



Working with Athletes Who Present Challenges

Special Olympics
Pennsylvania



Agenda



- Sexual Appropriateness
- Dealing with Anger
- Engaging Parents & Family
- Reporting Procedures
- Resources
- Questions

Why Are We Talking About This?



- We work with individuals who have unique needs and challenges
- We have volunteers that come from a variety of different levels of exposure and experiences
- As volunteers, you have shared that you want and need additional resources
- We have brought in some experts in the field that have agreed to share knowledge and best practices to better support you and your athletes



Sexual Consent & Related Constructs with IDD Population

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Special Olympics
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Expertise & Experience



- Director of Penn State Psychological Clinic
- Practice includes:
 - Individual & group psychotherapy
 - Behavioral and forensic consultation
 - Clinical supervision
 - School based mental health
 - Community outreach
- Significant research with substance abuse and individuals with ID
- Current focus is improving direct care staff helping experiences by evaluating emotional reactions, expectations, experience, training and self care

Decisions regarding sexuality with IDD populations are....



- No different than experiences of typically developing people
- Central to the human experience
- A fundamental human right
- Should focus on capacity to consent (which is not all or nothing)
- Should be made with sensitivity regarding developmental implications (knowledge, vulnerability, lack of experience, outer directedness, etc.)
- Should include support, validation, *alliances*, education

Case



Summary and Findings:

Ms. XXXXXX presents as an extremely affable, social and independent woman who has overcome significant adversity throughout her life. These adversities have included significant learning and economic challenges and chronic traumatic events. Further assessment would be needed to fully rule out PTSD, yet she suffers from many significant trauma related symptoms. Additionally, Ms. XXXXXX does not appear to be suffering from any current clinical mood, thought, or affective syndromes or disorders. Based on multiple previous records, Ms. XXXXXX does meet criteria for Mild Mental Retardation (i.e. Intellectual Disability).

With respect to Ms. XXXXXX sexual contact with the alleged perpetrator, any attempts that Ms. XXXXXX may have employed against coercion, exploitation and abuse are hampered by her cognitive impairment (intellectual disabilities). Ms. XXXXXX has a history of sexual experiences, sexual contact, and sexual exposure; much of which was unfortunately extremely abusive. While there may be abundance of sexual experiences in her past, this is not indicative of her possessing sexual knowledge, appreciation, nor an adequate ability to consent.

As evidenced by the findings from this evaluation, Ms. XXXXXX did not and does not possess the necessary parameters to adequately consent to sexual contact. Her capacity to make a decision regarding her sexual expression and appreciate and comprehend the act of sex and its consequences is significantly impaired. Additionally, these findings highlight that she lacks foundational information related to sex (i.e. intercourse, pregnancy, sexually transmitted diseases, etc.) exacerbated by her lack of voluntariness regarding sex, making her extremely susceptible to coercion. These deficits are in part due to traumatic events in her past, but more importantly from her significant delays in cognitive functioning, and paucity of sexual knowledge; all of which contribute to Ms. XXXXXX inability to provide sexual consent.

The incident in question highlights her difficulty making consensual and informed decisions related to sexual contact. Due to her suggestibility and susceptibility to coercion, she may have appeared compliant at the time (and even admits to wanting a massage), yet soon after (e.g. refusing to sleep in bed where incident occurred, crying out to neighbors for help, intense fear, etc.), it is evident that she was not a voluntary participant. Unfortunately, it appears that during the incident in question, Ms. XXXXXX was likely coerced and taken advantage of due to her limited intellectual capacity, interpersonal affability, previous traumatic experiences, and generally high suggestibility.

It is important to note that these deficits would be readily apparent to the general public, even when having only limited contact with Ms. XXXXXX. After spending a brief amount of time with her, it was exceptionally clear to me that her cognitive limitations are significant, and appear to be of a chronic and persistent nature. Information from State College Police indicated that Mr. XXXXXX was aware of Ms. XXXXXX past relationship with her husband and their struggles. It appears that he was quite familiar with Ms. XXXXXX and her history prior to this alleged incident in question. Therefore, Mr. XXXXXX must have known that Ms. XXXXXX suffered from significant learning problems and adaptive functioning deficits, and unfortunately as a result seems to have taken advantage of these limitations in order to coerce Ms. XXXXXX into a sexual encounter.

General Knowledge Questionnaire



The General Sexual Knowledge Questionnaire (GSKQ)

A questionnaire which is divided into 6 parts

Assesses an individual's knowledge of **human anatomy and physiology, sexual intercourse, pregnancy, contraception, sexually transmitted diseases and sexuality, respectively.**

The GSKQ has been norm referenced with an adult population having Intellectual Disabilities (Talbot & Langdon, 2006).

Assess Capacity... does the individual:



- Understand the nature of the sexual contact
- Understand and are they capable of exercising the right to consent or refuse the sexual activity
 - Ability to understand the facts and choices, saying “no,” weigh consequences, identify unwanted advances or abuse
- Able to effectively communicate their decision to consent or refuse to consent to the sexual activity
- Familiar with the possible risks and consequences of the activity
 - Safe sex practices, avoiding pregnancy, STD’s
 - Pregnancy and childbearing
 - Comfort/Discomfort/Trauma History
 - Communication

Circles Program

Red = Strangers

Orange
= Community Helpers


Yellow = Acquaintance

Green = Friendship

Blue = Family


Purple = Me





 It may be a purple circle area if...


1. I'm alone 

2. I'm in my bedroom 

3. I'm in the bathroom at HOME 


 It may be a red circle area if...


1. I'm outside of my home or school 


2. I see someone or lots of other people I don't know 


3. These people don't know my mom and dad

 It may be a yellow circle area if...

1. I see people I've met before but only know a little bit 


2. These people know my mom and dad 


3. I'm at a playground with lots of other kids 


 It may be an orange circle area if


1. I'm in a place where people are there to help me like a hospital school or doctor's office





2. Some people are wearing a uniform or a badge 


 It may be a blue circle area if...


1. I'm in my house 


2. I ONLY see my mom, dad or sister 

3. I'm visiting other family at their home with my parents 

 It may be a green circle area if...

1. I'm playing with boys and girls I know 

2. I am with boys and girls who make me feel good 

3. I'm at a friend's house 



Chuck Jones

Special Olympics
Pennsylvania



Expertise & Experience:



- Counselor with 20 years experience at New Castle Youth Development Center for most severe adjudicated mental health youth
- Statewide Training Supervisor for Bureau of Juvenile Justice Services in the Pennsylvania Department of Human Services
- Helped develop Mental Health curriculum for University of Pittsburgh Mental health program
- Certified and instructed in:
 - Safe Crisis Management
 - Suicide Awareness
 - Proper handling of youth inmates
 - Life Skills
 - CPR, First Aid, AED
 - Cultural Diversity



Recognizing Athlete Frustration:



Why some athletes misbehave...

- Sports that involve contact
- Performance anxiety
- Bullying
- Strange or different environment
- Triggers



Speedof

Be Present:






- Stand and Move
- Observe
- Maintain safety at all times



What to Look For:



Use your senses:

- Listen 
- Watch for unusual movements 
- Move around for the best observing point 

How to Respond:



- **Speak**

- Yelling vs Talking
- Calm Conversation

- **Touch**

- When to touch
- When NOT to touch



Reacting to the Problem:



- See it, and deal with it
- Know your athletes
- Get help when needed



Questions:





Reporting Procedures

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Reporting & Tracking:



- Communication
 - Immediate:
 - Get help as needed.
 - Report incident
 - After: Document
- Utilize Resources
- Documentation
 - [SOPA Misconduct form](#)
 - [Accident/Injury](#)

Misconduct Form:



- **When:** Code of Conduct Violation
- **How**
- **Who** Completes It
- **Who Does It Get Sent To:** Mgr & SOPA
- **Suspensions MUST come from state office.**

Building a Response Team



- **Who can help?**
 - Parents/Family member: outcomes are better with parental involvement
 - Case Mgr.
 - School Teachers/Administrators
 - Fellow Coaches
 - SOPA
- Engage and create a shared plan, include the athlete.



Thank you.

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