Division of Developmental Disabilities Services
Community Services/Adult Special Populations
Dover, Delaware

Title:	**Review of Unsupervised Time for People at Risk**	**Approved By:**	Acting Division Director
Written/Revised By:	**Policy & Records Committee**	**Date of Origin:**	**August 2009**
Revision Date:			

I. Purpose

To establish a review system for the use of unsupervised time by people at risk of sexual exploitation or of sexually risky behaviors.

II. Policy

People who are at risk for sexual exploitation or have been determined to have sexually risky behavior shall receive careful and thoughtful review and oversight of their supports relative to the use of unsupervised time.

III. Application

Community Services/Adult Special Populations Staff
Contractors for Community Services/Adult Special Populations
Individuals receiving services who are at risk of sexual exploitations or of engaging in sexually risky behavior(s).

IV. Definitions

A. People at Risk of Sexually Risky Behavior: shall include:

1. **Sexually Aggressive Behavior (or history thereof)** - Determination that an individual has a risk of engaging in sexually aggressive behavior based either on a history of similar behavior or a risk assessment that indicates a risk of the behavior.

2. **Sexual Misconduct (or history thereof)** - A variety of sexual b behaviors that are inappropriate related to the typology of the behavior, type, place or other circumstances. Determination of risk is made by previous history and/or assessment information of behavior risk.

B. Risk for Sexual Exploitation (or history thereof) - Determination that an individual has a risk of being sexually exploited by others based on either a previous history or exploitation or based on assessment information that indicates such a risk exists.

C. Review Team: Individuals appointed by the Division Director to review the use of unsupervised time for people at risk for sexual exploitation or sexually risky behavior(s).

V. Standards

A. The use of unsupervised time by individuals who are at risk of sexual exploitation or sexually risky behavior(s) shall only be approved by the ID team when there is clear evidence based on history and assessment information that the individual does not present a current risk.
B. Unsupervised Time Plans for People at Risk shall require the approval of the individuals' Guardian of Person or Surrogate, as defined Title 16, Section 2507 of the Delaware Code, if the individual is determined to be clinically not competent.

V. Standards (*continued*)

C. The use of unsupervised time by people who currently or have a history of being at risk for sexual exploitation or sexually risky behavior(s) shall be reviewed and approved by the team assigned by the Division Director (hereafter referred to as "the review team"), prior to implementation.
D. The review team shall determine the frequency that the Unsupervised Time Plan for People at Risk is monitored.
E. Unsupervised Time Reviews for People at Risk of sexual exploitation and for those who have been determined to have sexually risky behavior must be reviewed and approved by both the assigned ID team and the review team prior to its implementation and at each subsequent scheduled review.

VI. Procedures

Responsibility	Action
I.D. Team	1. Determines with the individual receiving services if the use of unsupervised time can be safely supported.
Assigned Behavior Analyst or Psychological Assistant	2. Develops an Unsupervised Time Plan for People at Risk (see exhibit) in collaboration with the individual receiving services, his/her guardian of person, if applicable, and the assigned ID team. 3. Submits Unsupervised Time Review for People at Risk (see exhibit) to the Office of Applicant Services, Social Service Technician. Includes required documents, as delineated on the Unsupervised Time Review for People at Risk form, page 2.
Social Service Technician	4. Enters required information into data base and forwards to assigned DDDS Licensed Psychologist, within 3 working days of receipt.
DDDS DE Licensed Psychologist	5. Coordinates review of Unsupervised Time Review for People at Risk with the review team. 6. Forwards reviewed/completed Unsupervised Time Review for People at Risk to Social Service Technician.
Social Service Technician	7. Enters review information into data base. 8. Sends the completed/reviewed Unsupervised Time Review for People at Risk to the assigned BA/PA.
Assigned BA/PA	9. Notifies members of the assigned ID team re: the outcome of the review within 2 working days of the receipt. 10. Files Unsupervised Time Plan for People at Risk and Unsupervised Time Review for People at Risk behind the ELP .

VII. Synopsis

This policy identifies the process for review and approval of all Unsupervised Time Plans for People at Risk developed for people who are at risk for sexual exploitation or who have been determined to have sexually risky behavior(s). The policy includes the review form that is required to be completed and submitted for review.

VIII. Exhibit

A. Unsupervised Time Review for People at Risk
B. Unsupervised Time Plan for People at Risk
C. Title 16, Section 2507 of the Delaware Code
D. ASETS Ongoing Evaluation of Progress for Inappropriate Sexual Behaviors

EXHIBIT A

Division of Developmental Disabilities Services

Unsupervised Time Review for People at Risk

Name of Individual: _____ **MCI #:**_____
Place of Residence: _____ **Agency:** _____
Name of BA/PA: _____

1. Define specific behaviors/events that identify the person as an individual at risk for sexual exploitation, sexually aggressive behavior and/or sexual misconduct or a person with a history of such. Include target populations, if known.

_____
_____
_____
_____

2. Does the person have a psychiatric diagnosis? Please identify and include a description of the treatment.

_____
_____
_____

3. Does the person have a psychosexual evaluation? _____ If so, please explain the results and findings. __

_____
_____
_____

4. Please describe the person's unsupervised time plan and how it is monitored.

_____
_____
_____
_____

5. What risk is presented during the person's unsupervised time? Explain.

_____
_____
_____
_____

6. Is the person a threat to the community during his/her periods of unsupervised time? Explain.

_____
_____
_____
_____

7. Is the person's unsupervised time plan incorporated into his/her Essential Lifestyle Plan?_____

8. Does the person have a No Contact Order? If so, please attach a copy of the order. _____

9. Does the person have a conviction for any type of assault or sexually related offense? If so, please explain.
_____
_____

10. Is the person currently on probation/parole? If yes, please describe the conditions of the probation/parole and identify the contact information for the probation/parole officer.
_____
_____

Attach the following documents to this review, as applicable to the person who is the subject of the review:

- **Current Behavior Support Plan**
- **Behavioral Progress Reviews since last Unsupervised Time Review was completed**
- **Risk-Benefit Analysis (addressing unsupervised time plan) completed or reviewed within the last one year**
- **Psychosexual Evaluation**
- **Unsupervised Time Plan for People at Risk**
- **Applicable document(s) verifying criminal conviction(s)**
- **ASETS Risk Assessment or other clinically appropriate assessment tool**

_____ _____
Signature of BA/PA Completing Review ***Date of Review***

Reviewer's Comments:_____
_____
_____

Next Review Due By: _____

_____ _____
Sarah Marvian, Ph.D., Office of Applicant Services Mary T. Anderson, M.S.W., Dir. of Policy Development

EXHIBIT B

Division of Developmental Disabilities Services

Unsupervised Time Plan for People at Risk

Name of Individual:_____ **MCI #** _____
Date of Plan: _____

The following supports are required to be implemented during periods of unsupervised time.

_____
_____
_____
_____
_____
_____

The following restrictions/limitations shall apply during periods of unsupervised time.

_____
_____
_____
_____

The following monitoring plan shall be implemented to determine the continued safety of the plan.

_____
_____
_____

Signature of Person Reviewing Plan	Title/Position	Indicate Agree (A) or Disagree (D)	Date of Review

PARC Approved: 02/12/08
Form #: 26/CS

EXHIBIT C

Delaware Code, Title 16, Chapter 25

2507. Surrogates

(a) A surrogate may make a health care decision to treat, withdraw or withhold treatment for an adult patient if the patient has been determined by the attending physician to lack capacity and there is no agent or guardian, or if the directive does not address the specific issue. This determination shall be confirmed in writing in the patient's medical record by the attending physician. Without this determination and confirmation, the patient is presumed to have capacity and may give or revoke an advance health care directive or disqualify a surrogate.

(b)(1) A mentally competent patient may designate any individual to act as a surrogate by personally informing the supervising health-care provider in the presence of a witness. The designated surrogate may not act as a witness. The designation of the surrogate shall be confirmed in writing in the patient's medical record by the supervising health-care provider and signed by the witness.

(2) In the absence of a designation or if the designee is not reasonably available, any member of the following classes of the patient's family who is reasonably available, in the descending order of priority, may act, when permitted by this section, as a surrogate and shall be recognized as such by the supervising health-care provider:

a. The spouse, unless a petition for divorce has been filed;

b. An adult child;

c. A parent;

d. An adult sibling;

e. An adult grandchild;

f. An adult niece or nephew.

Individuals specified in this subsection are disqualified from acting as a surrogate if the patient has filed a petition for a Protection From Abuse order against the individual or if the individual is the subject of a civil or criminal order prohibiting contact with the patient.

(3) If none of the individuals eligible to act as a surrogate under subsection (b) of this section is reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values and who is reasonably available may make health care decisions to treat, withdraw or withhold treatment on behalf of the patient if appointed as a guardian for that purpose by the Court of Chancery.

Exhibit D

DIVISION OF DEVELOPOMENTAL DISABILITIES SERVICES

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

MCI: _____ **Area:** _____

[redacted]

A) In Instances of Inappropriate Sexual Behavior

_____ (0) There have been no (0) instances of inappropriate behavior of a sexual nature.

_____ (3) There have been at least two (2) instances of inappropriate behavior of a sexual nature (e.g., masturbating in public or in front of someone else, inappropriate verbalizations, exhibitionism, grabbing crotch).

_____ (5) There have been multiple (more than 3) instances of inappropriate behavior of a sexual nature.

_____ (7) Client is accused of sexual misconduct.

B) Anger

_____ (0) Client expresses anger in an appropriate fashion.

_____ (3) Client uses anger language frequently.

_____ (5) Client threatens property and/or person damage frequently.

_____ (7) Client has temper tantrums.

C) Aggression

_____ (0) Client displays rational problem solving skills.

_____ (3) Client displays mild aggression toward inanimate objects (slamming doors).

_____ (5) Client displays intimidating behaviors towards others (e.g., physically blocks someone from passing through doors or hallways, violates other's personal space frequently).

_____ (7) Client displays aggressive body posturing towards others frequently.

_____ (7) Client physically assaults others.

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

D) Target Population and/or Victim Interaction

_____ (0) Client has deliberately had no contact with the target population and/or victim(s).

_____ (5) Client has deliberately been in contact with target population and/or victim(s).

_____ (7) Client has made threats to target population and/or victim(s).

E) Motivation

_____ (0) Client is willing to work on treatment issues and appears very motivated.

_____ (3) Client is reluctant to face treatment issues; motivation is questionable.

_____ (5) Client refuses to discuss the offense/current behavior; denies problems..

F) Level Of Responsibility for Offense/Current Behaviors in Treatment

_____ (0) Client has fully accepted personal responsibility for all aspects of the offense/current behavior.

_____ (1) Client minimizes personal responsibility for the offense/current behavior.

_____ (5) Client minimizes personal responsibility and partially blames the victim, others, or his/her circumstances for the offenses.

_____ (7) Client denies the offense/current behavior and/or related responsibility.

G) Impulsive Or Compulsive Behaviors

_____ (0) Client demonstrates use of coping skills.

_____ (3) Client exhibits a few seemingly unimportant decision(s).

_____ (5) Client exhibits frequent seemingly unimportant decision(s)

_____ (7) Client exhibits impulsive and/or compulsive behaviors that are known to be directly related to offending behavior.

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

H) Deviant Sexual Interest/Arousal

_____ (0) Client displays interest in age appropriate sexual themes/plethysmograph measures within "normal" range.

_____ (3) Client is fixating (looking at, talking about) on their target group.

_____ (5) Client is actively seeking out his/her target group.

I) Relapse Triggers

_____ (0) Client recognizes high risk situations and implements coping strategies when presented with same.

_____ (5) Client can describe the relapse plan but does not generalize plan to a variety of high risk situation.

_____ (7) Client does not recognize high risk situations and has not demonstrated the ability to implement coping strategies.

J) Support Network

_____ (0) Client has significant others that he/she can rely upon for support who are not paid care providers.

_____ (2) Client has developed relationships with residential support staff and/or consumers.

_____ (5) Client isolates him/herself from others.

_____ (7) Client is involved with others to form a deviant sub-culture.

K) Work/School Adjustment

_____ (0) Client attends and/or participates in work/school on a regularly scheduled basis.

_____ (3) Client attends and/or participates in work/school intermittently.

_____ (5) Client refuses to attend and/or participate in work/school.

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

L) Program Participation

_____ (0) Client is cooperative with treatment and training expectations.

_____ (3) Client requires prompts to comply with treatment and training expectations.

_____ (5) Client is uncooperative but will comply with reinforcer/consequence.

_____ (7) Client refuses to participate and comply.

M) Self Esteem

_____ (0) Client displays evidence of self esteem while able to acknowledge faults, verbalizes some positive personality characteristics, and feels hope for the future.

_____ (3) Client has low self esteem, can only think of a few positive characteristics about himself (may need prompting).

_____ (5) Client's presentation of self is colored with unrealistic expectations and grandiose ideas about himself.

_____ (7) Client displays either a very low or false image of high self esteem. He present as either hating himself and sees no possibility for improvement in the future, or is overconfident and is filled with unrealistic optimism and expectations about the future.

N) Alcohol And Drugs

_____ (0) Client has not engaged in drug or alcohol use.

_____ (3 Client has had minimal use of alcohol and/or drugs.

_____ (5) Client has had moderate use of alcohol and/or drugs.

_____ (7) Client has had high use of alcohol and/or drugs.

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

O) Depression

_____ (0) Client does not exhibit symptoms of clinical depression.

_____ (3) Client has symptoms of clinical depression but is able to perform activities of daily living.

_____ (5) Client has symptoms of clinical depression and is having difficult performing activities of daily living.

P) Suicide

_____ (0) Client has had no suicidal ideation and no attempts.

_____ (5) Client has had suicide ideation but has made no attempts.

Q) Mental Status

_____ (0) Client has not shown symptoms of psychiatric disorder and has no history of psychiatric disorders.

_____ (3) Client has a history of psychiatric disorders and shows minor signs of stress that might lead to decompensation.

_____ (5) Client has a history of psychiatric disorders and shows moderate signs of stress that might lead to decompensation.

_____ (7) Client has a history of psychiatric disorders and shows extensive signs of stress that might lead to decompensation.

ASETS ONGOING EVALUATION OF PROGRESS FOR INAPPROPRIATE SEXUAL BEHAVIORS

Name: _____ **Date:** _____

Scoring and Interpretation: This tool has not been validated. The scale is designed to assist the Treatment Team to determine 1) whether progress has been sufficient to warrant a reduction in environmental controls and supervisions, or 2) a need for increased controls and support.. Although the final score is useful in directing the Treatment Team to reconsider program supports and structures, each item must be considered and evaluated in relationship to the Consumer's skill and history. This scale should be completed by the entire Treatment Team (i.e., mental health professionals, corrections, residential and vocational staff, family members and guardians) in order to ensure that all aspects of the consumer's treatment and training recommended. Graphing data will provide a pictorial view of treatment progress.

Scoring: After marking the appropriate selection for each item, add up the point value on front of each item for a final score. Compare the final score to the following scale.

Final Score	**0 – 27**	**Minimum level of support/supervision needed**
	28- 55	**Moderate degree of external controls or surveillance Needed**
	56-32	**High degree of external controls and surveillance Needed**

_____

Signature Date

[1] Adapted from Robert E. Freeman-Longo's Evaluation of Dangerousness for Sexual Offenders