
- This may lead to unhealthy ideas and beliefs about sexuality and their bodies
- Harsh words and consequences are common forms of overt pressures from staff
- Subtle expressions of disapproval such as facial expressions, body posture, etc.
- Persons in care pick up on these subtle gestures and begin to develop their own beliefs about sexuality
Challenges

- Persons with IDD often have fewer opportunities for privacy or for finding a meaningful intimate relationship
- Few individuals are taught the difference between appropriate and inappropriate sexual behavior
- Many agencies institute policies prohibiting any sexual expression within their program
Healthy Masturbation Protocol

1. All of my pictures must be legal. I cannot have pictures that are against the law.
2. My pictures are provided by others (Agency or therapist) and they meet the following rules. They do not contain any of the following:
   a. Obstructing the body (makes the person non-human)
   b. Violence of any kind
   c. Rape, sex with children, or any other illegal behaviour
   d. Anybody who looks like synagogue persons or others that I work with.
   e. More than one person
3. All of my pictures will be of age appropriate men or women.
4. I will not show my pictures to anyone. I will not show the pictures to anyone in my home, or to guests. If I have any questions about the pictures, I will only speak to those who have provided the pictures.
5. My pictures are private. They are only for me. I will not talk about them to anyone. I must keep my pictures private. They are to remain in my room and to never be taken out of the home.
6. I will keep my pictures in an envelope/file. I will keep all my supplier pictures. Healthy Masturbation Protocol, lubrication, fantasy starter (optional), data sheets, and wet wipes in a safe place where no one else can find them. They will be put safely away after I use them so they are not accessible.
7. If I show my pictures to anyone I will lose them for a period of time, which will be determined by the pictures of person setting up protocol. If they are a second time, then they may be removed altogether.
8. I will only fantasize to the individuals on the pictures or to my fantasy starter while I am fantasizing.
9. Should I ever want different pictures in the future, I will speak to the person setting up protocol.
10. I will be very careful with my beginning.
    a. I will make sure that I wash my hands before I masturbate.
    b. I will use wet wipes or towels to clean my hands.
    c. I will wash the pictures with a fresh wet wipe.
    d. I will use some item to clean any part of my room that I have touched.
    e. I will use something to clean my hands to clean any part of my room that I have touched.
    f. I should feel that a shower would be best to clean myself thoroughly. I will do so.
11. If I abuse my genital area in any way or violate any of the above agreements, my kit may be removed.
12. Self-exploring is a good idea to write about masturbation activity on a calendar. I will try to write about 1) successful experience, and 2) type of thoughts and fantasies involved. I will keep this data private in my kit. Being honest and open with those directly involved is my treatment about my fantasies and masturbation practices is an important part of my ongoing treatment.

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Dave Hingsburger
Diverse City Press
Media Contracts

- All forms of media must be reviewed for appropriate content dependent on the needs of the person in care
- TV, internet, video games, books, magazines, newspapers, catalogues, Play Station 3, Wii systems, iPods, etc.
- TV programs need to be monitored for type of individuals in the media, (e.g., children, women), amount of nudity, amount of violence—what is fine for one person is another person’s pornography—for example, diaper commercials

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Computer, Laptop, and Wireless Device Safety Agreement

The following is a contract, which outlines the individual’s name’s obligation to use his/her computer (laptop) and all wireless-capable devices in a safe and responsible manner. This agreement also applies to the Wii wireless game system and any other wireless or Internet-capable device in any location. This includes all gaming devices, watches with memory storage, cell phones, MP3 players, cameras and digital picture frames.

1. Administrative changes to the computer are limited to _______ (designated safe person) who have a special password, which is required to add, remove, or change programs. The administrator has disabled capability to burn CDs and connect to the Internet.
2. Any removable data storage devices such as memory cards, memory-sticks, CDs, DVDs, CRPAs, including rewritable game cartridges, are not permitted.
3. The user is expected to use the computer in a safe and responsible manner and must have all viewable (non-recordable) media, i.e., VCDs, CDs, or DVDs screened by _______ (designated safe person) before purchasing and/or viewing. The user is also accountable for all content that they have written in word processing programs to be of an appropriate nature.
4. _______ (designated safe person) has agreed that it is not safe to take his/her computer or any wireless-capable device on home visits or anywhere outside the home unless special permission is obtained from _______ (designated safe person).
5. _______ (designated safe person) reserves the opportunity to do a computer or wireless device spot check and view the device’s contents to ensure that it contains appropriate content and that it has been used appropriately and safely.
6. All provisions set forth in the media agreement for the house also apply to computers and wireless devices. This means that the lending, borrowing, trading, giving, selling, or acquiring any data or data storage device from anyone is not permitted. This includes all data files such as pictures, videos, music, etc. Purchasing music files from online stores or approved sources will be supervised by a designated safe person.
7. The individual is aware that any violation of this contract will result in the suspension of computer/telephone privileges for an amount of time determined by the safe person/support team.

Individual

Safe Person

Dated __________________________

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Challenges

What if the sexual practices of the person in care are unusual or abnormal?

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An incredibly brief summary ...

Tips to Maximize Case Management Efficacy

- Follow the RNR principles
- Be data driven and remember those data when setting policy and practice guidelines
  - Evidence-based decision-making, not decision-based evidence-making
- Collaborate (in your work and advocacy)
- Involve the community-at-large; they can help
- Engage in knowledge transfer whenever possible
- Responsivity, Responsivity, Responsivity
Contact Information

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