

BETTER TOGETHER

2018 ATSA Conference | Thursday October 18 | 1:30 PM – 3:00 PM

T-17

Ensuring Responsive Treatment Options for Persons with IDPSB

Symposium Chair: Robin J. Wilson, PhD, ABPP
McMaster University

Making Society Safer is a tall order. In a world continually bombarded by news items regarding sexual violence and abuse of vulnerable persons, there is often little room to discuss effective interventions for the purveyors of that violence and abuse. Yet, most people will acknowledge that persons who have sexually offended must have an avenue to desistance, which often includes engagement in treatment or other programs intended to decrease risk to the community while increasing client reintegration potential. Our perspective would be that these objectives will never be accomplished by any one person or stakeholder group working in isolation – multi-level collaboration is essential to achievement of success. In this symposium, we will highlight the role of collaboration in establishing: 1.) broader understanding across agencies of the risks and needs presented by persons with intellectual disabilities and sexual behaviour problems, and 2.) the importance of including client voices in creation of treatment curricula, as a means to ensure maximum responsiveness.

Collaborations and Partnerships in Community-Based Programs

Angie Nethercott, MA, RP
Hands TheFamilyHelpNetwork.ca
Michele K. Burns, BS
Peel Behavioural Services
Christa Outhwaite-Salmon, MSW
PATHS – Center for Behaviour Health Sciences

Community collaboration and partnerships is an essential component to any community-based program. When supporting persons with intellectual disabilities (ID) and sexual behaviour problems, this becomes critical for not only client success, but also community safety.

The Program for the Assessment and Treatment for Healthy Sexuality (PATHS) at the Center for Behaviour Health Sciences (CBHS) has been collaborating with community partners since its inception in 1982. Clinicians from the North Community Network of

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Specialized Care (NCNSC) at Hands TheFamilyHelpNetwork.ca have been providing consultation to and collaborating with clinicians across northern Ontario since its inception in 2007. Peel Behavioural Services (PBS) was founded in 1979 and has been collaborating and providing services to community partners throughout the Peel and Central-West regions of Ontario since the initiation of services. Each of the agencies adhere to the Risk-Need-Responsivity model (RNR), have incorporated the Good Lives/Self-Regulation Models into their assessment and treatment processes, and receive clinical supervision from a clinical psychologist.

Although similar in many ways, each program collaborates with its community partners in unique ways to address local concerns and preferences. For instance, CBHS has developed a central educator role to address skills building and training with a mandate to ensure increased knowledge and capacity in the area of intellectual disabilities and sexually problematic behaviours. This is accomplished through public education events, consultation and support, clinician and direct support staff training, as well as participating in research and special projects. PBS has collaborated with Christian Horizons (a residential provider) to ensure comprehensive assessment and ongoing supervised treatment to individuals with intellectual disabilities who have engaged in inappropriate sexualized behaviours, putting others and themselves at risk. This unique partnership has allowed the agencies to work cooperatively with one another to improve the quality of lives for the residents while ensuring everyone's safety. The NCNSC covers a geographical area of over 800,000 km², comprised primarily of small towns, rural communities, and remote areas accessible only by air. Due to the vast and often remote nature of this jurisdiction, assessment and treatment of persons referred due to concerning sexual behaviour are provided primarily through videoconference. The processes, challenges, and benefits to each of these approaches will be discussed.

Clinicians within these three agencies have not only recognized the need for community partnerships and collaborations, they have long recognized the importance of each other's expertise. They have collaborated over the years on a number of projects, presentations, and joint ventures, including the Sex Offender Treatment Providers group which shares resources and best practices, and discusses challenging cases, as well as treatment successes. The fact that they share the same clinical supervision consultant also ensures continuity of care across services.

This presentation will offer perspectives from three different but similar treatment-providing agencies on collaboration with community partners, including hospitals, developmental services agencies, mental health professionals, law enforcement, victim advocates, law enforcement, and the judiciary, using a framework of models responsive to each participant's local agency. A professional model of working collaboratively across large geographical areas, including both rural and urban communities with varying demographics will also be presented. Finally, the three treatment providers will discuss a model for interagency collaboration that has been utilized successfully for decades. The presentation will focus on successful outcomes that can be attained when treatment providers work together across geographical areas.

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Learning Goals:

- To provide three different agency perspectives of community collaboration and partnerships when supporting persons with intellectual disabilities who engage in concerning sexual behaviour.
- To provide professional models of working collaboratively across large geographical areas comprised of both urban and rural communities.
- To present a successful model of interagency collaboration among treatment providers.

The Responsivity Principle in Practice

Erin A. Bresee, BA
Peel Behavioural Services
Marshalee M. McQueen, BA
Peel Behavioural Services
Robin J. Wilson, PhD, ABPP
McMaster University

The Risk-Need-Responsivity (RNR) model underpins the majority of modern correctional interventions in many parts of the world. RNR is an evidence-based framework in which effective treatment programs can be developed and implemented. However, while many service providers are able to adhere to the Risk and Need components – matching level of risk to intensity of intervention and specifically targeting criminogenic needs – many programs struggle in providing program options that are truly responsive to their clients.

Peel Behavioural Services is a hospital-based program providing clinical and case management services to persons with intellectual disabilities and sexual behaviour problems. The Good Lives model (GLM) is a popular holistic, strength-based, and cognitive-behavioural treatment approach for persons who have sexually offended. It includes 10 major areas of focus, referred to as “primary goods” (e.g., Happiness, Excellence in Work and Play, Spirituality, Relatedness, and Community, among others). In our attempts to ensure access to effective treatment for our clients, we undertook to develop a compendium of GLM exercises in each of the primary goods areas. This compendium was ultimately published as *Passport to Independence: A Good Lives Workbook*.

What makes *Passport to Independence* a unique project is that the exercises were written collaboratively by staff and clients in order to ensure that they were responsive to the treatment needs of those clients. Further, once exercises were conceived and written down, the staff and clients “road-tested” each exercise by using it in group treatment, with staff and client experiences debriefed following the road-testing. As such, exercises could be adjusted to ensure that they made sense to all and were sufficiently meaningful as to assist clients in addressing their treatment goals. In the end, 58 exercises were composed,

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tested, and revised – collaboratively – with post-test quizzes written to ensure that clients were able to demonstrate understanding of the curricula.

The opportunity to create treatment programming together with our clients was hugely rewarding to both groups. For staff, they were able to gain a better grasp of issues with which their clients were struggling and needed assistance. For clients, they were thrilled with the chance to play an integral role in crafting exercises to assist in their recovery. All in all, writing *Passport to Independence* provided all involved with a dynamic and cooperative opportunity to be truly responsive in our collective efforts to ensure a pathway to balanced and self-determined lifestyles for our clients.

Learning Goals:

- To assert the importance of the Responsivity Principle in treatment for persons with sexual behaviour problems.
- To demonstrate a model for collaborative program development, ensuring client buy-in.
- To suggest a framework in which treatment providers and clients to demonstrate reciprocal respect and therapeutic engagement.

Robin J. Wilson is a researcher, educator, and board certified clinical psychologist with more than 30 years' experience working with sexual and other offenders in hospital, correctional, and private practice settings. He has published and presented widely on topics related to community health and sexual violence prevention and maintains an international practice in consulting and clinical psychology.

Angie Nethercott, MA, is a Registered Psychotherapist who has worked as the Senior Behaviour Consultant with the North Community Network of Specialized Care at Hands TheFamilyHelpNetwork.ca for the past nine years specializing in the area of sexuality and persons with developmental disabilities. Angie's role is to provide: clinical consultation to clinicians across Northern Ontario, socio-sexual and risk assessments, treatment, and public education. Prior to her current position, Angie worked for the Centre for Behaviour Health Sciences as a Behaviour Consultant and Coordinator of the Sexuality Clinic for seventeen years providing assessment and treatment of children and adults with developmental disabilities engaging in sexually concerning and sexual offending behaviours.

Michele Burns has been working for Peel Behavioural Service for the past 30 years. During this time she has worked with a variety of individuals along with their mediators in addressing the behavioural challenges that they face. For the past 25 years her focus has been working with individuals with intellectual disabilities who engage in sexually offending behaviour. She supervises the treatment program provided to three 24/7 homes

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along with a community sexuality program. She is the co-author of the guidebook—*Intellectual Disability and problems in Sexual Behaviour*.

Christa Outhwaite-Salmon, MSW has worked as the Central East Educator/ Behaviour Consultant with the Centre for Behaviour Health Sciences Program for the Assessment and Treatment for Healthy Sexuality (P.A.T.H.S.) since 2003. She specializes in the area of assessment and treatment of sexually abusive behaviours and persons with intellectual disabilities. The position of educator was designed to build capacity and skill in the assessment and treatment of sexual offenders with intellectual disabilities to fellow Behavioural Therapists and community agencies across the Region. This is attained through providing clinical consultation, training and workshops, socio-sexual and risk assessments, public education, and conducting research. Christa has presented at a number of national and international conferences.

Erin Bresee has experience working with the offender population for 15 years within both the community and correctional settings. For the past 9 years she has worked as a Behaviour Associate and is currently working as a Behaviour Therapist with Peel Behavioural Services. Erin has worked with a variety of individuals, mediators, and community partners in addressing behavioural challenges specifically focusing on those with an intellectual disability who engage in sexually offending behaviours.

Marshalee McQueen has worked for Peel Behavioural Services for over ten years. She started her career as a Behavioural Associate working throughout various programs. For the last six years, Marshalee has worked as a Behaviour Therapist in the Healthy Sexuality Program supporting individuals residing both in the community and in specialized treatment homes. Marshalee provides treatment and programming recommendations to a network of services integrated with the sexuality program.

Financial Interest:

No presenter in this symposium has any financial interest in any commercially available materials associated with this presentation. However, Wilson, Burns, Bresee, and McQueen are authors of a book that will be referenced in the symposium. None of these participants receives financial benefit from sales of that book. All proceeds return to the clinic in which they work and are used to finance treatment opportunities for their clients.