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## Providing Support in a Treatment Program for Persons who Engage in Sexually Concerning Behaviours

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Vita Community Living Services has two treatment homes that support persons who have engaged in sexually concerning behaviours. This article will provide a brief summary of the treatment program, and the role of the DSPs within the program.

### 'Ins and Outs' – What Is Treatment?

Treatment is defined as a comprehensive set of planned and organized services, therapeutic experiences, and interventions that are intended to improve the prognosis, function, or outcome of individuals by reducing the risk of reoffence and other aggressive behaviours. (<https://www.lawinsider.com/dictionary/sex-offender-treatment>) It also assists the individual to adjust to and deal more effectively with life situations. Treatment is an individualized and personal process that involves collaborative interventions with various professionals (direct support professional (DSP), program supervisor/treatment facilitator, behaviour therapist, etc.) and persons supported.

### Admittance Requirements and Profile of Persons Supported

- Medical diagnosis of intellectual disability
- A history of significant sexually concerning and offending behaviour
- Often have history of non-sexual offending behaviours as well
- Most have a dual diagnosis, involving a paraphilia (e.g., pedophilia, partialism, frotteurism, etc.)
- Assessed as being able to benefit from treatment
- Prior to admission, a risk assessment is completed, and an Individual Treatment Plan is developed
- Individuals must willingly agree to attend and actively participate in the treatment program

### Treatment Program

- Treatment typically lasts six months to three years
- Support is provided 24 hours a day, seven days a week
- Required to meet with behaviour therapist within a predetermined timeframe to discuss personal issues, work on development of treatment goals, or work towards completing goals already developed

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- When first moving in, program rules and expectations are established, as well as graduation requirements. When the individual moves into the program, they remain in the home for the first six to eight weeks, except for medical appointments. The purpose of remaining in the home is to gain trust and develop a Behaviour Support Plan (BSP) to ensure the person is properly supported.

Length of treatment is determined by:

- Commitment level – the harder the individual works and the more focused they are, the faster they are likely to complete treatment
- Learning style and amount of time the person requires to learn
- Amount of time required to find a permanent residence for the individual when treatment is completed
- Following active treatment, individuals move to a maintenance phase where monthly booster sessions are offered while they await permanent housing

When the individual consents to participating in the treatment program, a contract is reviewed with them. Signing the contract demonstrates a level of commitment to working toward having a good life. The contract reviews the roles of the support team in helping the person supported to be successful while in treatment. The contract requirements include the following:

- Attend weekly treatment sessions
- Complete assignments/homework
- Follow protocols implemented for safe behaviours
- Work with DSPs on treatment as part of the individual's routine
- Follow daily schedule as part of routine
- Participate in regular treatment review meetings know as Service Reviews where personal goal updates, challenges (if any), data collection, etc. are reviewed
- Follow rules and protocols set out by treatment team, so the individual, other residents, and staff working at the home are kept safe. This is key to ensuring that the community is also kept safe.
- Open and respectful communication from the individual about their needs
- If the person chooses not to work on treatment, or the program is not the right place to get support because people are not safe, there is an understanding that a new home will be found for the individual.
- Progression in treatment is based on proven clinical and data-based evidence.
- Explain that this is a 'transitional' home and will not be a home for a prolonged period. The person is there to work on treatment goals.

The primary treatment models utilized are the Good Lives and Self-Regulation Models (Yates, Prescott, & Ward, 2010), which are individualized programs tailored to the person's specific patterns of sexually concerning behaviours and life goals.

Treatment Components:

- Learning to assess risk
- Individual and group counselling
- Behaviour management/therapy programs
- Incentive programs
- Relationship and sexual education
- Anger management
- Life skills training
- Community Trust Program
- Individual and group therapy on a weekly basis (minimum)
- Psychiatric services

### Treatment Goals:

The primary goals of treatment to achieve optimal success for persons who have engaged in sexually concerning behaviours are:

- Learn how to stay safe and keep others safe
- Learn how to have healthy relationships with people, for example, a romantic partner, family, other residents, friends, co-workers, and people in the community
- To help build healthy adult relationships, including the development and maintenance of healthy relationships, and consent
- Emotional self-regulation
- Learn house routines and rules respecting those guidelines
- Learn healthy social skills and boundaries
- Victim impact and empathy
- Home (inside/outside) trust program

### **‘Twists and Turns’ – The DSP Role**

As DSPs, the requirements to have a successful day supporting the individuals in treatment include working with various professionals involved, such as the clinical/treatment team, medical professionals, e.g., psychiatrists, as well as the families, and the community at large.

The individuals we support often have a dual diagnosis, which means they have a developmental disability and mental health support needs. As DSPs working in treatment, we are required to have obtained a post-secondary diploma or higher in the social services field such as a Developmental Support Worker certificate, and intensive training on Safe Management (Crisis Prevention and Restraints), the Good Lives and Self-Regulation Models, assessing risk, supervision, and behaviour management.

DSPs need to be aware of the learning styles of people with dual diagnosis. As role models, we demonstrate healthy boundaries and healthy relationships, so the individuals in treatment have people to whom they can look. Often, these individuals have spent their lives in situations where they have not had many positive role models to teach them appropriate social skills, or they did not have an opportunity to try to implement them.

One key factor in ensuring a successful day in a treatment program is collaborating with other people involved in the individual’s life to achieve a common goal, as well as knowing how to apply mental and physical efforts in order to face the challenges that come with it. As DSPs, we work together from many different backgrounds and experiences to ensure that the safety of both the community and the individual is always the priority. Clear communication and a sense of full teamwork where no one person is more important than the other is key to ensuring that a true collaborative approach is taken.

The themes ‘ups and down’ and ‘twists and turns’ of treatment can also be referred to as ‘how DSPs plan a perfect day!’ I wonder what Direct Support Professionals refer to as a perfect day.

The key to a great day is having a strong and supportive team. This starts at the upper management level who exhibit great leadership and provide excellent support. DSPs need to feel that they are an important part of the team. The DSP is an essential part of the treatment team, as they are the ones who see and hear everything that occurs. The data collected by the DSPs based on their observations is what informs all decisions. Without the DSPs and their direct interactions and support, we do not have a treatment program. Providing information and regular updates to the program supervisor/treatment facilitator and behaviour therapist assists with the treatment process.

DSPs plan out the day, focusing on the goals of each individual and having them participate when and where appropriate. The planning will include therapeutic recreation, social skills activities, and life skills. Direct Support Professionals ensure that respect is shown for each person's opinion and consider the person's BSP while planning and implementing all activities.

When people are brought together to live in a house, there are bound to be conflicts between them. Using these times as an opportunity to encourage boundaries and implementation of the social skills developed is the key to treatment success. DSP role modelling assists in de-escalating conflict situations, which is also important, so the persons supported see how to manage their emotions in a healthy way when conflict arises. Ensuring that DSPs understand and follow the treatment strategies and support plan written by the behaviour therapist, based on the recommendations of the psychiatrists, social workers, existing information (background history), continual assessments, data collection, and feedback from support staff is key to assisting the person to learn, grow, and make positive advancements in their lives.

When we talk about supporting people in treatment, families play important roles. There are families who are involved in day-to-day activities of their family member, who are strong advocates, and support their children in achieving their goals. It is important that, when the individual comes into treatment, the family understands their role and the rules within treatment, so they can be a positive support. Making sure everyone is on the 'same page' from the start is the key to success, so that no one feels left out or surprised by the rules and restrictions within the program after the move has occurred.

A 'perfect day' for DSPs in a treatment setting means each person in the program follows their treatment strategies, adheres to scheduled medication administration, attends scheduled appointments, and participates in activities of daily living (ADLs) with the support of DSPs, including within the community where they learn to make choices about appropriate places to go and the best times to go to there. DSPs ensure they respect the feelings of those they support, listen to their concerns, ideas, and opinions.

DSPs have a vital role in the progress and success of the individuals they support. With the everchanging way the world communicates (e.g., virtual platforms), a key role of DSPs is also to support and teach the individuals the rules of participating in online activities, while ensuring orders are being followed, as set out by the courts where applicable.

### **Individual's Perspective in Treatment**

"When I first came to VITA, I was not feeling well. Then I started following rules and using the strategies. I am learning to reduce unwanted behaviour, and I am doing well with this. I am able to have an In-House Trust Program, which is 90 minutes whereby I don't have direct supervision.

I have made friends at the Mens Sana Day Program; I have my trust program in Mens Sana, and I have access to every room at the day program. I am required to check in with staff every 30 minutes. I am hoping to move back to Toronto and use all the strategies that I have learned during my treatment, so I don't get into trouble. I will be safe."

### **'Nitty Gritty' – Why do Treatment?**

Treatment focuses on educating the individual about healthy sexuality in areas where they may have not received information or been given incorrect information. This education is combined with treatment strategies such as healthy boundaries, achievable and fulfilling life goals, and developing healthy relationships. Treatment also involves, for some individuals, understanding their mental health diagnosis such as schizophrenia, what this means, and how being aware of their mental health is important.

Our main goal is to have each person reach a point where they can lead an optimal level of functioning in their day-to-day activities without affecting the safety of the community. Staff help to ensure community safety. The rural treatment program provides education about safe boundaries and danger zones in the community and uses probes to determine if they are following their protocols while in the community, providing additional education as needed, depending on each person's protocol, and the consequences if it is not followed.

Teaching in the moment is the key to long-term treatment success in these settings. The staff need to always be aware of when there are teachable moments. The staff must also constantly evaluate risk to determine when it is too high, and they need to leave an environment, or to ask the person they are supporting to implement a strategy they have learned such as “look away,” “walk away,” or other distraction techniques such as using a word search book.

The staff team also develop community integration programs for each person with respect to their progress in treatment. This is done through earning trust gradually and giving a small amount of time and space without direct support from staff. This is gradually increased based on data showing they have been successful. This is the final stage of treatment and not all individuals supported earn community access without supervision. With those who are not able to access the community without supervision, we try to provide them with in-house access without supervision, so they get a sense of independence without any risk to the community. This is important as everyone needs to feel a sense of accomplishment and independence in life.

### **Important reminders for DSPs supporting individuals in a treatment program**

As a professional, it is important that DSPs remember that they need to:

1. Always show respect, listen to opinions, and include these in treatment plans as much as possible
2. Support work with the person's family to develop the best relationship possible
3. Be sure that the individual has a safe and comfortable place to stay while in the program
4. Ensure that the person is given the opportunity to work on personal goals developed and chosen by the individual
5. Respect the person's right to make decisions as an adult. DSPs help to understand potential consequences of each decision. If the person has a legal guardian, DSPs will work with the guardian to share the individual's opinions. The individual will be provided the opportunity to provide as much input as possible when life decisions are being made.
6. DSPs, program supervisor/treatment facilitator and behaviour therapist will complete regular written reports (every three months) that show the work the individual is doing, what work is required to be completed, and how the DSPs and other team members will assist the individual.
7. When the person graduates from treatment, DSPs and the team will work with the new support team to ensure that they are trained and are provided with all the information necessary to assist the individual in having a good life in the future.

### **Summary**

DSPs play a very important role in the treatment success of persons who have engaged in sexually concerning behaviours in a number of ways, including data collection, role modelling, supporting individuals to achieve their treatment goals, and by working with other members of the support team.

## About the authors

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