

Washington State

Division of Developmental Disabilities

Community Protection Program

Orientation and Training Manual



***Washington State
Department of Social
& Health Services***



Getting Started

Purpose of this course

This curriculum is designed to provide a basic introduction to new employees working with people who are developmentally disabled and have community protection issues.

Who should take this course?

Employees in residential or vocational programs that serve people who have developmental disabilities and have been identified by the Division of Developmental Disabilities as having community protection issues.

This course can also be used as a basic orientation to the community protection program for new case managers and other DDD/DSHS staff.

Trainer/Setting

The training is to be completed in a classroom setting and conducted by an individual who has received training on how to present this information.

Blank



Competencies

At the completion of the training, trainees will be able to:

- Identify the eligibility criteria for the CP Program.
- List common restrictions for those in the CP Program.
- Identify ways the Residential Guidelines apply to people in the CP Program.
- Identify common ways offenders "groom" staff and/or victims.
- Define a "triangle relationship".
- Describe common emotional responses of staff working with people who have committed sexual offenses.
- Identify common steps in the offense cycle.
- Identify staff behaviors that represent inappropriate uses of "power and control" when working with individuals in the CP Program.
- Identify ways to develop mutually respectful and trusting relationships with participants.
- Explain direct service staff's role in collaborating and communicating with other team members, including the therapist.
- Explain direct service staff's role in disclosure of confidential information regarding the CP Program participant.
- Explain some of the legal issues that may apply to CP Program participants.

Materials

Training video and manual (which is yours to keep). You are encouraged to make notes for future reference.

You will see some symbols throughout this manual. These are meant to help you to organize your thoughts related to the training, scenarios and discussions.



Use these spaces to write down your personal experiences regarding the topic areas being discussed.



Use these spaces to write down questions for your supervisor/trainer.



When you see this sign you are entering a "caution zone". These are areas that typically challenge a provider's skills.

After successfully completing this course you will receive a certificate that indicates you are in compliance with the staff training requirements outlined in the Division of Developmental Disabilities Policy 15.04 Standards for Community Protection Intensive Supported Living Services and/or Policy 15.03 Community Protection Standards for Employment/Day Programs.

Introductory Activity



1. **Circle all that apply:** Common restrictions for those in the Community Protection Program include:
 - a. Line of sight supervision in the community;
 - b. Door and window alarms in the home;
 - c. A nightly curfew;
 - d. No alcohol;
 - e. Restrictions on media materials (TV/videos/magazines) that feature children;
 - f. Not to go to activities or locations where there are concentrations of children;
 - g. No smoking.

2. **Circle all that apply:** All restrictive procedures for CP Program participants must:
 - a. Be agreed to by the participant;
 - b. Be recommended by the treatment team;
 - c. Be specific to the person's needs;
 - d. Be consistent for all participants.

3. **True or False:** If you have developed a relationship of trust and respect with a CP participant, it is permissible to allow them to be out of sight for brief periods of time in the community, if there are no children in the area.

☐ T ☐ F

4. **True or False:** Sharing information about your personal life and problems with the CP participants is appropriate because it helps them learn how to deal with situations in their own lives.

☐ T ☐ F

5. **Circle all that apply:** "Triangulation" refers to:
- a. Three people who are friends;
 - b. Taking sides with one person against another person, without hearing what the other person had to say;
 - c. A professional relationship involving three people.
 - d. A relationship where one person assumes the role of the "aggressor", one of the "victim" and one of the "rescuer".
6. **Circle all that apply:** Positive ways to develop mutually respectful relationships with CP participants include:
- a. Sharing information about your personal life and struggles;
 - b. Allowing the person to confide in you, knowing that he can trust you to not tell others;
 - c. Allowing an occasional exception to their restrictions as a reward for good behavior;
 - d. Maintaining appropriate boundaries;
 - e. Taking the side of the person if the therapist imposes restrictions.
 - f. Being respectful towards the person even if he has been verbally abusive to you or others.
 - g. Enforcing limits through compassionate and respectful redirection;
7. **True or False:** Because of their history of sexual offenses or fire setting, Community Protection participants are not encouraged to initiate new social contacts while in the program.
- ☐ T ☐ F

8. **Circle all that apply:** Line staff can assist CP participants to meet their treatment goals by:
- a. Modeling appropriate social behavior;
 - b. Teaching skills to increase feelings of competence;
 - c. Offering praise when a participant makes a positive choice;
 - d. Being aware of the person's offense cycle and informing the program supervisor of any "red flags" that are observed;
 - e. Assuring the participant that he was not completely to blame for his offense because there are usually extenuating circumstances when people are developmentally disabled;
 - f. Actively encouraging the person to discuss his sexual questions and concerns with you.

9. **True or False:** A good staff person ensures that participants practice healthy habits (e.g. eat nutritional meals, shower daily and go to bed at a reasonable hour).

☐ T ☐ F

10. **Circle all that apply:** Typical stages of an offender's "offense cycle" include:
- a. stressful event
 - b. negative self-talk
 - c. fantasy thinking
 - d. grooming
 - e. abuse
 - f. arrest

11. **Circle the best answer:** Indicate which of the following types of staff behavior are appropriate (the "do's") and which are inappropriate (the "don'ts"):

Do	Don't	Include the participant in your family activities.
Do	Don't	Share your observations about the participant with team members.
Do	Don't	Give a hug now and then to help the participant feel accepted.
Do	Don't	Help the person develop skills and have fun.
Do	Don't	Spend time with the person in appropriate places that they enjoy.
Do	Don't	Tell a "dirty" joke now and then to make it easier for the person to relate to you.

12. **True or False:** Activities such as teasing and wrestling are good ways to teach the participants how to have fun.

☐ T ☐ F

13. **Circle the best answer:** Which of the following types of CP Program participants are required to register as Sex Offenders with law enforcement?

- a. All CP Program participants must register.
- b. All participants convicted of a felony sex offense.
- c. Only those participants who have been sent to prison for a sex offense.
- d. Only those participants who have two or more sex offense convictions.

14. **Circle one:** A "Least Restrictive Alternative" (LRA) is:

- a. A court order establishing conditions of release for a person who has been involuntarily committed to a state mental hospital
- b. A court order establishing conditions of release for a person who has been in prison;
- c. An administrative order from the Division of Developmental Disabilities placing someone in a Community Protection Program;
- d. None of the above.

15. **True or False:** Those CP participants who are under the supervision of the Department of Corrections may have additional conditions or restrictions, in addition to those normally associated with the CP Program.

☐ T ☐ F

16. **True or False:** Part of your job as line staff in the Community Protection Program is to inform members of the public that the participant has contact with, that he or she is a sex offender.

☐ T ☐ F

17. **True or False:** CP policies require that the confidentiality of a person's offense history be kept from the person's employer.

☐ T ☐ F

Topic Areas

Page 10	History of Community Protection Program
Page 10	Eligibility
Page 11	Definition of Community Protection
Page 12	Program Guidelines
Page 16	Residential Guidelines
Page 17	Relationships
Page 21	Treatment Goals
Page 23	Treatment Objectives
Page 27	Staff Behavior
Page 28	Coaching, Instruction and Support
Page 32	Contributing Factors
Page 33	Security Procedures
Page 35	Offender Characteristics
Page 36	Staff Effectiveness/Skills
Page 37	Staff Emotional Responses
Page 37	Staff Self-Management
Page 39	Offense Cycle
Page 44	Awareness of Power and Control
Page 46	Triangle Relationships
Page 48	Avoiding Manipulation
Page 49	Confidentiality and Disclosure
Page 50	Legal Issues



History

- Not everyone with a developmental disability poses a risk to the community. In fact, very few people who are clients of the Division of Developmental Disabilities (DDD) are considered dangerous and need supervision to protect the community.
- There are a few individuals however, who have a history of sexual offending and other criminal type behaviors such as arson or other violent crimes that do need a specialized program that provides intensive supervision.

Since the early 1980's, the division has served this group of people in the community. In 1996, the legislature provided funding for the first time and directed DDD to move some identified individuals who were living in community settings with very little supervision to more intensive living environments.

- After receiving additional funding in 1998 to serve people with community protection issues, the division began to certify qualified residential providers who met stringent criteria. They also formed a task force to write policies and procedures and develop basic training criteria for staff that work with people who have community protection issues.

Eligibility

Specific guidelines define who is eligible for this program.

The person must:

- Be a client of the Division of Developmental Disabilities;
- Be at least 18 years old;
- Have been convicted of, charged with, or have a history of a sexual or violent crime of some sort, (i.e. rape, molestation, stalking, murder, arson).
- Have an assessment completed by a qualified therapist that states that they are at risk to re-offend.

Previous residential settings:

- Own Homes
- Family Homes
- Adult Family Homes
- Homeless
- Residential Programs (Group homes, Independent Living Programs)
- Mental Health Hospitals (WSH, ESH)
- RHC's (Rainier, Fircrest, Lakeland)
- Criminal Justice/ Corrections System (DOC, DJR, County Jail)

Definition of Community Protection

- Voluntary 24-hour supervision and support
- Opportunity to live in the community
- Access to specialized treatment
- Safeguards to protect the community
- Not dehumanizing or punitive

The Community Protection Program provides:

- A voluntary program that offers supervision and support for individuals to live in the community and stay out of prison or other institutional settings.
- A dedicated treatment team including a specialized therapist who works with the person and their providers to ensure that staff get the right support to follow the guidelines and rules. The therapist also gives staff regular feedback and training.
- A comprehensive treatment plan that enables everyone working with the individual to know what the goals are, what the interventions are, and what needs to be done to provide a safe environment for the participant and the community.

REMEMBER! We are challenged to provide an environment that allows people to enjoy the benefits outlined in the Residential and County Guidelines, while still protecting the community from a possible offense. Each person involved in the CP program deserves a program that treats them with respect and is not punishing.

Program Guidelines

Authorized supervision while in the community

Defined by therapist and written into the treatment plan.
Supervision needs may change depending upon different environments.
Levels of supervision can vary depending upon the person and the environment.

1. Physical supervision - (e.g., within arms length)
2. Visual supervision - (e.g., within line of sight)
3. Auditory supervision - (e.g., person can have TV in room as long as staff can hear what they are watching with something such as a baby monitor)
4. Approved chaperones - (e.g., someone other than CP program staff providing supervision as approved by therapist)

Arbitrary restrictions not allowed

Therapists justify recommendations for restrictions related to the community protection issue and the person's therapy.

Restrictions clearly defined and individualized

There needs to be a written treatment plan that includes the recommended restrictions for each person. This plan is individualized and relevant to the individual based on their history, risk assessment and current progress in therapy.

Restrictions require approval

Restrictions are in writing and implemented with the consensus of the treatment team. Sometimes restrictions require additional approval based on the Division's Restrictive Procedures Policy. In these cases there may need to be an Exception to Policy made for the restriction to be implemented.



**Write down
experiences
you have had
with restrictions
and the
people you are
currently
supporting**

Examples of Restrictive Procedures



Target Behavior: Sexual Offending against Children

- No unsupervised contact with children or vulnerable adults.
- No access to pornography.
- No TV/movies/publications that are primarily child oriented, or where the main character is a child; no photographs of children.
- No contact with children by phone or mail.
- No outings to activities or locations where there are concentrations of children.
- No possession of children's clothing, toys, or other items specifically for children.
- Routine room inspections to check for unauthorized materials.
- Line of sight supervision in the community by staff or therapist-approved chaperone.
- Door/window alarms in residence.
- No possession or use of alcohol.

Target Behavior: Fire Setting

- No possession of matches or lighters.
- Kitchen stove to be unplugged (or breaker turned off) when not in use; use of stove to be supervised by staff.
- No accumulation of combustibles or fire starting materials.
- Routine room inspections

Target Behavior: Physical Assault or Self Harm

- No possession of weapons or items that can be / have been used as a weapon.

1. **Introduction**
 This document provides a comprehensive overview of the project's objectives, scope, and the methodology employed for data analysis. The primary goal is to identify key trends and patterns within the dataset, which will inform strategic decision-making for the organization.

2. **Methodology**
 The data was collected through a series of structured interviews and surveys, ensuring a high level of accuracy and reliability. The analysis was conducted using advanced statistical software, allowing for the identification of complex relationships and trends.

3. **Findings**
 The analysis reveals several significant findings. First, there is a clear upward trend in customer satisfaction over the past year, which can be attributed to the implementation of the new service protocol. Second, the data indicates a strong correlation between employee training and overall productivity, suggesting that ongoing professional development is crucial for organizational success.

4. **Conclusion**
 In conclusion, the findings of this study provide valuable insights into the organization's performance and areas for improvement. The data supports the hypothesis that targeted training and service improvements lead to enhanced customer satisfaction and operational efficiency.

5. **Recommendations**
 Based on the findings, it is recommended that the organization continue to invest in employee training and refine its service protocols to maintain the current level of customer satisfaction and drive further growth.



Services provided to people with developmental disabilities in Washington State are to be provided in a way that allows the person the chance to experience certain benefits. It is the same for the people in the CP program. These benefits are as follows:

Competence: The capacity to do what you need and want to do

Relationships: Experiencing a wide range of diverse relationships

Integration: Experiencing a wide range of activities in the community

Status: A valued perception by self and others

Power and Choice: Control over own destiny

Health and Safety: Knowledge about own health and safety as well as community safety

No matter what the person in the CP program has done in the past, they have the same rights as everyone else receiving services from the State of Washington. It's really about balancing support and services in such a way that the community can be safe and the person has opportunities to participate fully in all areas that are valuable to them and everyone else.

What are some of the requirements of a CP Program that may make it difficult for a person to enjoy all the benefits listed in the Residential Guidelines?

- Can a person really go to school or a job if they are in a CP Program?
- Is the community really safe if the CP participants are out there with everyone else?
- How can we support a person to make choices if their choices in the past have hurt others?
- Who would want to have a relationship with someone who has a history like participants in a CP Program?
- Why should we give a person power and choice when they have abused it in the past?
- Isn't community safety more important than quality of life for participants?

Do assumptions get in the way of figuring out the most creative ways to support people?

- Individuals in the CP program have enough barriers to experiencing these benefits without us putting our own judgments on whether or not they deserve to have good outcomes in their lives.



Break for Discussion

Relationships

Relationships are the cornerstone of every human being's life. Without relationships, quality of life does not exist. Relationships are the primary motivator for people to accomplish goals in their lives. People in CP programs are no different. The primary difference is the process for insuring that relationships people in the CP program are involved in are both safe and healthy for everyone involved. When a person in a CP program wants to initiate a relationship with another person, especially an intimate relationship, a process has to be followed:

- Review the potential relationship with the therapist during a therapy session.
- Therapist evaluates the vulnerability of the person identified (they may want to meet with the person to complete their assessment).
- Therapist makes a recommendation regarding the relationship and if it is to continue, defines the scope of the relationship and how it should progress.
- Regular review of how the relationship is progressing should occur during regular therapy sessions and any concerns reported to the therapist.
- Staff need to be aware of the plan and scope for the relationship as they support and supervise the person on a daily basis.

Existing relationships with family and friends need to be reviewed and assessed by the therapist at the time the person enters the program. Don't forget that all people are subject to the guidelines regarding relationships, even family members. In many cases, the primary victims of a person's abuse were their family members and their offense pattern includes grooming family members.

The therapist is the one responsible for evaluating vulnerability of people in relationships with the clients. They can only do this with regular communication with those who are supporting the person. How a person progresses in their relationships with others can be a crucial link to how they are progressing in their therapy. Staff should be focused on the person's progress with social interactions and interpersonal skills so they can provide instruction and support and report progress or concerns to the therapist.

Healthy Relationships

are...

are not...



**Write down
experiences
you have
had with
relationships
and the people
you are
currently
supporting...**

Lined area for writing experiences.



**Notes or
questions
for your
Trainer or
supervisor...**



Break for Discussion

Treatment Goals

Any treatment program should include specific goals that a person is trying to reach through therapy. It is important for both the person and the people who are supporting them on a daily basis to know and understand these goals. During times when the person is having trouble or questioning their reason for being in the program it is good to review treatment goals and how meeting those goals will ultimately benefit the person.

Increase personal accountability



People in the CP Program often have not learned to be accountable for their behavior or actions. They may have a need for responsibility and power and control, but in some crucial areas they have not demonstrated personal accountability. Therefore the desired responsibility has been taken away. This does not have to be permanent. As a person develops more accountability for their behavior and actions, so will they have more power, control, and responsibility. Accountability equals more opportunities and a better quality of life.

Understanding impact of behavior



Some people in the CP Program come from institutional backgrounds where they have not had the opportunity to understand how behavior may affect others. Additionally, the environment where the person developed as a child may dictate their understanding and awareness of cause and effect or right and wrong. In some cases the person was victimized themselves and many have developed a dysfunctional understanding of cause and effect with regard to certain behaviors. Understanding how behavior impacts others can assist to modify or change behavior.

Awareness of individual offense cycle

Learning one's offense cycle is an important step in beginning to learn how to stop or interrupt that cycle and avoid an offense. It is also important for the staff supporting the person to know and understand the person's offense cycle. Staff can provide additional support and cues to the person in their everyday life that enhances their ability to interrupt the cycle of abuse. Staff should help the person to make decisions that interrupt the offense cycle and provide positive reinforcement for good decision making in this area. Offense patterns have often occurred over long periods of time.

It is important for staff to understand that this behavior will not go away over night. Hard work and commitment on the part of the person and consistent support and coaching from staff and therapist are the best way to end the cycle of abuse

Ability to meet own needs without hurting others

Just because someone is in therapy, or in the CP program does not mean that they do not have the same needs both physically and emotionally. Treatment does not seek to stifle these needs but to help the person find ways to meet their needs in ways that are safe and healthy. Staff have to be careful not to get drawn into a situation where the person may manipulate or triangulate to create opportunities to engage in behavior that is dangerous or unhealthy. Staff can acknowledge a person's emotional and physical needs while drawing the person back to therapeutically safe and healthy ways to meet those needs. If there is no plan for this then it may be wise to consult the person's therapist as to what would be the best way to respond to or support the person in this area.

Increase Appropriate Arousal

- Exposure to appropriate relationships
- Having age appropriate opportunities to develop relationships
-
-
-
-
-

Decrease Deviant Arousal

- Interrupting deviant thoughts
- Distracting self
- Focusing gaze somewhere else
- Physically remove self
- Aversive techniques
-
-
-



Caution

Treatment Objectives

In order to meet therapy goals, there are certain objectives that have to be met therapeutically.

Remember, these are objectives for therapy and might not be appropriate for discussion outside of therapy. Consult the treating therapist if you have questions about the appropriate therapeutic boundaries needed with the person you are supporting.

Overcome denial of problem

It is impossible for individuals to work on a problem if they do not believe that there is a problem or if they do not see what the problem is. It is hard to move forward in therapy without overcoming denial.

Don't blame others

It is less painful to blame others for problem behavior or situations. Part of controlling behavior is taking responsibility. That is not possible when the person is blaming others for the behavior. As long as a person is blaming someone else for their behavior they will not be able to change that behavior.

Talk about offending behavior

The best way to begin to deal with problems and behaviors is to talk about them. Talking allows people to process information and achieves a higher level of awareness. Awareness is an important step in beginning to change behavior.

Identify own feelings of victimization

Often people who victimize others have been victims themselves. Dealing with their own victimization is one way to move on and recognize the pattern of abuse and stop it. People must learn that just because they may have been a victim they still have no right to victimize others.

Identify victim's feelings

Sometimes people have been able to justify their behavior by saying that it didn't hurt anyone. They must realize how they have hurt others with their victimizing behavior. Understanding that someone or something was damaged, and how, is important so the person can realize that their behavior damages relationships and lives.

Identify consequences of actions

Reviewing consequences is important for the person in modifying behavior. What motivates us to do some things and not others? If a person has impulse control problems, identifying consequences and receiving reminders at the right moment helps to develop a warning system that says, "This is not going to go well for me and there may be some negative consequences". Staff are there to support the person and deliver information regarding consequences in a way that is supportive and non-judgmental. Failure to remain in a supportive role with the person may cause the person to feel threatened.

Talk about danger signals

Knowing what the danger signals are helps set up a situation where people can recognize a problem and make changes before it gets out of control. As a staff person it is important to know what the danger signals are for the person you are supporting. This allows you to work as a partner with the person in identifying and avoiding problems.

Know what actions to take

Knowing danger signals is not enough. There needs to be a plan for what actions to take when things are starting to go wrong. Coaching the person on the plan of action ahead of time helps give them the skills needed to deal with the situation should it arise. This approach is much more proactive than reactive.

Have healthy relationships

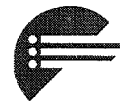
A person must see the benefits of healthy relationships in order to appreciate the outcomes of meeting their therapeutic goals. It's hard to tell the difference between right and wrong when you have not experienced what is right. Relationships have to be maintained and it takes practice and skills to achieve that. The best way to develop skills is to use them.

Scenarios

1. **What would you do???????** The person you are supporting meets a woman while on a community outing and tells you that he wants to begin a relationship with this person. You then find out that she has three small children.

2. **What would you do???????** You have been assigned to accompany the person you support on an outing with some family friends. Once there, you find that without you or your supervisor's prior knowledge, a friend of the family brought her developmentally disabled daughter to have a "date" with the participant.

3. **What would you do???????** While working in the kitchen cooking dinner, you notice that the person you support who is not to have any contact with children has convinced his sister to put his 5 year old nephew on the phone and is carrying on a conversation with him over the phone.



**Notes or
questions for
your trainer,
supervisor,
or therapist**

Staff Behavior

What did you think of what Korina was wearing in this scenario?



Caution



What do you think about wearing the following types of attire in a Community Protection Program?

- Short shorts
- Halter tops
- Tight Clothing
- Gang colors
- Tee shirts with logos supporting alcohol, sexist or vulgar themes, etc.



What does what you wear say to those around you?



Are you aware of how others are reacting to your presence?



What are different ways that people learn?



How do you learn best?



Using Validation with supportive instruction.



Giving feedback:

1. Positive comments; recognition of a job well done.
2. Pointers
3. Redirecting without criticism



Role modeling:

1. Conversations- being aware of how others may interpret your conversations
2. Knowing when to stop a conversation with a participant and refer them to their therapist.
3. Don't let yourself fall into the trap of "Do as I say, not as I do". Do you consider yourself "exempt" from certain policies/rules?

Attitude

Your attitude will have an effect on the person you support.



What is your attitude towards the person you support?



What is your attitude towards your job?



In what ways can/have these affected the person you support or your performance?



Do your words and actions have a positive or negative effect?



Managing your own attitude is the first step towards supporting a person to manage their own behavior.

Control



Resist the urge to take control of situations or things that are not yours to control.



What sorts of things are important for staff to control in a CP program?



What sorts of things are not meant for staff in a CP program to control?



What is the difference between controlling a person and influencing or motivating them?



How do these issues of control relate to the Residential/County Guidelines



***What experiences
have you had
with your own
behavior while
supporting CP
participants?***

Handwritten responses in cursive script, mostly illegible due to blurriness. The text appears to be a series of lines of handwriting, possibly representing a list or a continuous paragraph.



Contributing Factors

- **Victim of abuse; learned sexually inappropriate behavior from someone else.**

This is not an excuse for victimizing others, but it can help people supporting a client to understand the environmental and social factors that may have lead to the person's offense or deviancy. Abuse can lead to learned behaviors that can require years of therapy and instruction to re-learn

- **Chemical imbalance or head injury that affects impulse control**

It is important to understand the origin of the impulse control problems. There are different approaches to supporting a person with their impulse control problems depending upon how it occurs and what the person's ability to control it may be.

- **Unmet safety and security needs relating to love and belonging**

Developing good social skills is critical to meeting one's need to belong and feel safe. This alone is not usually a factor but can become one when paired with other issues being discussed here.

- **Immaturity; poor social skills; inability to relate to peers**

Sometimes people have to learn skills that they never learned as a child. Understanding and supporting this sort of learning and development is part of supporting the person.

- **Negative attitudes, seen in acts of aggression, typically with lack of remorse**

Overcoming negative attitudes can be a long and difficult process. Over time with structured and consistent responses, this sort of behavior can be changed. It is important for staff to remain in control of their response so they do not fall into the negativity trap themselves.

The issues identified in treating CP participants are complex. How and why they exist is hard to explain. The factors listed above can occur together or separately in an individual case, but they are common factors identified.



Security Procedures

In Home

- In general the perimeter of the house is alarmed to alert staff if someone is leaving without supervision. Internal alarms on bedroom doors can also be utilized for enhanced supervision when there is a risk of victimization among housemates.
- Staff should be aware of the participant's location and potential for interaction with others at all times. Sometimes staff can feel a false sense of security in the home and let their guard down.

In Communities

- Outings should be planned ahead of time, with the staff accompanying the participant having knowledge of the environment and resources available. In some cases, where the person is monitored by DOC they may need to get a trip permit to leave the city or county.
- Avoid all areas where minors congregate such as schools, arcades and playgrounds during times when children are present.
- If something unplanned occurs assess the seriousness of the problem and respond accordingly.

What would you do if . . .

A group of children arrive after you are already there.....

The participant initiates contact with a vulnerable adult.....

A child initiates contact with the participant.....

The participant is staring at child/children.....

The participant picks up a book of matches in a store....

Community Restrooms

- Try to find a single occupancy restroom; verify that it is unoccupied.
- If only choice is multiple-occupancy, check the stall first and then remain in the bathroom to maintain supervision.
- Direct the person to use an enclosed stall, rather than an open urinal.

The most important thing is to have a back-up plan whenever you go into the community

Offender Characteristics

- Typically **lack control** in their own lives; seek to control others and want things their own way.
- Often **feel like a victim**; are easily intimidated by others, so tend to focus on children who are not as threatening.
- Seek emotional interaction as a way to **boost self-esteem**.
- Motivation is sometimes steeped in **anger**.
- Some are **aroused or gain pleasure by a victim's pain and suffering** as they subordinate the victim to their desires.
- Sexual gratification is **not necessarily a motivating factor (but it is a "reward" for the deviant acting out)**.
- The offender **"justifies" his behavior; convinces himself that his needs are more important** than others.
- Sexual aggression might lead to feelings of **power, excitement and control**.
- May experience an **inflated self-image**, enjoying the feeling of conquest without getting caught.
- May act out in ways that are about **domination, manipulation and exploitation**.
- Lives a life of **denial**.
- May try to **deny responsibility** by blaming the victim.
- May **minimize** the seriousness of the behavior.



What are some other examples of characteristics you may have seen among the people you support?

Staff Effectiveness/Skills



Employees of the CP Program have a tough job. It takes a person with special qualities and skills to work with people who have these kinds of support needs. Staff have to be smart and perceptive with the ability to make decisions quickly and confidently. Having a realistic view of your support and keeping in mind the person's capacity for inflicting harm upon others is important.

Some of the skills needed include:

- Ability to look beyond the situation and see what's really going on.
- Setting clear, relevant limits that the person understands and do not violate anyone's rights.
- Understand your personal boundaries and make sure you do not let your personal life affect how you do your job.
- Ability to be firm yet respectful when trying to help develop structure in a person's life.
- Confident about your skills in dealing with people and situations. Skills would include appropriate behavioral interventions as well as managing your emotional reactions.
- Ability to ask for and accept help from others.
- Use common sense when you have to make critical decision in the moment.
- Good sense of humor to motivate people and make them feel comfortable.
- Don't take things personally; be open and work together with others.
- When you are off duty have a good time, relax and be ready to focus on work when you return.



What are some others skills that might help you in your job?



Break for Discussion

Staff Emotional Responses



Caution

Ways you might respond

- Protectiveness
- Minimization
- Offender isn't to blame
- People with developmental disabilities "don't do that"
- Pity
- Someone you like wouldn't do that
- Let your guard down
- Doubt the circumstances
- Disgust
- Treatment is a waste of time
- Punitive



Caution

Staff Self Management

Managing your reactions

- Educate yourself
- Recognize offending is a problem behavior
- Avoid minimization or denial
- Recognize your reactions
- Know fight or flight response
- Recognize physical reactions
- Recognize awareness

It is important to pay attention to your physical, emotional and psychological responses to participants' past, current and future behavior.

Do you get nervous, sweaty palms, red in the face; crinkle your face in disgust, shaky knees when a client has just done something disruptive or disturbing? What do you say, what do you do? Do you want to yell, does your voice get louder, do you "shut down", and do you want to leave right away? Do you get hyped-up, want to "take the client down/out", pump your body up/posturing?

If you are unaware of what you are thinking or feeling, and how you are reacting physically, the participant may notice your disgust, fear, anger, etc.

The person you support often knows if you like them or not. You must try to project an impression of feeling at ease with the individual. If you cannot do so, you may need to speak to your supervisor about a change in assignment.

If you find yourself trying to justify an individual's behavior or minimize it, you have entered the danger zone. Please keep in mind: If the relationship with the person becomes more important to you than following the treatment plan, a line has been crossed and an opportunity is created for the participant to re-offend. For example, a staff person supervising one individual alone might think, "Oh, I know Jeff, he won't walk out of the front yard if I just run inside real quick to answer the phone/ turn on the oven", etc. But as staff supporting CP participants, you must remain diligent. You cannot waiver from the treatment and supervision guidelines no matter how much you think you know the person.

On your days or time-off from work - make sure you have something in your life that supports your self-care. Hobbies such as sewing, biking, hiking, walking, jogging, writing poetry, keeping a journal, working on a car, gardening, family time, are good examples of activities that allow oneself to re-energize or vent appropriately/ physically the frustrations of working with such challenging individuals.

If you have personal victim issues (self, family member, sibling, child, etc.) seek outside support if necessary.

Tips

- Follow rules
- Avoid shortcuts
- See yourself as part of a team and avoid being the "Lone Ranger"
- Pay attention to "red flags"
- Be open and share things with your supervisor
- Imagine the worst case
- Think of having to explain later why you thought something was such a good idea at the time



Break for Discussion

Offense Cycle

Understanding the offense cycle and each of the phases can help to identify where the client may be in their own cycle.

Much of what happens in individual therapy or group therapy helps the CP participants to identify their own cycle of offense. Your participation in therapy will help reinforce the individual's awareness.

Often participants do not have internal inhibitors, so you as a staff person become an external inhibitor. For example: most people can go into a store and see a leather jacket that they would love to own, but walk away when they see the price is out of their range. Many individuals in the CP program do not have internal inhibitors that tell them to walk away. They might just grab it and walk out of the store. This is where staff becomes the external inhibitor that says, "Jim, that is a nice jacket, it seems to be a little too expensive. Maybe I can help you start a savings plan to get that jacket in a few months..."

Another example... A participant sees a woman in the grocery store and desperately wants to touch her breast... Without an internal inhibitor, the participant is going to do what he wants. As a staff person, you must think as the external inhibitor - sometimes that is directly saying, "Bob, that is not a good idea...." Sometimes it is best to use a distracting technique such as stepping in front to block his view while saying, "Hey Bob, look at the sale price on this cheese!"

The first step/phase in the offense cycle is:

Stressful Event

Any event that is perceived by the participant to have significant impact on his/her life is considered a stressful event, i.e., job loss, being yelled at by one's boss, being told "NO", rejection by peers or a love interest or family, etc. Pay close attention to how participants respond to disappointments. How you process disappointments may prevent the person from moving to the next phase.

The second step/phase is:

Negative Self-talk

If a participant begins to speak poorly of himself, remind him of his good qualities and the good aspects in his life. Use interventions to build esteem and self-worth for the participant. The better a person feels about himself or herself, the less likely they are to engage in behavior that makes them feel worse.

- Positive Affirmations - tell the individual how well they are doing whenever possible, recognize what they do well. Remind them of the strength in good choices.

The third step/phase is:

Fantasy Thinking

This could include "magical thinking", as well as sexually deviant or dangerous fantasies. Potential interventions to use with the participant in this phase:

- Tunnel Vision - when an individual appears to be focusing on something negative, re-direct them to think about something else.
- Thought Broadcasting - ask the person how it would sound if what they were thinking were played over a loud speaker for all to hear.
- Punishment/Consequence Scene - remind the person of what could happen if they carry out their fantasy (e.g., job loss, hurting loved ones, etc.).

The fourth step/phase is:

Grooming

Also known as the planning stage of the cycle

The Grooming Process involves:

- **Trust:** Giving presents, spending extra time with the intended victim, assuring the victim of the "rightness" of the activities, telling the victim the "acts" will not hurt them.
- **Favoritism:** Offender places intended victim in a favored relationship; makes it clear that reciprocity is expected if favors are accepted; blurs traditional relationship roles.
- **Alienation:** Potential victim becomes alienated from mom, siblings and friends. Victim replaces mom/wife as confidante to offender. Siblings and friends resent the victim's "good" life and this prevents victim from confiding in others.
- **Secrets:** Offender builds stifling environment of secrecy using persuasion, subtle and confusing rationalization. Secrecy is not always subtle. Victims report receiving threatening looks, glares and other body language when an offender thought they were revealing too much information.
- **Boundary Violations:** May begin as early as infancy to help family reject accepted norms of modesty, e.g., bathing and washing a child's genitals and teaching the child to reciprocate; watching/participating in dressing or undressing; watching/participating in bathroom activities; sexually explicit or vulgar conversation; inappropriate attire such as wearing only a robe with no underwear or pants with a broken zipper; horse-playing; leaving the bathroom or bedroom door open, etc.

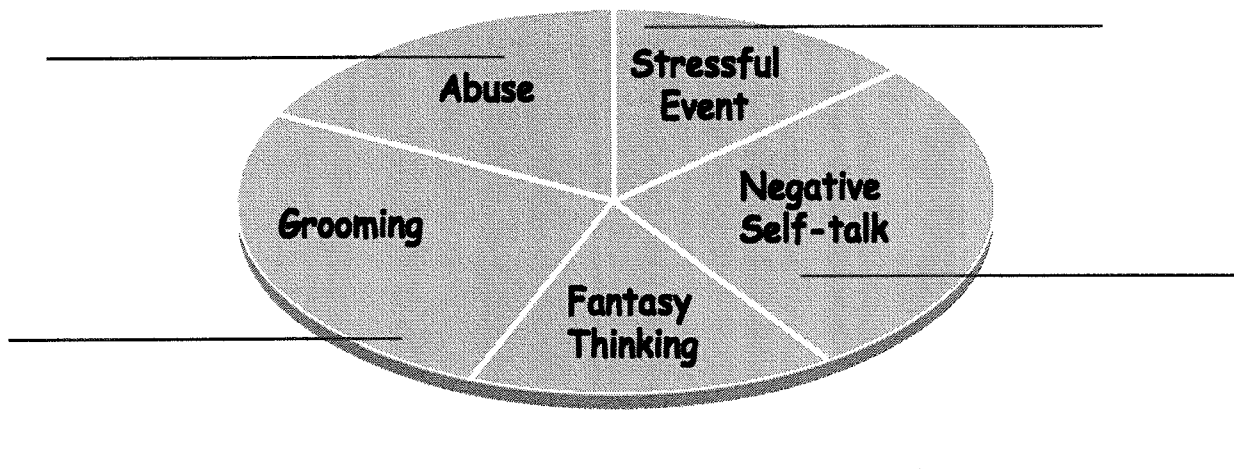
The final step/phase is:

Re-offense/Abuse

In this stage a new victim is created or an old victim re-victimized. Diligent supervision and literal physical intervention are necessary to help reduce the likelihood of an offense occurring.

The Offense Cycle

This is a classroom model for the purpose of teaching concepts that allow staff to recognize and predict behavior. Actual offenses do not always occur as outlined (e.g., may not start with a stressful event). the most important thing is to tell the therapist if you recognize behavior that is identified as part of a person's "Offense Pattern."



Label the above Offense Cycle.



**Notes or
questions for
your trainer,
supervisor, or
the therapist...**



Awareness of Power and Control, and Developing Trusting, Respectful Relationships

It is always important to keep the Residential Guidelines in mind when working with CP participants.

Treating participants with dignity and respect means attending to how you interact, intervene or redirect so as NOT to embarrass them in the community, or at home in front of other staff or participants. It means speaking to them as an adult, offering choices rather than making demands.

As staff, you are a guest in the participant's home. Participants pay their own rent, buy their own food, furniture, etc. So that couch you are sitting on is theirs, that TV you are watching is theirs, etc. Attend to your role, with respect.

Staff are automatically in a position of power and control/authority over participants. Imagine how you would feel if another adult, maybe even younger than you, were in your home telling you when you could eat, what you could eat, what time to go to sleep, what you could watch on TV etc. Imagine feeling angry, frustrated, violated and bossed around - then you can identify with how participants feel. Ensure you do not impose rules beyond therapeutic guidelines.

If you find yourself needing to "control" participants, or if peers, co-workers or supervisors make comments about you being "too forceful" or "controlling" with the participants and you do not see it...you may need to step back and re-evaluate if this is the right type of work for you.

Do's . . .

- Knock before entering house
- Ask before you use the phone
- Encourage person to make decisions, solve problems
- Give information to allow someone to make a good decision
- Treat people with respect
- Offer choices, not ultimatums
- Be aware of your non-verbal communication, e.g. facial expression

Dont's . . .

- Eat participant's food
- Change radio/TV channel without asking
- Set "rules" for bedtime
- Sit in the person's favorite chair
- Have conversations with other staff as if the person wasn't there.
- Talk about the person in front of others
- Make long distance phone calls
- Give out phone # to friend

•

•

•

•

•

•

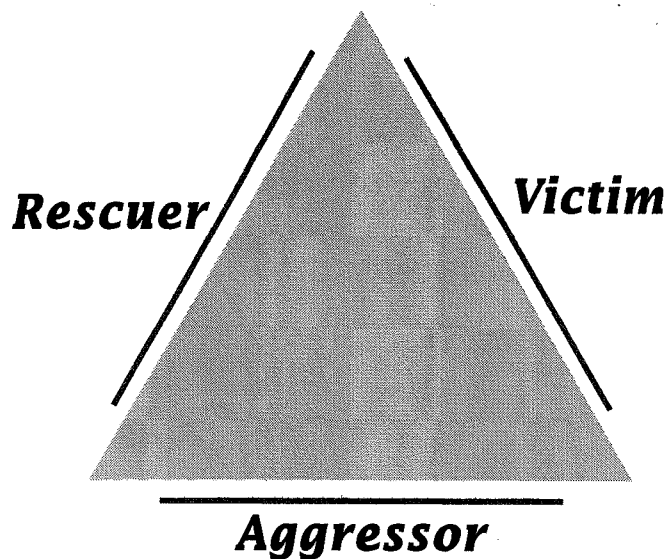
•

•



Break for Discussion

Triangle Relationships



In psychological theory, the triangle consists of three roles that individuals fluctuate between in a given relationship. The roles are: Victim - Rescuer - Aggressor.

Victim - Typically behaves in an emotionally fragile way so that someone must "rescue" him.

Rescuer - Plays the role of the hero, "protecting" the victim.

Aggressor - Behaves in a way that causes others to perceive themselves as needing help or being a victim.

Triangulation occurs when a third person enters a conflict aligning themselves with one of the original two parties. Often the third person hears only one side of the story.

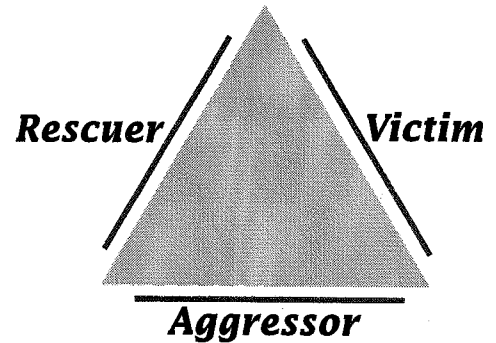
A participant may use any lapse in communication to maximize their position. Documentation and communication between staff, supervisors and therapists is essential.

A skilled participant is able to triangulate or "split" program staff, supervisors, therapists, case managers, vocational providers, etc. Often staff that get caught in a "split" consider the therapist and agency guidelines as unjust and harming the participant. They may see the individual as the victim, creating an unhealthy alliance, which ultimately results in the participant not benefiting from treatment and possibly, re-offending.

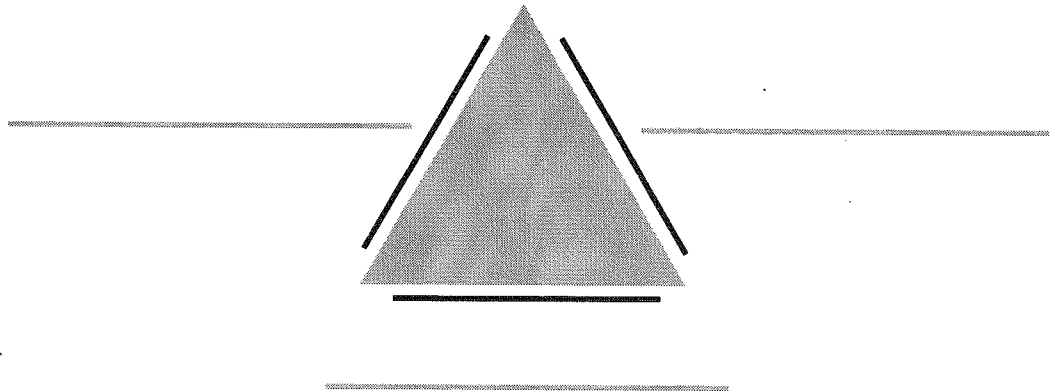
Staff must stay informed, attend therapy sessions and communicate with supervisors regarding issues. Once again, if the relationship with the participant becomes more important than following the treatment guidelines, you have stepped into the danger zone.

To avoid Triangulation

- Open communication
- Encourage direct communication
- Don't get caught in the middle
- Don't try to rescue



**Fill in the three sides of this triangle
with an example of a triangle relationship**



Break for Discussion

Avoiding Manipulation while Developing Respectful Relationships

The most significant impact a staff person can have on a participant is through the quality of the relationship they establish with them.

Remember, as with any professional relationship, maintain personal and physical boundaries. While you are at work, BE at work. Talk with the participants about their day, their work, and their life - do not share your work gripes, relationship woes, etc.

If you are not involved in team meetings, treatment plan reviews and therapy sessions, it will be difficult to avoid being manipulated. Many participants are highly skilled manipulators. In fact, many of them had to manipulate their victims, the victim's parents or caregiver, or perhaps their own parents or caregiver in order to offend in the first place. It is important to remember your role as a staff person... to constantly supervise the participants. Be aware at all times where they are, what they are doing, etc.

Do's . . .

- Focus on the person
- Respect personal space
- Model honesty and integrity
- Refer to person in a way that is respectful
- Use language that is professional
- Help the person to establish relationships
- Take care of your personal business on your own time so that you can focus on the client and what their preferences are
-
-

Dont's . . .

- Share personal information
- Horseplay, wrestle, or tease
- Make bets, make deals
- Use pet names like "Babe", "Honey"
- Use sexist, vulgar language
- Involve your friends and family
- Conduct personal business while on duty, (i.e., running errands, cashing your check, personal phone calls, etc.)
-
-



Break for Discussion



Caution

Confidentiality and Disclosure

You have all signed a confidentiality agreement. Think about the secrets you have in your life. Would you want them spread all over town, especially if you were dealing with these issues? Note that just because a participant has the community protection label, it does not mean you can share information about the person with neighbors and strangers. In fact the only people that should do disclosures are the therapist, DDD case manager, or program supervisor. The only people that need to know are those that will be providing services to the participant or providing supervision.

All potential chaperones, employers and job sites are reviewed by the therapist for approval and disclosure. It is NEVER okay for a staff person to initiate a disclosure.

For example: If a neighbor came over to the house and asked a staff person, "Are there a bunch of sex offenders living in this house?" the best response is, "If you have any questions, please contact _____ (give a name of a supervisor) at _____ (give the phone number)." Be pleasant, professional and respectful.

While working in this program you will receive a lot of information about the individuals you work with. How you handle that information can be a real gauge for you to judge yourself on how you really feel about the people you support. As we discussed earlier, it is normal for you to feel anger and disgust regarding the offender's deviancy behaviors. Sometimes we handle that reaction by "making jokes" with other staff about a particular person, or telling friends or family members about the person's behaviors. What does that say about you? The job you have can be very stressful, and you need to find other ways to handle your stress.

Each participant's disclosure is handled on an individual basis. The therapist helps to define the scope and level of disclosure and this is often part of the person's treatment plan. If you have any questions regarding disclosure of a particular client, be sure to ask your supervisor.



Three Participant Types:

- Those who have been **involuntarily committed to a state mental hospital** and are released to the community on a **Least Restrictive Alternative (LRA)**.
 - LRAs last up to 180 days and can be extended by the court.
 - LRAs stipulate conditions of release. Typical conditions require that the person comply with medications, remain in the program, and engage in no self-harm or assaultive behavior. Failure to comply with these conditions may result in re-commitment to a state mental hospital or to the local Evaluation and Treatment facility.
- Those who have been **convicted of a felony sex offense** and are under the **jurisdiction of the Department of Corrections**.
 - If the person was a **first-time offender**, he might have been granted **probation** under the Sex Offender Sentencing Act (SOSA), and placed directly on DOC supervision in the community rather than being sent to prison.
 - Otherwise, he would have been sentenced to **prison**, and would be on "Community Custody" or "Community Placement" supervision by a Community Corrections Officer from the DOC upon release for a period of time stipulated by the court at the time of sentencing.
 - Individuals under DOC supervision must comply with the **conditions of supervision** established by DOC and/or the court. Conditions typically include regular reporting to the CCO; CCO permission to change residence; CCO permission to leave the county; no alcohol; no association with other felons; no contact with children, etc. Failure to comply with these conditions may result in re-arrest and revocation.
 - As the program staff you must help ensure that the participant is aware of and **complies with his conditions**. For example: if a program house planned a trip to Ocean Shores and one of the participant's conditions is - "Cannot leave the county without prior approval", then the participant cannot go unless the CCO has provided written approval.

- When a participant **violates a condition of release**, the program supervisor and the CCO need to be notified. Sometimes the participant can be encouraged to make the call to their CCO on their own, other times it is more appropriate for the supervisor to sit with the participant or to make that call without the participant.
- Those who have neither been convicted of an offense, nor committed to a state mental hospital, but who have committed some type of sexual or violent offense and/or are **evaluated by a therapist as at risk to commit a sexual or violent offense**.
 - These individuals are not subject to any legal jurisdiction. Their participation in the program is voluntary, and they voluntarily agree to the Program restrictions.
 - While there would be no legal consequences if the person withdrew from the Program, their eligibility for continuing services from DDD would be limited.

Sex Offender Registration / Community Notification

- All individuals who have been convicted of a felony level sex offense (and those who have been found "Not Guilty by Reason of Insanity" or "Incompetent to Stand Trial") must register as a sex offender with local law enforcement.
 - The notice must include their full name and current address.
 - Every time they move to a new address, they must re-register with law enforcement within 48 hours.
 - Registration requirements remain in effect for a minimum of 10 years unless circumstances indicate the need is no longer necessary (i.e., offender had a stroke or accident causing significant paralysis, etc.).
 - Prior to their release from prison, all sex offenders are reviewed by the "End of Sentence Review Committee (ESRC)". The ESRC is comprised of representatives from DOC, DSHS, and law enforcement. The ESRC evaluates the risk to reoffend and assigns a risk level classification of 1 to 3 for community notification purposes.
 - Notification of pending release is sent to law enforcement in the community where the offender will reside.

- Local law enforcement determines the amount and type of community notification that will occur about the offender, based on the ESRC guidelines associated with the person's assigned risk level. Local law enforcement has the discretion to change the level of any sex offender in their area either up or down one level (i.e., from level 1 to level 2, or level 3 to level 2).
- When a sex offender has registered, it is up to law enforcement to handle any community notification - it is not the responsibility of staff, the participant and/or agency to notify the neighbors, etc.

Below is a table describing the levels and the notification guidelines for each level.

Level I Lowest risk to re-offend	Notification is limited to law enforcement and upon request by a community member.
Level II moderate risk to re-offend	Notification includes law enforcement, and may include notification to schools and organizations such as churches, child care centers, etc.
Level III high risk to re-offend	Notification includes law enforcement, schools, organizations, and neighbors.

If local law enforcement decides to do **community notification** (in addition to schools, etc.) they may do so by:

- Distributing **flyers** door to door in selected areas near the person's residence;
- Holding a **Community Meeting**. These notification meetings are held and facilitated by law enforcement. These meetings are only held if the person is a Level II or Level III sex offender, and even then it is up to law enforcement's discretion. They may send out flyers inviting the community to the meeting. The meeting time is spent discussing the laws related to notification/registration, statistics on sex offenders living in the county and city, and individual profiles. They may also cover personal safety tips. The law enforcement officer will also emphasize that the offender has completed his/her sentence and that it is illegal for neighbors or others to harass the person.

- The **notice** about a Level II or III sex offender includes a photo of the person, the risk level, some criminal history information, and the 100 block where they live. Notices cannot include the actual address.
- Those that are registered may experience unannounced drop-in's by DOC or law enforcement. They will check on how well the participant is being supervised, how they are following their community supervision conditions/restrictions, etc. The law enforcement officer may ask questions about other participants in the house. The officer and CCO can only ask questions about the specific registered individual. If they ask questions about participants who are not registered and do not have CCO supervision, you should refer them to your supervisor.

This workbook and the video is a joint effort of the Division of Developmental Disabilities (DSHS) and the Community Protection Residential Providers Association.

We want to thank the following individuals and agencies for their help:

Rex Garrett, Aacres/Allvest

Cheryl Borden, Aacres/Allvest

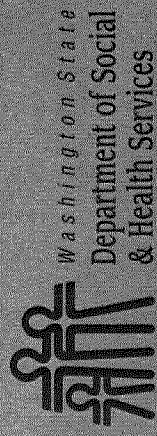
Janell Featherstone, Mentor

Janet Michaelson, Sunrise Services

Shirley Everard, DDD

Angela Rapp-Kennedy, DDD

Chris Coleman, DDD



***Division of Developmental Disabilities
Community Protection Program***

July 2002