Great strides have been made in establishing evidence-based processes in risk management for people who have sexually offended; however, adaptations of these processes for clients with special needs (e.g., severe mental illness, intellectual/cognitive disabilities) have presented greater challenges. Specifically, their status as vulnerable clients requires a more nuanced approach; especially in regard to ensuring proper treatment, case management, and attention to personal rights. In our work with clients with special needs and problematic sexual behaviors, we have learned to be creative in providing interventions that appropriately address and account for risk to self and others. These efforts include access to services in least restrictive environments and with attention to ensuring that clients live with the same opportunities and, to the extent possible, freedoms as those without disabilities. In this symposium, we will focus on the delicate balance that must be struck between effective risk management and upholding personal rights and freedoms for clients with special needs.

Ensuring Rights in a Culture of Risk, Managing Risk in a Culture of Rights

Robin J. Wilson, Ph.D., ABPP, Wilson Psychological Services LLC
David S. Prescott, L.I.C.S.W., Becket Family of Services

Since the deinstitutionalization movements of the 1950s and 60s, governments and clinicians have sought to manage clients with serious mental illness and/or intellectual/cognitive disabilities in least restrictive environments. Rightly, many jurisdictions now have strongly worded policy or legislation that advances the rights of clients to live lives that are as normal and full of opportunity as those enjoyed by non-clients. However, the closure of state/provincial hospitals and other long-term care facilities was not always accompanied by the development of sufficient community-based services to ensure that least restrictive services were always available. For clients with difficulties that bring them into contact with the criminal justice realm, those closed facilities have been subsumed by the correctional system. For many clients with sexual behavior problems, the result has sometimes been sexual offender civil commitment
(SOCC) or placement in high security community treatment homes. Indeed, as many as one-quarter of all SOCC clients have mental illness or disability status – a good number of whom cannot leave such facilities because there is nowhere else for them to go, or any place that the community will “allow” them to go. This presentation will outline and explore the seeming double-bind that comes with wanting to ensure safe and humane service delivery for special needs clients while attempting to assuage the public’s increasing fear of modern day bogeymen.

Learning Goals and Objectives:
• Participants will explore the positive effects and potentially negative after-effects of the deinstitutionalization movement.
• Participants will discuss the benefits of legislation intended to protect the rights of special needs clients.
• Participants will explore the social and forensic effects of maintaining a focus on risk management, sometimes at the expense of civil rights.

Balancing Healthy Sexuality and Risk for Sexual Offending in Persons with Intellectual Disabilities

Erin Breese, B.A., Peel Behavioural Services

Persons with intellectual disabilities (ID) often receive poor education and guidance regarding sexuality and sexual behaviour. As a consequence, some persons with ID engage in poor sexual problem-solving – intended to address primary needs in “happiness/pleasure” – that puts them at risk for sexual offending and entry to the criminal justice system. Practitioners and other personnel working with clients at risk for sexually offensive behaviours must provide multi-disciplinary and comprehensive interventions that attend to issues of risk, but which also include focus on development of healthy sexuality. Unfortunately, many agencies have sought to manage risk for inappropriate sexual behaviour by prohibiting all or most sexual behaviour in their clients. This has led to understandable frustration for clients, and has likely increased propensities for the sort of poor sexual problem-solving noted above.

Peel Behavioural Services has developed a comprehensive intervention framework that seeks to identify and manage risk for sexually inappropriate conduct while attending to the needs of clients to engage in healthy expressions of sexuality. In doing so, we have sometimes had to engage in creative problem-solving in order to balance these concerns. Just as persons with ID are less likely to receive education and guidance regarding sexual behavior, they are also less likely to have opportunities to be sexual, particularly when being sexual might mean being sexual in unconventional ways. For instance, we have drafted protocols for the use of sexually stimulating media, sex toys (including butt plugs,
“fleshlights”, and dolls), and alternative sexual lifestyles. The key is to devise a protocol that considers all aspects of the client’s risk and need profile, while attending to issues of sexual responsivity and overall sexual health.

In this presentation, we will propose a model of acceptance and promotion of a broad range of sexual behaviours, with a mind towards both risk management and the right to be sexually expressive. Sample protocols and trust programs will be elaborated and shared, with an aim towards promoting tolerance and furtherance of healthy sexuality in persons with intellectual disabilities and histories of sexual offending while attending to issues of harm reduction and development of balanced, self-determined lifestyles.

**Learning Goals and Objectives:**

- Participants will be provided with an understanding of the challenges associated with balancing risk associated with offending behaviour while promoting the development of healthy sexuality when working with individuals who have an intellectual disability.
- Participants will be provided with sample protocols and trust program documents developed by Peel Behavioural Services.
- Participants will be introduced to a model of acceptance and promotion of a broad range of sexual behaviour while managing risk and the right to be sexually expressive.
- Participants will be provided with a better understanding of the need to have greater flexibility and tolerance to the unique ways of managing risk and the individuals’ sexual desires.

**If RNR is for Everyone, Why Do We Keep Failing Our Clients with Special Needs?**

David S. Prescott, L.I.C.S.W., Becket Family of Services
Robin J. Wilson, Ph.D., ABPP, Wilson Psychological Services LLC

Unmotivated, resistant, manipulative, disinterested ... are all words used to describe clients who aren’t progressing in treatment. “This guy just isn’t interesting in change.” Or is he, but something is preventing him from responding to the services we’re offering him? This is the plight of many clients who have sexually offended who have an intellectual disability or other cognitive limitation. Presented with treatment scenarios and materials they don’t fully understand, many special needs clients retreat within, further supporting the view that they are disinterested and unmotivated. Each time they are sanctioned or discharged for failing to comply with treatment requirements, their belief is strengthened that treatment is not for them. Unable to advocate effectively for themselves, many such clients slip through the proverbial cracks – where they languish in programs that can’t help them or miss opportunities for timely release because of perceived resistance. The Risk-Need-
Responsivity model decrees that interventions will be more likely to succeed if they match program intensity with assessed risk and target those needs linked to maladaptive behavior. That covers Risk and Need, but what about Responsivity? Don’t we also have a duty to ensure that clients can access the interventions we offer them? And, when they don’t progress, do we not have a responsibility to get to the bottom of the impasse? In this presentation, we will outline some of the ways special needs clients get lost in the shuffle, how we can best identify clients at risk for treatment failure, and how we can increase responsivity in programming.

**Learning Goals and Objectives:**
- Participants will review various “special needs” presentations and how to respond to clients with these issues.
- Participants will review common barriers to successful treatment interventions.
- Participants will discuss common traps clinicians can fall into regarding clients who are failing in treatment.