

Dialectical Behavioural Therapy for Offenders with Cognitive Disabilities:

The Impact of Individual Factors on Outcomes

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The Cairnmillar Institute

Sponsored by the Department of Families, Fairness and
Housing

ANZAPPL Conference 2024

22nd November 2024



Families,
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Dialectical Behavioural Therapy, Emotion Regulation & Intellectual Disability

Dialectical Behavioural Therapy (DBT)

Originally developed by Marsha Linehan to treat Borderline Personality Disorder (Linehan, 1993)

Emerging evidence of benefits of DBT skills for individuals with ID:

- Decrease in frequency of challenging behaviours & symptom improvement individual case study (Florez & Bethay, 2017)
- DBT Skills group run for people with an ID measuring wellbeing, overall functioning & distress & qualitative interviews. Improvement across all areas (Crossland et al., 2017)

Acceptance

Mindfulness

Change

Distress Tolerance

Emotion Regulation

Interpersonal Effectiveness

Four group skills modules: Mindfulness, Emotion Regulation, Distress Tolerance & Interpersonal Effectiveness

Adapting DBT for Intellectual Disabilities

Julie Brown's Emotion Regulation Skills System for Cognitively Challenged Clients: adaptation of the core principles of DBT skills training into more accessible and simplified materials and designed to better suit those with cognitive impairment (Brown et al., 2013).

Adjustments include adapted worksheets, simplified language, and simplifying concepts within DBT

Julie Brown Program

Sugar - be nice
Explain the situation
Ask for what you want
Listen
Seal a deal

vs.

DBT

Describe
Express
Assert
Reinforce
Mindful
Appear (confident)
Negotiate

'Interpersonal Effectiveness' vs. 'Expressing Myself'

INTERPERSONAL EFFECTIVENESS HANDOUT 5 (p. 1 of 2)

(Interpersonal Effectiveness Worksheets 4, 5; pp. 174–175)

Guidelines for Objectives Effectiveness: Getting What You Want (DEAR MAN)

A way to remember these skills is to remember the term **DEAR MAN**:

Describe
Express
Assert
Reinforce
(Stay) Mindful
Appear Confident
Negotiate

- D**escribe Describe the current **SITUATION** (if necessary). Stick to the facts. Tell the person exactly what you are reacting to.
- "You told me you would be home by dinner but you didn't get here until 11."
- E**xpress Express your **FEELINGS** and **OPINIONS** about the situation. Don't assume that the other person knows how you feel.
- "When you come home so late, I start worrying about you."
- Use phrases such as *"I want"* instead of *"You should," "I don't want"* instead of *"You shouldn't."*
- A**ssert Assert yourself by **ASKING** for what you want or **SAYING NO** clearly. Do not assume that others will figure out what you want. Remember that others cannot read your mind.
- "I would really like it if you would call me when you are going to be late."
- R**einforce Reinforce (reward) the person ahead of time (so to speak) by explaining positive effects of getting what you want or need. If necessary, also clarify the negative consequences of not getting what you want or need.
- "I would be so relieved, and a lot easier to live with, if you do that."
- Remember also to reward desired behavior after the fact.

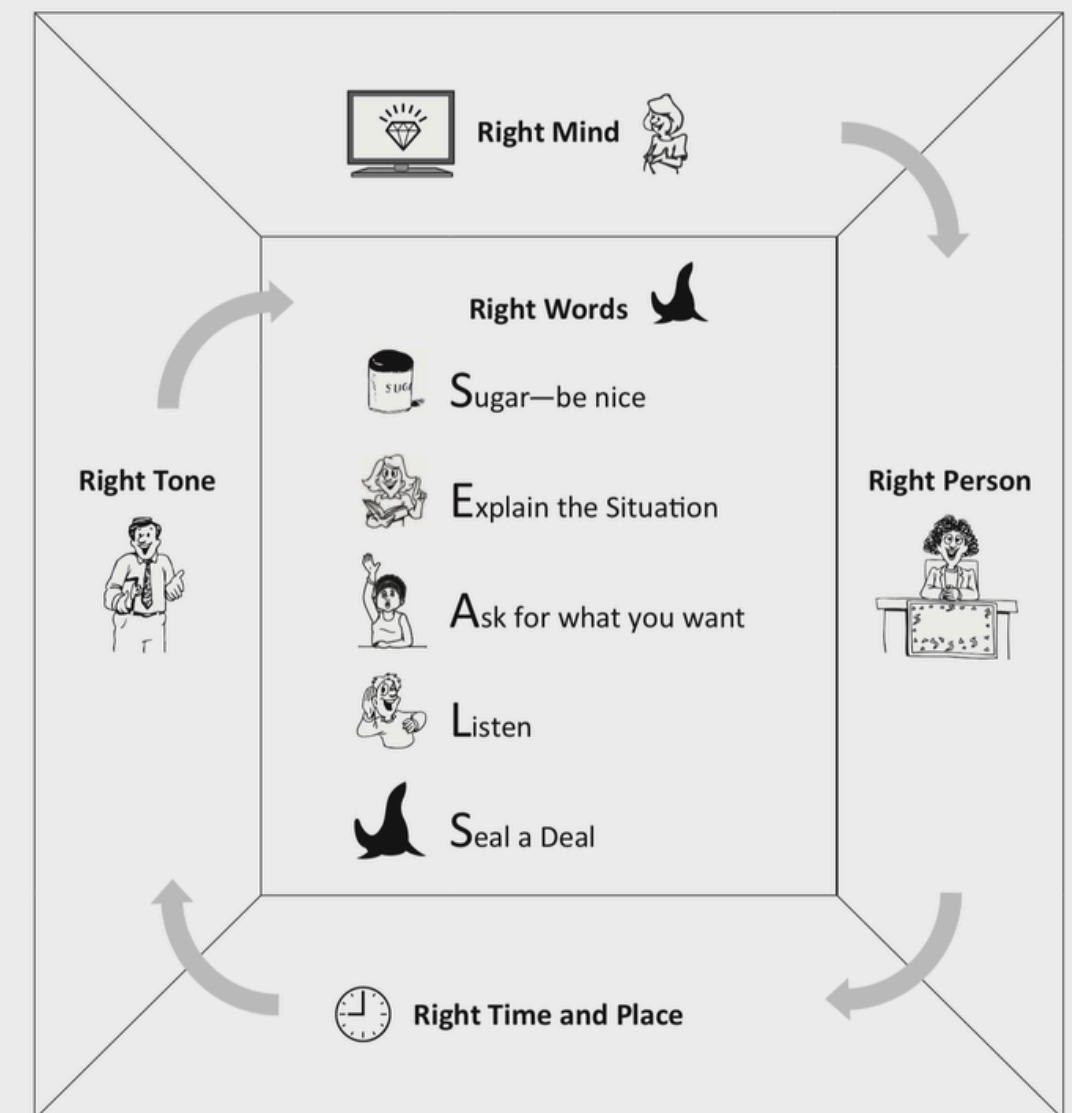
INTERPERSONAL EFFECTIVENESS HANDOUT 5 (p. 2 of 2)

- (Stay) **M**indful Keep your focus **ON YOUR GOALS**. Maintain your position. Don't be distracted. Don't get off the topic.
- "Broken record": Keep asking, saying no, or expressing your opinion over and over and over. Just keep replaying the same thing again and again.
- Ignore attacks: If another person attacks, threatens, or tries to change the subject, ignore the threats, comments, or attempts to divert you. Do not respond to attacks. Ignore distractions. Just keep making your point.
- "I would still like a call."
- A**ppear confident Appear **EFFECTIVE** and competent.
- Use a confident voice tone and physical manner; make good eye contact.
- No stammering, whispering, staring at the floor, retreating.
- No saying, "I'm not sure," etc.
- N**egotiate Be willing to **GIVE TO GET**. Offer and ask for other solutions to the problem. Reduce your request. Say no, but offer to do something else or to solve the problem another way. Focus on what will work.
- "How about if you text me when you think you might be late?"
- Turn the tables: Turn the problem over to the other person. Ask for other solutions.
- "What do you think we should do? . . . I can't just stop worrying about you [or I'm not willing to]."
- Other ideas: _____
- _____
- _____
- _____
- _____
- _____

8. GETTING IT RIGHT

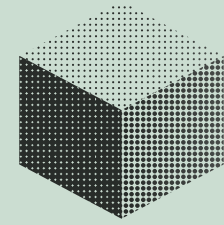
HANDOUT 1

Getting What I Want!

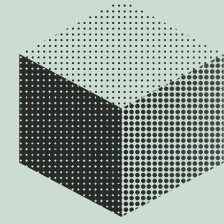


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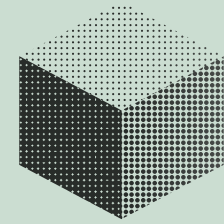
Why DBT skills for Intellectual Disability?



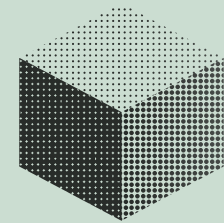
Utilises simple strategies



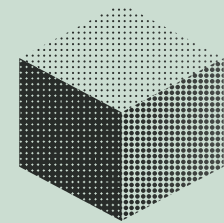
Distress tolerance skills focus on what to do during difficult situations



Focus on managing relationships



Uses structure to approach a range of situations to avoid getting into risky situations



Skills focus provides clearer information about which actions to take, rather than methods which require reflection

How are DBT Skills Relevant for People with ID Involved in the Justice System?

Emotion Regulation & Offending

Prevalence of people with ID involved in the justice system:

- Victorian Auditor-General's Office (2023) reported that in 2023, individuals with ID made up 4.4% of prisoners
- Prisoner's with ID have increased risk of reoffending (Holland & Persson, 2011)

Relationship between emotion regulation skills and aggression:

- Garofalo et al. (2017) found indications emotion dysregulation an important factor in aggressive behaviours

People with Borderline Personality Disorder (BPD) similarly have difficulties with emotion regulation and functional impairment (Ruocco, 2014)

Limited but promising results related to use of adapted DBT in forensic settings:

- Sakdalan et al. (2010)
- Ashworth et al. (2017)
- Systematic review by McNair et al. (2017) highlights need for express need for more evidence of treatment efficacy

The Current Study

Evaluate the effectiveness of adapted DBT on emotion regulation skills in offenders with ID using the Difficulties in Emotion Regulation Scale (DERS) as a measure of emotion regulation.

Investigate the impact of individual factors on the efficacy of the program



NovoPsych

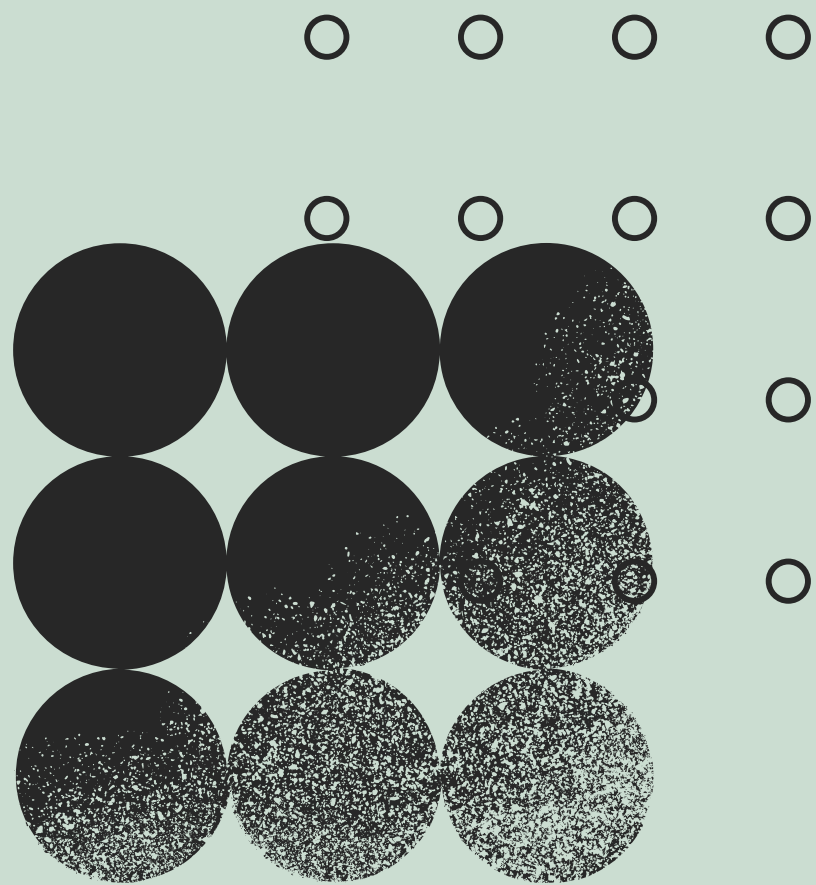
Difficulties in Emotion Regulation Scale (DERS)

Instructions:

Please press the response that is most true for you.

	Almost Never	Sometimes	About half the time	Most of the time	Almost always
1 I am clear about my feeling	5	4	3	2	1
2 I pay attention to how I feel	5	4	3	2	1
3 I experience my emotions as overwhelming and out of control	1	2	3	4	5
4 I have no idea how I am feeling	1	2	3	4	5
5 I have difficulty making sense out of my feelings	1	2	3	4	5
6 I am attentive to my feelings	5	4	3	2	1
7 I know exactly how I am feeling	5	4	3	2	1
8 I care about what I am feeling	5	4	3	2	1
9 I am confused about how I feel	1	2	3	4	5
10 When I'm upset, I acknowledge my emotions	5	4	3	2	1
11 When I'm upset, I become angry with myself for feeling that way	1	2	3	4	5
12 When I'm upset, I become embarrassed for feeling that way	1	2	3	4	5
13 When I'm upset, I have difficulty getting work done	1	2	3	4	5
14 When I'm upset, I become out of control	1	2	3	4	5
15 When I'm upset, I believe that I will remain that way for a long time	1	2	3	4	5
16 When I'm upset, I believe that I'll end up feeling very depressed	1	2	3	4	5
17 When I'm upset, I believe that my feelings are valid and important	5	4	3	2	1

Research Questions



- Does the adapted DBT skills program improve emotion regulation skills (as measured by the DERS)?
- What factors (eg, IQ, program format) influence the programs efficacy?
- Are there any secondary trends in offending behaviours and mental health trends?

Methodology

Participants

51 Participants
63 Data Points
Pre-existing data

Inclusion & Exclusion Criteria:

- Cognitive Disability (eligible for disability support in VIC - includes ID, ABI)
- 18+ years
- Completed Program
- Pre- & post-outcome measures completed

Intervention

Adapted DBT skills program (Emotion Regulation Program) based on Julie Brown's framework.

Program conducted by Forensic Disability Services (FDS)

Community & Residential Treatment Facility Locations

Delivery Format: Group, One-to-One, Virtual, Mixed

Methodology

Data Collected

Primary Outcome Measure: DERS scores pre- and post-intervention (measuring emotion regulation)

Additional Variables: IQ, Offending Behaviours & History, Mental Health Diagnoses, Program Delivery Information

Measurement Tools

Emotion Regulation: DERS (total & subscales where available)

IQ: IQ score &/or Severity ranking

Data on Offending, Mental Health: Number of offences, sentence length, official diagnoses

Preliminary Results

Descriptive Statistics

Descriptive Statistics

Variable	Mean	SD	Min	Max	<i>n</i>	Missing
Age (Years)	36.49	10.08	21.4	68	63	0
IQ	64.2	6.97	47	83	45	7
Number of Mental Health Diagnoses	1.38	1.37	0	5	52	0
Number of Additional Neurodevelopmental Diagnoses*	0.73	0.84	0	3	52	0
Number of Personality Disorder Diagnoses	0.17	0.43	0	2	52	0
Number of Offences committed (current order)	1.95	1.27	1	6	59	0
Number of Offences Committed Prior to Current Order	17.9	33.5	0	200	59	0
Duration of Current Order (Years)	5.50	7.52	0	25	58	1
Number of Programs Completed Prior	0.73	1.02	0	4	63	0
Sessions Attended	12.98	2.82	7	22	63	0
Sessions Missed	1.71	2.67	0	12	63	0

**In addition to their primary cognitive disability*

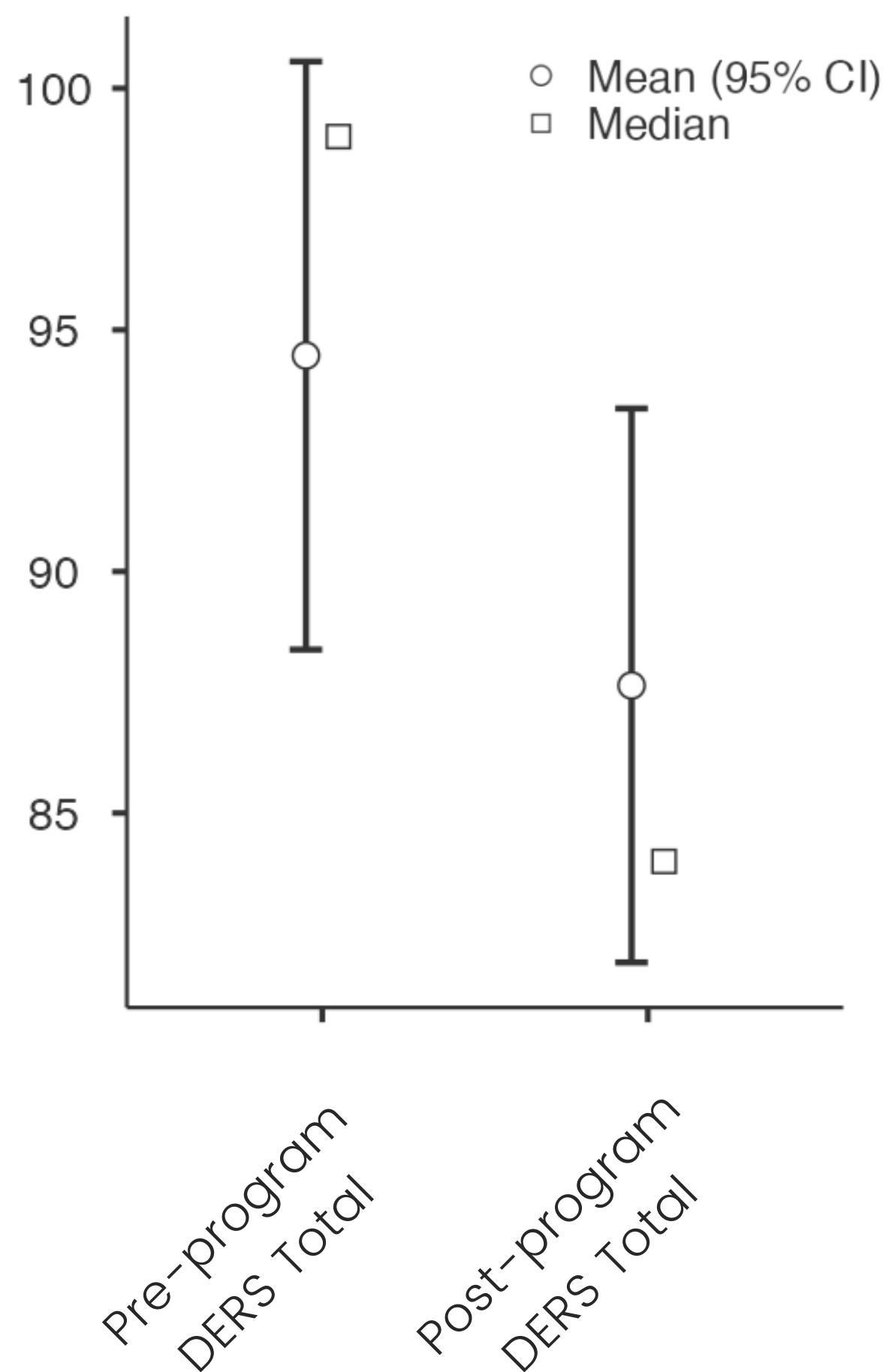
Preliminary Results

Emotion Regulation

Significant improvement in DERS scores pre- & post-intervention ($p = .009$, $df = 62.0$, Cohen's $d = 0.339$).

Small to medium effect size.

Note: Higher scores on the DERS suggest greater problems with emotion regulation.



Descriptive Statistics - DERS Total Scores

	Mean	SD	Min	Max	<i>n</i>	Missing
Pre-Program DERS Total Score	94	24.7	40	154	63	0
Post-Program DERS Total Score	87.8	23.6	43	144	63	0
Difference between Pre- & Post-Program DERS Total Score*	6.19	18.2	-33	62	63	0

Note. Higher scores on the DERS suggests greater problems with emotion regulation;

*Positive number indicative of a decrease in emotion dysregulation (number of points improved)

Preliminary Results

Six DERS Subscales:

1. Non-acceptance of Emotional Responses
2. Difficulty Engaging in Goal-Directed Behaviour
3. Impulse Control Difficulties
4. Lack of Emotional Awareness
5. Limited Access to Emotion Regulation Strategies
6. Lack of Emotional Clarity

DERS Impulse Control Difficulties Scores

	Mean	SD	Min	Max	<i>n</i>	Missing
Pre-Program Impulse Control Score	16.1	5.36	6	28	48	15
Post-Program Impulse Control Score	14.4	5.37	6	27	48	15
Difference between Pre- & Post-Program Impulse Control Score	1.67	4.37	-7	13	48	15

Note. Higher scores on the DERS suggests greater problems with emotion regulation

**Positive number indicative of a decrease in emotion dysregulation (number of points improved)*

DERS Lack of Emotional Awareness Scores

	Mean	SD	Min	Max	<i>n</i>	Missing
Pre-Program Emotional Awareness Score	15.9	5.27	6	29	48	15
Post-Program Emotional Awareness Score	14.6	4.46	6	26	48	15
Difference between Pre- & Post-Program Emotional Awareness Score	1.19	3.59	-10	9	48	15

Note. Higher scores on the DERS suggests greater problems with emotion regulation

**Positive number indicative of a decrease in emotion dysregulation (number of points improved)*

DERS Lack of Emotional Clarity Scores

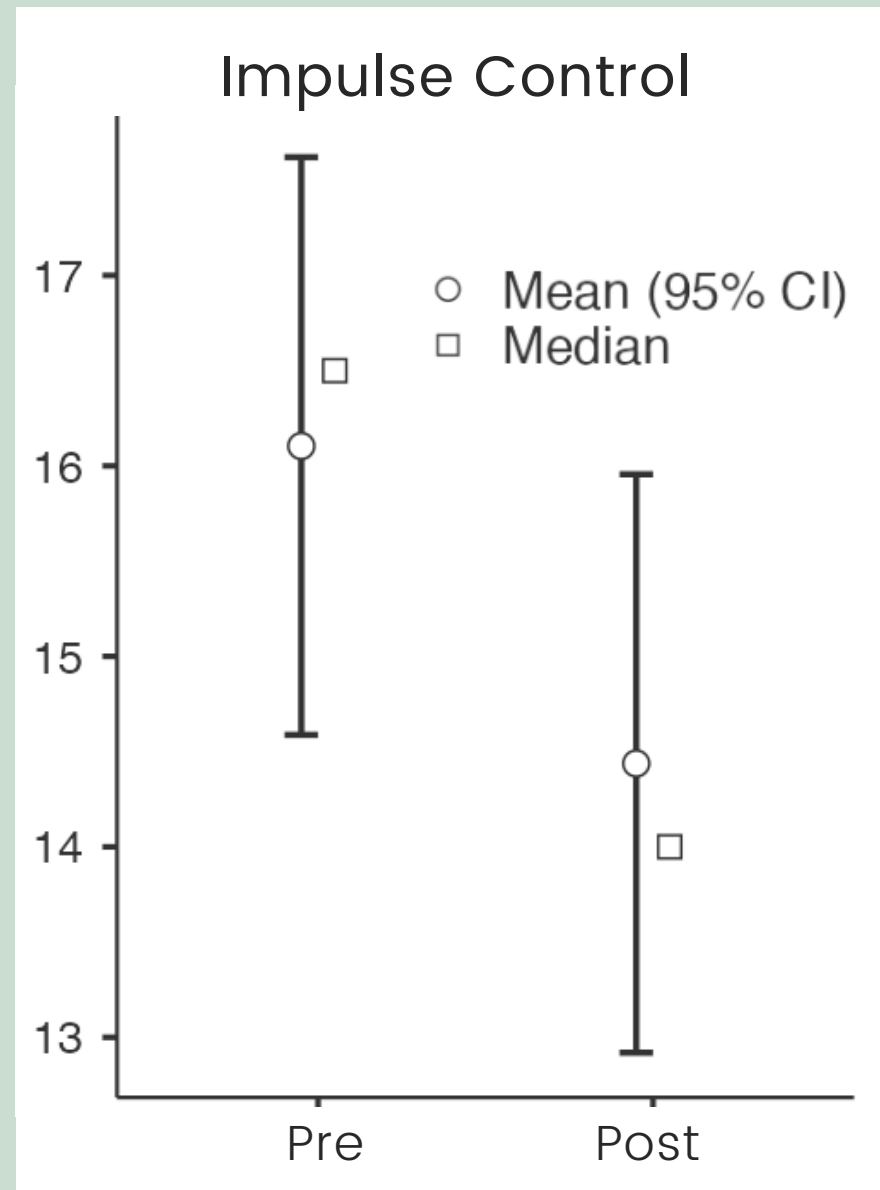
	Mean	SD	Min	Max	<i>n</i>	Missing
Pre-Program Emotional Clarity Score	11.9	3.97	5	20	48	15
Post-Program Emotional Clarity Score	10.3	3.7	5	20	48	15
Difference between Pre- & Post-Program Emotional Clarity Score	1.4	3.48	-11	11	48	15

Note. Higher scores on the DERS suggests greater problems with emotion regulation

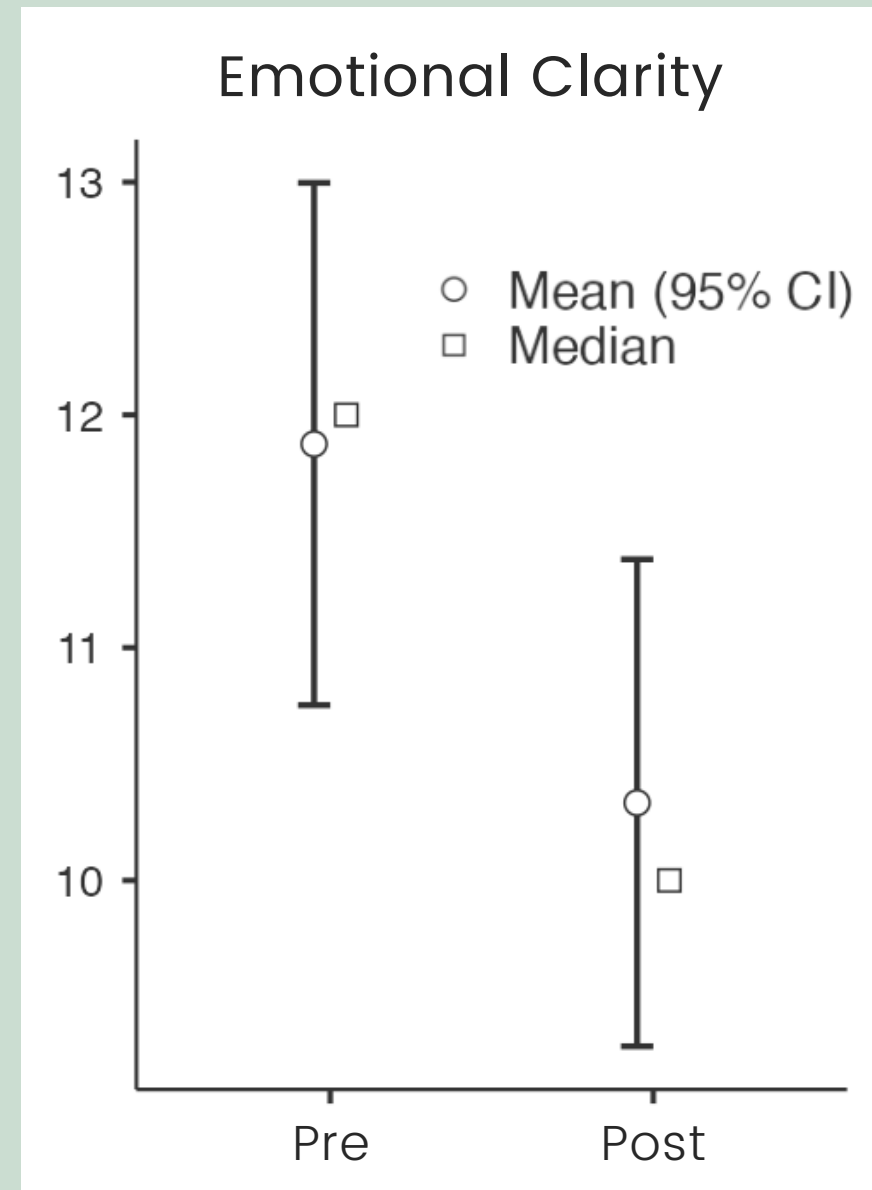
**Positive number indicative of a decrease in emotion dysregulation (number of points improved)*

Preliminary Results

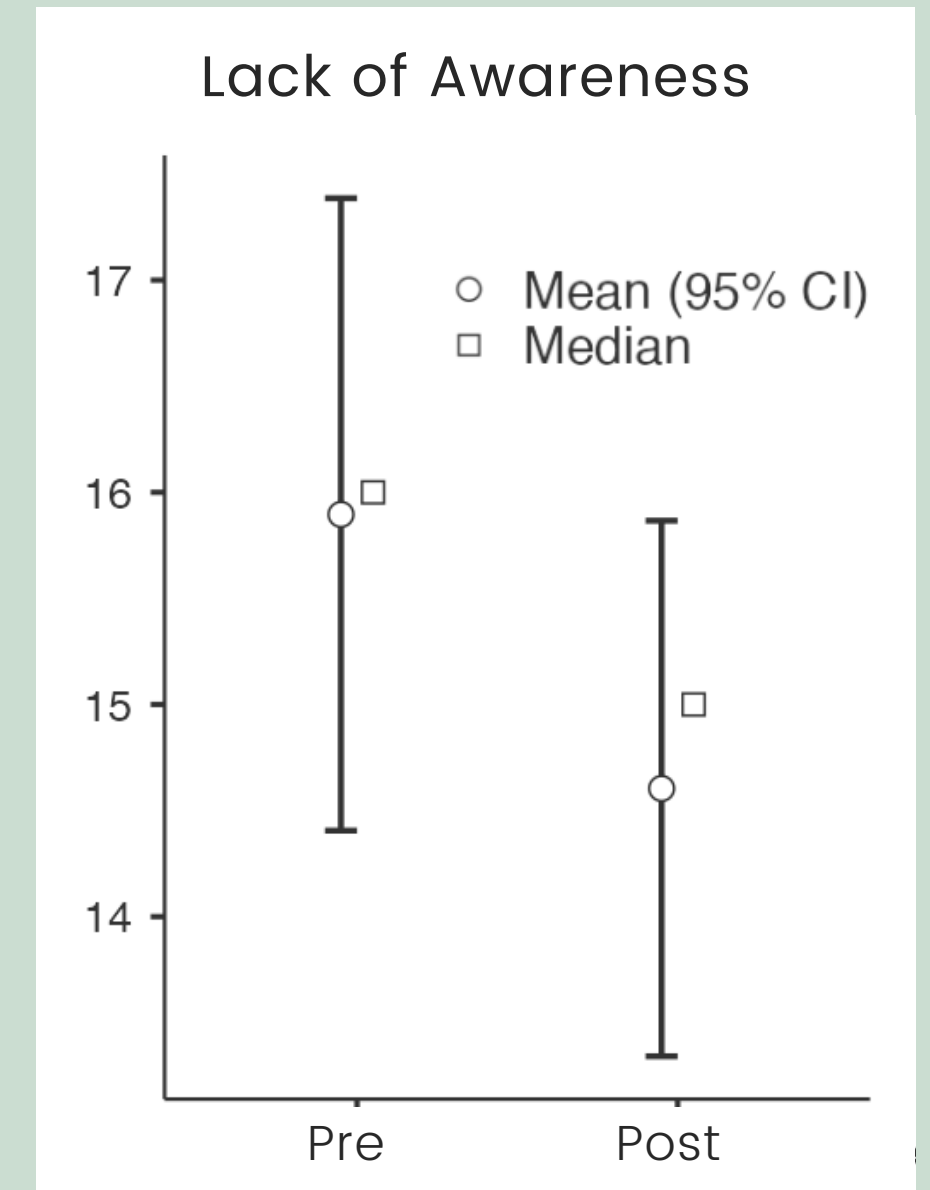
Of the DERS subscales, the following each showed significant reduction in scores:



Impulse Control ($p = 0.01$, $df = 47.0$, Cohen's $d = 0.381$)



Clarity ($p = .002$, $W = 558$, $rrb = .587$)



Lack Aware ($p = 0.02$, $df = 47$, Cohen's $d = 0.347$)

Discussion

The present adapted DBT skills program indicates an efficacy in increasing emotion regulation for people with an ID involved with the justice system.

Interestingly, the efficacy of the program largely appeared to target impulse control, emotional awareness and emotional clarity (as measured by the DERS)

- Items suggest improvement largely in awareness of own emotions and ability to control ones-self, vs. reduced belief in own capacity, sense of accomplishment and negative response to self.
- May suggest further exploration of quality of life improvement and impact on self-confidence could be beneficial to further enhance treatment.

Implications of findings for Forensic Disability Services (FDS) suggest program currently appears to improve self-reported emotion regulation, particularly around awareness of own emotions & self-control.

Deeper exploration and further scaffolding around self-confidence related to improvements may further bolster treatment.

Limitations

Small Sample Size

Larger dataset with more complete data would allow for more complex analyses.

Missing Data & Collection Methods

Inconsistent record-keeping resulted in incomplete and missing data, which may have allowed for more robust findings.

Limited Outcome Measures

Emotion regulation measured only by DERS.

Lack of behavioural data.

Further research into use of DERS with those with ID needed (McVey et al., 2021).

Future Research

Larger Sample Sizes

To allow for more detailed & powerful analyses.

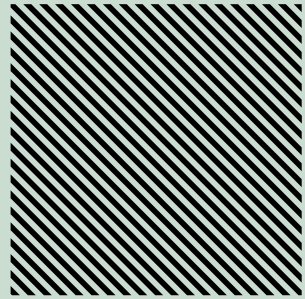
Collect Qualitative Data

Explore both clinician & participant experiences, explore difficulties and specific adjustments required when running the program.

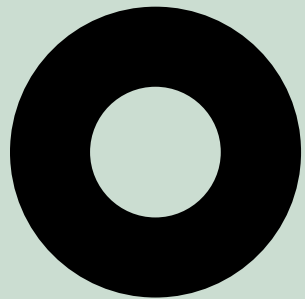
Additional Outcome Measures

Gather additional information for future research, such as more structured incident reports, QoL, Social Supports

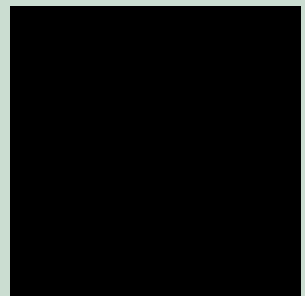
Conclusion



Adapted DBT is a promising approach for improving emotion regulation in this population.



Highlights the importance of individualised interventions in forensic disability settings.



Next Steps:

Further studies exploring the the experience of practitioners and participants involved with the program.

Gather larger datasets to enable more robust statistical analyses.

Acknowledgements

Dr Joseph Sakdalan

Dr Matt Frize

Mr Alejandro Avendano-Jones

Mr Khan Buchwald



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Questions?