

# Community Placement and Treatment Options for People with Intellectual Disabilities: part 2

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# What to Expect:

- ▶ How systems view their role.
  - ▶ Strengths and challenges of involved systems.
  - ▶ Creating sustainable multisystem supports for individuals.
  - ▶ How risk tolerance plays into decision making.
  - ▶ Generalizing ODODD Sex Offender Protocol tools.
  - ▶ Case examples
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# Collaboration: Key to Successful Transition

- ▶ Early planning
    - ▶ Review assessments
    - ▶ Look at environments
    - ▶ Best fit staffing/supervision
  - ▶ Stakeholders
    - ▶ Professionals
    - ▶ Para-professionals/Direct Care Staff
    - ▶ Natural Supports
  - ▶ Team voice: Level the power
  - ▶ Decisions are made at the team level
- 



# Systems Perspectives: Strengths & Challenges

- ▶ Harm reduction in least restrictive environment.
- ▶ Risk Tolerance
  - ▶ Natural consequences
- ▶ Choice vs. mandate



# Lessons Learned



# Resources

Environmental Assessment:  
Problematic Sexual Behavior

Individual Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Is individual under court ordered restrictions? Yes  No

This check list is designed to aid in the identification of environmental factors that may impact the individual's treatment progress. Any restriction should be based on court mandates and/or recommendations from the individual's risk assessment and/or treatment progress. Any restrictions should be included in the ISP and/or BSP.

Check all that apply.

1. Housing

a. Is housing location in compliance with court order? NA  Yes  No  What is the court order as it relates to housing?

b. Description of the Neighborhood :

City	<input type="checkbox"/>	Rural	<input type="checkbox"/>
Suburb	<input type="checkbox"/>	Apartment	<input type="checkbox"/>
Families with young children	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Singles	<input type="checkbox"/>	Pool	<input type="checkbox"/>
Parks	<input type="checkbox"/>	Schools	<input type="checkbox"/>
Daycare	<input type="checkbox"/>	Churches	<input type="checkbox"/>
Bars	<input type="checkbox"/>	Stores	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Identify any concerns relating to housing

2. Work/Day Program

a. Is the work site/day program in compliance with court order? NA  Yes  No  What is the court order?

b. Description of the Site

Community employment	<input type="checkbox"/>	Day Habilitation or voc rehab	<input type="checkbox"/>
Close supervision	<input type="checkbox"/>	Unsupervised	<input type="checkbox"/>
Minimal supervision	<input type="checkbox"/>		

c. Restroom style

Private	<input type="checkbox"/>	Shared	<input type="checkbox"/>
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d. Who frequents the site

Young children	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Teens	<input type="checkbox"/>	Peers	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Staff Observation Checklist: Community Outing:**

Individual's Name: \_\_\_\_\_

Date/Time \_\_\_\_\_

Location and type of activity: \_\_\_\_\_

Who accompanied:

Other individuals Yes \_\_\_\_\_ No \_\_\_\_\_ # of individuals \_\_\_\_\_ # of staff \_\_\_\_\_

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> displayed appropriate behavior             | <input type="checkbox"/> displayed anger/aggression        |
| <input type="checkbox"/> attempted to avoid supervision             | <input type="checkbox"/> approaching children/teens        |
| <input type="checkbox"/> staring/gawking at adults                  | <input type="checkbox"/> staring/gawking at children/teens |
| <input type="checkbox"/> rubbing against staff or others            | <input type="checkbox"/> following/stalking children/teens |
| <input type="checkbox"/> approaching strangers                      | <input type="checkbox"/> rubbing against children/teens    |
| <input type="checkbox"/> making sexual comments about adults        | <input type="checkbox"/> sexual comments to/about children |
| <input type="checkbox"/> touching genitals or masturbatory behavior |  |
| <input type="checkbox"/> other concerning behaviors _____           |  |

Did outing end early, if so, why? \_\_\_\_\_

General feedback on individual's behavior while on outing, including positive behavior:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date/time completed: \_\_\_\_\_





# Q & A

## Contact info:

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