Sex and People with Developmental Disabilities

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Learning Objectives

- Participants will obtain a better understanding of sexually maladaptive behaviors within the developmentally disabled population.
- Participants will obtain an increased knowledge about risk factors associated with sexually maladaptive behaviors.
- Participants will obtain a better understanding of how to help the population we serve live safe, happy, healthy life via best practices of supervision and treatment trends.

The 4 W’s of Sexual Behaviors

- What?
- Where?
- When?
- Why?

What?

- What sexual trends are seen in persons with developmental disabilities?

When?

- When are these sexual activities occurring?
- Case examples

Why?

- Why are these sexual interactions occurring?
  - Biological
  - Behavioral
  - Sociocultural
  (csom.org)
Central Risks and Concerns Associated with Maladaptive Sexual Behavior

- The behavior is typically unlawful.
- The behavior is questionably consensual.
- The behavior is dangerous to their physical health.
- The behavior is dangerous to their mental health.

Unlawful Sexual behaviors

- Sex Offense – The sexually abusive behavior of an individual which results in the removal of a social privilege. The term sex offense includes, but is not limited to, the following behaviors: rape, gross sexual imposition, sexual battery, attempted rape, attempted gross sexual imposition, attempted sexual battery and promoting prostitution (Hedges, B., 1992)

Capacity to Consent

How do we decide if a client has the ability to consent to sexual activity?

Medical Evaluation (Morano, J., 2001)
Legal Evaluation (Morano, J., 2001)
Capacity to consent to sexual expression tool (Ficker, C., 1999)

Age–Appropriate Sexual Interactions

- Consensual sexual relationship laws vary from state to state.
- Ohio’s revised code (2907.04) Unlawful sexual conduct with a minor, states: “No person who is eighteen years of age or older shall engage in sexual conduct with another person who is not the spouse of the offender, when the offender knows the other person is thirteen years of age or older but less than sixteen years of age, or the offender is reckless in that regard.”

Risks to Physical Health

- Sexually Transmitted Diseases: genital herpes, syphilis, genital warts or human papillomavirus (HPV), gonorrhea, or chlamydia (Wilson, H., 2009).
- Pregnancy
- Environmental hazards associated with dangerous behaviors in high-risk areas

Risk to Mental Health

- Potential Psychological Consequences of Victimization include: Major Depressive Disorder, Anxiety Disorders, PTSD, Sexual Dysfunction, Substance–Use Disorders, Eating Disorders
- Potential Psychological Consequences of Perpetrators include: Attention–Deficit/Hyperactivity Disorder, Major Depression Disorder, Bipolar Disorder, OCD, Substance Dependence (Calder, J., 2010; Leonard, et al., 2001)
Sexually Maladaptive Behavior Intervention Process

- A negative occurrence has happened.
- A referral has been made for Mental Health Treatment.
- An assessment of the situation has.
- The intervention process takes a village!
- Collaboration starts now!

Collaboration

- Why is it important?
- Improves Communication
- Allows for less victims
- Promotes the exchange of ideas
- Improves problem solving
- Provides on-going support
- Increases understanding (csom.org)

Developmentally Disabled Sexual Offender Rehabilitative Treatment Program (DD-SORT)

- Several programs designed specifically for individuals with developmental disabilities exist.
- Few are community based.
- DD-SORT or Developmentally Disabled Sex Offender Rehabilitation Treatment is a program that is widely used (Blassingame, G., 2001)

Management Strategies for those with a history of maladaptive behavior

- Cognitive Behavioral Therapy - deals with the client’s current problem, influences and solutions to offset maladaptive actions (Corey, G., 2000).
- DD-SORT - believes sexually inappropriate behavior can be managed and unlearned. Developed specifically for the developmentally delayed (Blassingame, G., 2000).
- Psychoanalytic Therapy - Deviant sexual behavior is complex and involves all aspects of the person’s history and psychosocial stages (Corey, G., 2000).
- Relapse Prevention - Attempting to prevent a re-offense by teaching to restrain from engaging in maladaptive actions (Blassingame, G., 2000).
- Behavior Modification - aims at increasing skills to allow more choice in the client’s life (Corey, G., 2000).

Mental Health Therapy Techniques

- Is designed to adjust to the needs of individuals with developmental disabilities
- DD-SORT requires the cooperation of multiple agencies and organizations in order to be successful, which includes: family members, referral agencies, residential care providers and employers (Blassingame, G., 2001)
- Focuses on Relapse prevention.
**DD-SORT Applications**

- **Reinforcement strategies** - Focuses on good behavior, Behavioral contracts, Avoid it! contracts.
- **Risk Factors** - Danger Zones or Triggers, Ladder to trouble, “Smart Talk”.
- **Safety Plans** - Set of rules and guidelines that are designed to keep clients, children and families safe.
- **Self-Managing** - Learning to label emotions, Wrong way thinking, “Smart Talk”.
- **Collaboration** - Resources, networking, active communication, specialized training.
- **Supplementary Intervention Strategies** - Sexuality education, Medication management, Family therapy, Social Skills (Blasingame, 2013).

**DD-SORT Treatment Strategies**

- Avoid it contract
- Identify Danger Zones. Those are feelings, thoughts, behaviors and situations that may contribute to having sexually maladaptive behaviors.
- Ladder to Trouble
- Develop a Safety Plan. A “safety plan” is a set of rules and guidelines that are designed to keep clients, children and families safe.

**Safety Plans May Include**

- The client should not be left alone.
- The client should not go to places where children are know to go such as schools, parks, public pools.
- The client is never to be unsupervised with children.
- The client is not to initiate physical contact with children.
- Avoid situations where touching in inappropriate places could happen.
- The client is never to be responsible for supervising children such as babysitting.
- There can be no secrets between the client and children.
- There should be no pornographic material in the home.

**Horticultural Therapy Goals**

- Encourages Human Growth
- Offers Restoration
- Addresses Psychological Needs
- Addresses Physical Needs
- Has Meaning and Purpose
- Impacts Others
- Teaches Healing (Haller, R., 2006)

**Benefits**

- Non-threatening.
- Respects clients humanity.
- Empowers clients.
- Builds esteem.
- Sense of control.
- This counseling approach allows for a holistic therapy and simultaneously presents a pragmatic approach to self-sustaining food production. In addition, it facilitates teaching social skills, stress management, providing a source of income, and establishing a meaningful place in society. Studies have shown the importance of hands-on efforts to maintain positive influences using horticulture therapy (Tristan, Nguyen–Hong–Nhiem, 1989).

**Collaboration**

- The local Nutrition Council, State Extension Service, and Civic Garden Center assist with horticultural and nutritional education including food use and food safety as well as adapting farming techniques to Southwestern Ohio soils and weather.
- Local Markets, local Convents, Catholic Charities and involve volunteers & work with them to coordinate with them.
- This effort has included assisting with acquiring plots for agricultural development as well as providing facilities and encouraging both the production and marketing efforts.
- Local Markets have also served as a primary source of information for farming techniques and taken leadership in the development of SPIN farming techniques in the area.
- We also collaborate to provide horticultural therapy groups.
Outcomes

- Demonstrated increased accountability to their work environment.
- Expressed higher self-esteem and improved motivation in general.
- Clients, staff, and therapist have reported a decrease in negative mental health symptoms and an increase in their ability to cope with life stressors.
- Community Food Security - Clients have received fresh, healthy food options for themselves and their community.
- Client’s have been able to give back to the local food pantry that had supported them in previous years.
- Client’s have began gardening at their homes in containers or their back yards.

Questions?

Comments?

References

- Center for Sex offender management-supervision of sex offenders in the community a training curriculum. Retrieved from; http://www.csom.org/train/supervision/short/01_02_05.html

Additional Resources

- Practical Treatment Strategies for Persons with Intellectual Disabilities. Author Gerry Basingame ISBN#1-885473-75-3
- Special Education FLASH - a curriculum in Family Life and Sexual Health for middle and high school students with special needs. retrieved from http://www.kiassoc.org/healthservices/health-personal/f amplan educators/SpecialEducation.aspx
- Sexuality Curriculum for Abused Children and Young Adolescents, and Their Parents. Author Toni Cavanagh Johnson, PhD
- The Association for persons with Developmental Disabilities and mental health needs. www.nadd.org

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