Approaches to Risk Reduction in People with an Intellectual Disability who offend sexually

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OUTLINE

What we know

Risk – assessment and management

Role of Formulation

Interventions – stabilise and strengthen

Interventions Offence focused
What we know

“It is not clear whether the nature and frequency of offending by people with LD differs from that committed by offenders in the general population”.

Lindsay & Taylor, 2005
Headlines re ID population

- People with ID 2.3% in general population
- Over represented in prison populations
- Recidivism rates
  - higher than non-ID
  - higher in first year
Prevalence – Difficulties!

• Problems with definitions
• Definition of Learning Disability
• Definition of offending
  - point of measurement
  - Reported
  - Arrest
  - Charge
  - Court
  - Convicted
• Challenging--------------------------------------Offending
Its pointless trying to determine the percentage of people who sexually offend with ID. We know numbers are significant and we should focus on the most effective way to provide assessment, treatment and management services.

Lindsay 2011
Research - People with ID who sexually offend

- Fewer victims
- Less specificity for age and sex of victim
- Majority of victims under 16
- Greater frequency of offending against younger and male children
- Greater frequency of exhibitionism
- Higher levels of abuse experiences themselves
Counterfeit deviance

- Poor social skills
- Lack of sexual knowledge
- Limited opportunities to establish sexual relationships

- Remediation...
- Education
- Developmental; maturation
- Rather than deviant sexuality
Risk assessment

• Several well established instruments have good reliability / validity with LD offenders. Taylor & Lindsay, 2006

• HCR-20, VRAG, PCL-SV at least as predictive of re-offending in LD pop as non-LD offenders. Gray et al 2007

• Static 99– medium to large effect size in mainstream and in ID population Lindsay et al 2008, Wilcox et al 2009, Lofthouse & Lindsay 2013

• ARMIDILLO - best at prediction of sexual reconviction in ID group Lofthouse et al 2013
What is ARMIDILLO -S

- a comprehensive risk review and management instrument designed for use with adults with cognitive impairment – Intellectual Disability or Borderline range of function

- designed to assist support workers, case managers, guardians, home providers, clinicians and programme administrators in identification and management of risk for sexually inappropriate behaviour

- Douglas Boer, Jim Haaven, Bill Lindsay, Joseph Sakdalan,
Risk and Protective Factors

STABLE
- CLIENT ITEMS
- ENVIRONMENTAL ITEMS

ACUTE
- CLIENT ITEMS
- ENVIRONMENTAL ITEMS
# ARMIDILIO STRUCTURE AND ITEMS

## Stable Items

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<table>
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<tbody>
<tr>
<td>CLIENT</td>
<td>ENVIRONMENT</td>
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<tr>
<td>SUPERVISION COMPLIANCE</td>
<td>ATTITUDE TO ID CLIENT</td>
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<tr>
<td>TREATMENT COMPLIANCE</td>
<td>COMMUNICATION AMONGST SUPERVISORY STAFF</td>
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<tr>
<td>SEXUAL DEVAINE</td>
<td>CLIENT SPECIFIC KNOWLEDGE BY STAFF</td>
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<tr>
<td>SEXUAL PRE-OCCUPATION</td>
<td>CONSISTENCY OF SUPERVISION</td>
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<td>EMOTIONAL COPING ABILITY</td>
<td>SITUATIONAL CONSISTENCY</td>
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<td>OFFENCE MANAGEMENT</td>
<td>UNIQUE CONSIDERATIONS</td>
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<td>RELATIONSHIPS</td>
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<td>IMPULSE CONTROL</td>
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<td>SUBSTANCE ABUSE</td>
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<td>MENTAL HEALTH</td>
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<td>UNIQUE FACTORS</td>
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## Acute Items

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<tr>
<td>CLIENT</td>
<td>ENVIRONMENT</td>
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<tr>
<td>ATTITUDE TO SUPERVISION OR TREATMENT</td>
<td>SOCIAL RELATIONSHIPS</td>
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<td>INAPPROPRIATE PRE-OCCUPATION</td>
<td>MONITORING</td>
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<td>VICTIM RELATED BEHAVIOURS</td>
<td>SITUATIONAL CHANGES</td>
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<td>EMOTIONAL REFULATION</td>
<td>VICTIM ACCESS</td>
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<td>ABILITY TO USE COPING TOOLS</td>
<td>UNIQUE</td>
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<td>UNIQUE – MH, MEDICATION ETC</td>
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ARMADILO – auc. (Lofthouse, Lindsay, Hastings et al, 2012. JARID)

Environment

CLIENT

Combined

Static Risk
Various uses of ARMIDILO

Risk review tool

Daily risk alert tool

Tool for formulation

Monitor progress / guide supervision reduction

Inform treatment targets
Case Formulation (L. Craig 2018)

• Seeks to explain the problem behaviour
• Based on a range and quality of evidence
• Provides an account of developmental history
• Summarizes and integrates a broad range of psychosocial factors
• Provides psychological explanations of problem behaviour hypothesise to facilitate change
• Constructed collaboratively with service users
The ‘Five Ps’ of Formulation from Weerasekera, 1996

- problem(s)
- precipitating factors
- perpetuating factors
- maintenance factors
- protective factors
- predisposing factors
- vulnerability factors
- triggers
Case Formulation applied to sexual offending risk assessment  
‘Five Ps’ – method (Macneil et al 2012)

- **Presenting** problem(s): main problem(s) person is currently requiring support for e.g. sexually inappropriate, deviant behaviour

- **Pre-disposing** factors – factors that have made the person vulnerable to developing problems – drawing on relevant theories (psychosocial development across the lifespan, attachment, social learning, impact of trauma, sexual offender specific theories)

**Risk:** Static risk factors (history), stable dynamic risk factors (psychological problems), acute or contextual risk factors (current life circumstances)
‘Five Ps’ – method

- **Perpetuating** factors – what maintains the current problems/risk - criminogenic factors, psychologically meaningful risk factors

  Risk: Dynamic Risk Assessment Frameworks RSVP, Armidilo, SVR-20, Stable 2007

- **Precipitating** factors – events or circumstances that may have triggered the development of current problems/risk – may be external (time or place) or internal (thoughts & feelings). Beech and Ward 2004 stable and acute risk factors

  Risk: Acute 2007, Armidilo

- **Protective** Factors – moderate the current problems/risk *(Good Lives Model Ward et al 2002)*, positive emphasis associated with treatment effectiveness
Conclusions

• Formulations can aid understanding an individual and the factors that place him at risk for sexual offending
• This is crucial for assessment and management
• This provides a focus for interventions
INTEGRATION & SYNTHESIS
- OFFENCE FOCUSED NEW BEGINNINGS

EXPLORATION & CHANGE
- STABILISE AND BUILD FOUNDATION SKILLS
  - EG DBT GTS

CONTAINMENT

SAFETY
- ASSESSMENT & FORMULATION
DBT blends cognitive-behavioural approaches with eastern meditation practices. The balance between acceptance and change strategies in therapy form the fundamental ‘Dialectic’ within DBT.
Why adapted DBT for forensic clients with ID?

• Designed for personality disorder/complex behavioural problems, emotion dysregulation.
• Clarifies which behaviours to address/order.
• Uses behavioural approaches.
• Less focus on verbal reasoning /insight.
DBT Structured Hierarchy of Targets

- Self-harm behaviours / harm to others
- Therapy interfering behaviours (i.e. hostility, refusal to attend, defensive)
- Problems with general self-regulation
- Relationship issues
- Attachment issues
- Life Worth Living
- Quality of Life

Life threatening

Therapy interfering

Life threatening

Self-harm behaviours / harm to others

Quality of Life

DBT Structured Hierarchy of Targets
Core Skills group modules

• In this Moment - Mindfulness

• Managing Feelings

• People Skills

• Coping in Crisis
In This Moment
Learning to be in control of your own Mind instead of letting your mind be in control of you

• 'Mind' the Dog

I want to go this way. !!!!

My mind is running away again !!!!

I don’t want to go down this road. !!!!

My mind’s gone wandering off !!!!
Module 2. Managing feelings

- Recognising and labelling emotions
- Recognising different intensities of emotions
- Acceptance
- Recognising and reducing unwanted emotional responses and impulsive dysfunctional behaviours (self harm, aggression etc)
- Feel good factor
Let's do the M&M exercise.
Module 3 – People Skills Diary Card

<table>
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<tr>
<th>Action</th>
<th>Mon</th>
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<th>Thur</th>
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<td>Give and take</td>
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<td>Use the Bees!!</td>
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Module 4. Coping in Crisis

- DISTRACT
- Do something different
- Imagine a safe place
- Self talk
- Think about something else
- Resist urges
- Act to change feeling
- Count our blessings
- Think about pros and cons
Example exercise – My coping box
# ALEX

<table>
<thead>
<tr>
<th>Presenting</th>
<th>Sexual offending against younger children from age 13, Self harm behaviour – cutting and swallowing, Non-engagement with treatment</th>
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<tbody>
<tr>
<td>Predisposing</td>
<td>Mild ID, Sustained severe burns as child, Bullied at school, Isolated in early years, med- high on static 99</td>
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<tr>
<td>Precipitating</td>
<td>Rejection by peer, Mum harsh critical, proximity to victims through extended family</td>
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<tr>
<td>Perpetuating</td>
<td>Avoidant and hostile in interviews, substance misuse, absence of basic social skills, boredom, low self worth and esteem, no deterrent when past victims disclosed to family, uses sex as coping with distress and low mood, absence of other coping skills</td>
</tr>
<tr>
<td>Protective</td>
<td>Has a hospital order, family recognise he needs to do treatment and provide support</td>
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What DBT offered

- Mindfulness – notice emotions earlier
- Target self harm
- Avoidance - Hostility – target the therapy interfering behaviour
- Used self soothe to get into Wise Mind thinking
- Built up feel good factor – positive experiences
- Coping in crisis skills – DISTRACT – do something different, surf the urge, safe place imagery
- People skills – foundation of 3Bs and asking for help
Interventions

• Research: Strength based approaches

• Positively orientated

• Centred on the ideas of GLM

• New Beginnings Sex Offender Treatment Programme SHSCT and BHSCT
New Beginnings: Background

• NOMS programmes – ASOTP 2006 – 2009
• Re structuring of NOMS – policy change
• Barriers to programme provision inc staff training
• Decision by senior managers and Forensic Psychology to develop local Health programme - 2011
What the programme does

Aim –
To reduce sexual victimisation through reduction of the risk of re-offending.

Objectives –
To help individuals:
• Meet their sexual and non sexual needs in a pro-social manner.
• Develop an offence free healthy lifestyle
Who is it for?

• Adult males with Learning Disability or cognitive deficits
• Are receiving a service from mental health or learning disability
• Have history of sexual offences or those “at risk” of sexual offending
Content of programme

1. Getting Going
2. Staying strong to do the work
3. Sex Education
4. Good side / bad side –
5. Thinking mistakes
6. Healthy Sexuality
7. Self management – Building coping skills
8. People skills
9. Understanding victim experience
10. Looking to the Future
EXAMPLES OF CONTENT
JOE – THIS IS MY LIFE

Born 1986 in Seatown

1991 started school
1993 hated school – bullied
1994 special school
1995 dad lost job and drinking a lot
1995 mum and dad arguing

Dad hitting mum and us

1997 mitched school – stole sweets, had fun
1998 got picked for football team

2002 made friends with kids in park
2004 drinking with friend in park

2003 police told me off for playing with kids
2001 stopped going out – in my bedroom most of time

2004 drinking with friend in park

2006 doing sexy things with Susie

2006 arrested
2007 forensic unit

HSC Southern Health and Social Care Trust
Quality Care - for you, with you
Evaluation

• Pre and post psychometrics
• Incident recording
• Re-offending data
Psychometric pre/ post data

• Questionnaire on Attitudes consistent with SO – QACSO
• Emotional Problem Scale – EPS
• Adapted Victim empathy scale – AQVES
• Relationships Style Questionnaire – RSQ
• Behaviour
Where we are now......

• Development of stand alone Relationships and Sex Education programme (pilot)

• An identified need from New Beginnings Programme

• To address lack of knowledge re sex and how to manage relationships
Relationships and Sex Education Programme

• **Lets talk about Sex**: Alex Kelly (S&L Therapist)

• Ten participants in group (pilot)

• Programme delivered Southern Trust CFLD team:
  Oct 18 – March 19
Sex Education and Relationship Programme: Content

Two components

• **Sex and Intimate Relationships** – having a happy, healthy positive relationship, staying safe in a relationship, finding a partner, coping with problems

• **Sex Education** – physical, interpersonal and emotional aspects of sex
Evaluation

Initial qualitative assessment positive:

• Increased knowledge regarding sex, sexual health and staying safe
• How to build self esteem
• Consent – learning how to say no
• How to develop a relationship

Evidence from community staff that knowledge/skills learned in group applied to problems

Quantitative evaluation ongoing pre and post psychometrics
Summary Reflections

- RNR – Risk Needs Responsivity
- Level of risk static 99 and ARMIDILLO – S
- Individual Formulation - criminogenic needs, pathways and responsivity factors
- Identifies therapy interfering blocks and foundation needs
- Offence specific and offence related needs
- Offence specific work as with non-ID should focus on distorted thinking and skills teaching to cope ahead, deviant arousal,
- Offence related targets focus on broader skill based issues related to offending- eg interpersonal skills - maintain support systems
- Good Lives central - Healthy sexuality and promoting normal lives
Final word to Bill Lindsay

“The focus needs to be on physical and material surroundings that increase Quality of Life and, most importantly, on Pro-social influences and full community integration”

Lindsay, 2009
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