



Forensicare

Development of the Violent Offender Rehabilitation Program – Intellectual Disability (VRP-ID)

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Background

- Several studies have estimated that PWID are overrepresented in the offender population with estimates ranging between 2 and 10%, while population prevalence is normally 1 to 3% (Maulik et al., 2011).
- Average estimates of the prevalence of ID amongst the violent offending population range from 1-10% (Loucks, 2006).
- There is considerable variability in prevalence rates across different studies due to significant methodological limitations (Lindsay, 2011).
- The challenges of carrying out any research on the prevalence of PWID in the criminal justice system include (Frize, 2015): (1) different supports, laws, and legal processes across different jurisdictions and countries; (2) prevailing attitudes towards criminal behaviours; and (3) heterogeneous nature of offenders and offending.

Therapeutic Models and their suitability for Offenders with Cognitive Impairment

- There is limited research on the effectiveness of existing violent offending programs for offenders with cognitive impairment locally and internationally.
- Most violence reduction programs use a CBT-based model. Within Corrections Victoria and most correctional and forensic settings, the RNR principles guide their interactions, treatment, and management with offenders and prisoners across the system. Hence, 'mainstream' Violence Reduction Programs are largely guided by the RNR principles.
- Research on the evidence of CBT for people with cognitive impairment remains limited, although several case studies and case series reports show some promise in the use of this treatment approach, particularly for this participant group with mental health problems such as depression and anxiety

Dialectical Behaviour Therapy in ID Offenders

- There is growing evidence for the use of Dialectical Behaviour Therapy (DBT) with the forensic population, including offenders with cognitive impairment.
- A pilot study by Sakdalan and colleagues (2006) involved six offenders with intellectual disabilities who completed a 13-week adapted DBT group skills training program. The study results showed a decrease in the level of risks, an increase in relative strengths, and a general improvement in overall functioning (Sakdalan et al., 2006).
- Morrissey and Ingamells (2011) evaluated a DBT program for male offenders with ID in a highly secure facility. Twenty-four men completed the group skills and received individual therapy. Preliminary outcomes on data for six men found significant reductions on the Global Severity of Distress Scale of the Brief Symptoms Inventory.

Dialectical Behaviour Therapy in ID Offenders

- A more recent study which involved 40 adults with developmental disabilities (most of whom had intellectual disabilities) and challenging behaviours, including histories of offending behaviours, found a significant reduction in challenging behaviours during the four years while they were attending a DBT group and individual therapy (Brown et al., 2013).
- Current research suggests that DBT holds promise in effectively reducing emotion dysregulation and challenging behaviours in adults with intellectual disabilities (Brown et al., 2013; Morrissey & Ingamell, 2011; Sakdalan et al., 2006).

Violent Offender Rehabilitation Program – Intellectual Disability (VRP-ID)

- The Violent Offender Rehabilitation Program – Intellectual Disability (VRP-ID) Program Manual provides a guide for clinicians in implementing this program.
- The VRP-ID is largely based on the Violence Reduction Program (VRP) developed by Wong and Gordon (2013). Hence, it was developed by integrating the RNR principles, CBT, and contemporary treatment techniques. In addition, the program has also incorporated DBT and GLM reconceptualisations.
- The program uses a more concept-driven approach, which allows the clinician to be more flexible and responsive to the participant's needs and learning style.

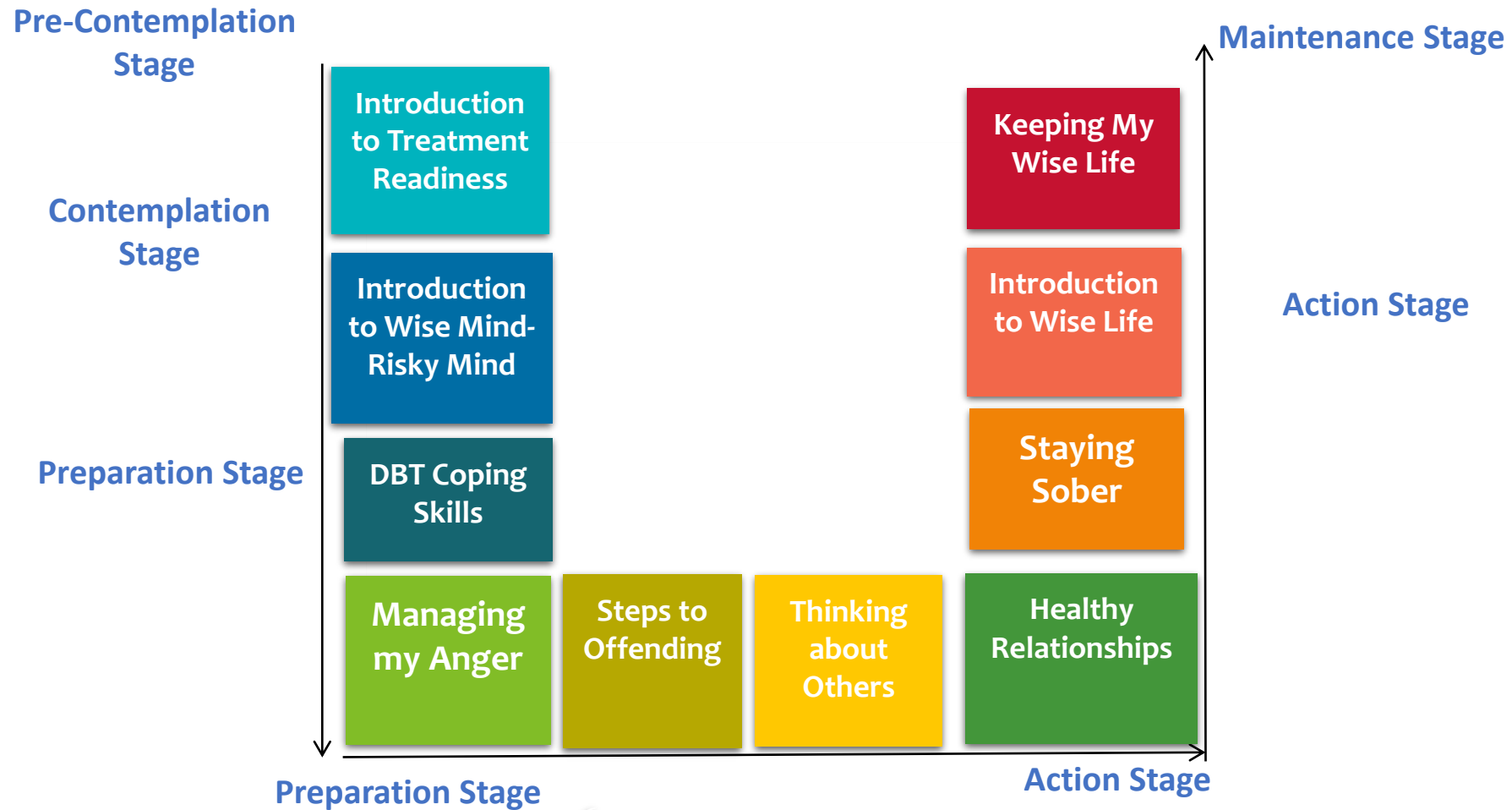
DBT Reconceptualisation

- The incorporation of DBT elements into this program, allowing the facilitator to use validation strategies, can be considered a key and critical element.
- Validation allows the facilitator to understand each participant's 'nugget of truth' to improve the therapeutic relationship and understanding of the offending issues. Validating the participant's experience (e.g., having a history of family violence, having a history of child trauma, etc.) helps the participant with the dialectic of accepting his experience and the need to move towards change.
- The Risky Mind-Wise Mind construct evolved out of the need to find 'words' for participants to express their phenomenological reality where they experience a constant tension between living a more meaningful, pro-social and offence-free life (Wise Mind) and the pull to engage in risky thoughts, feelings, and behaviours, which may lead to risky and offending behaviours (Risky Mind).

GLM Reconceptualisation

- The Good Lives Model guides offender intervention (Ward & Willis, 2011). The practical application of the GLM to group settings includes establishing group norms, understanding offending, dealing with deviant arousal, victim impact, affect regulations, social skills training and relapse prevention.
- GLM has been used in line with the reconceptualisation of dialectical behavioural therapy, and the GLM elements are aligned with the Wise Mind-Risky Mind concept.
- The alignment of the GLM concepts with Wise Mind-Risky Mind allowed cognitively impaired offenders to better understand the principles that underlie the GLM's practical application.

Conceptual Framework of the VRP-ID Program



**Dynamic Risk Factors for Violence
(Violence Risk Scale – Sexual Offender Version)**

Criminal Attitudes	Introduction to Wise Mind – Risky Mind Steps to Offending Introduction to Wise Life
Insight into Violence Insight (C1)	Introduction and Treatment Readiness Steps to Offending Introduction to Wise Life Thinking about Others
Cognitive Distortion Violent Ideation (C2)	Introduction to Risky Mind – Wise Mind Steps to Offending Introduction to Wise Life
Mental Disorder Symptoms of Mental Disorder (C3)	Introduction to Wise Life Keeping Wise Life
Impulsivity	DBT Coping Skills
Interpersonal Aggression	Managing my Anger
Emotional Control; Instability (C4) Stress/Coping (R5)	DBT Coping Skills
Violence Cycle	Steps to Offending; Introduction to Wise Life Keeping Wise Life
Work Ethic	Introduction to Wise Life; Keeping my Wise Life
Criminal Peers	Healthy and Wise Relationships

Dynamic Risk Factors for Violence

Community Support Professional Services/Plans (R1) Personal Support (R3); Living Situation (R2)	Introduction to Wise Life Keeping Wise Life
Compliance with Community Supervision Treatment/Supervision Response (C5 and R4)	Introduction to Wise Life Keeping Wise Life
Violent Lifestyle	Introduction to Wise Life Keeping Wise Life
Criminal Personality	Introduction to Risky Mind – Wise Mind Introduction to Wise Life Keeping Wise Life
Weapon Use	Introduction to Wise Life
Violence During Institutionalisation	Introduction to Wise Life

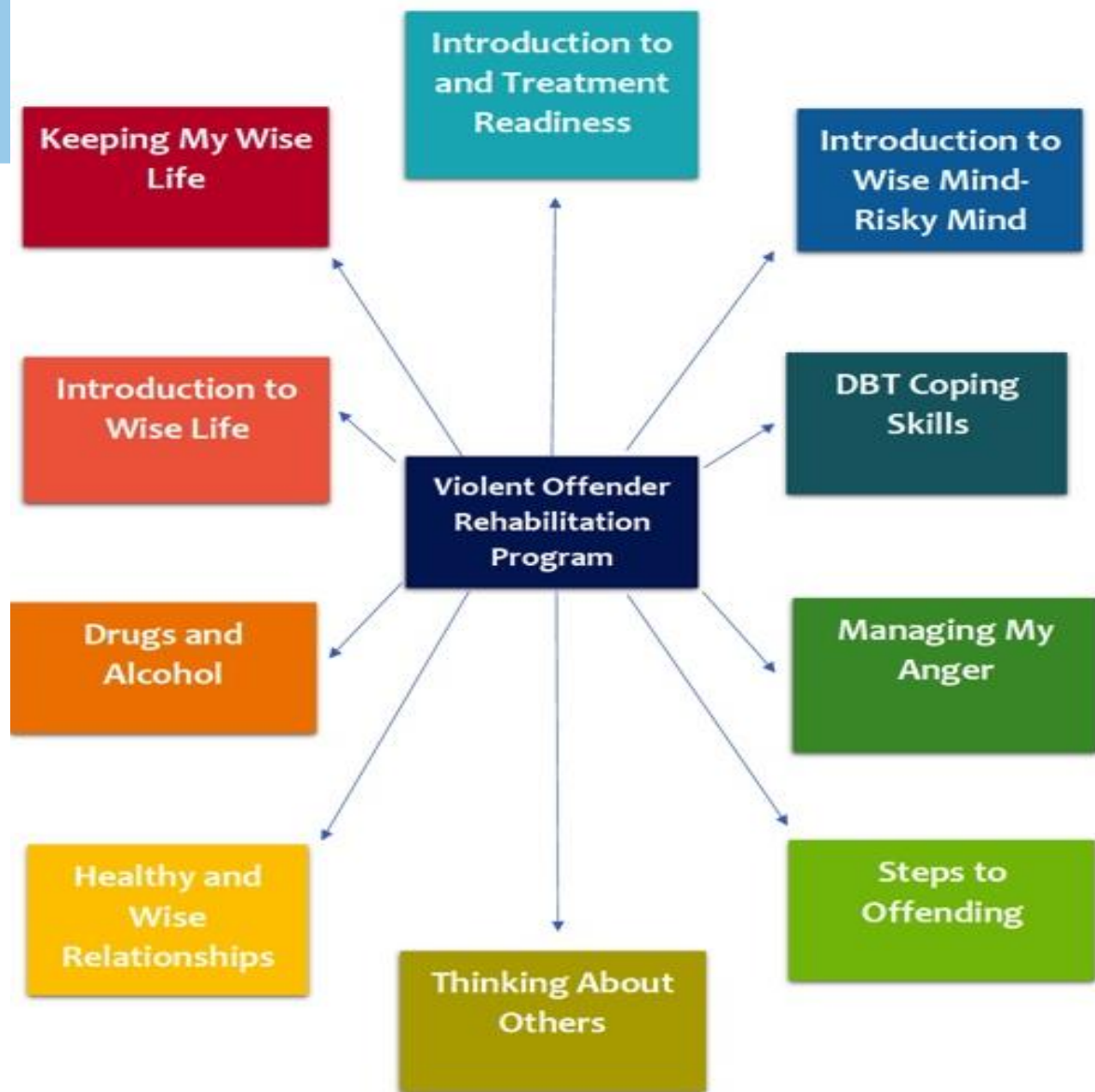
Eligibility

- The program was developed for moderate to high-risk males who have engaged in violent offending and who are placed in secure facilities (medium to high secure settings) or who have received a community-based order with an associated treatment recommendation.
- The inclusion criteria include:
 - Participants have been formally diagnosed with intellectual disability or present with significant cognitive impairment that impairs their ability to attend a mainstream violence prevention program.
 - This program was designed for offenders over 18 years old. Notwithstanding, it lends itself to being adapted to be run with adolescent groups.
 - This is a male-only group.
 - Participants have been charged and convicted of violent offences and/or established a history of engaging in violent behaviours/offences.

Outcome Measures

Area of Criminogenic Need Addressed	Core Outcome Measures
Readiness to Change	Violence Treatment Readiness Questionnaire – Intellectual Disability (VTRQ-ID)
Impulsivity	Barratt Impulsiveness Scale – ID (BIRS-ID)
Antisocial Behaviour	Interpersonal Reactivity Index – ID (IRI-ID)
Violent attitudes and behaviour	Buss-Perry Aggression Questionnaire – Intellectual Disability (AQ-ID) Violence Risk Scale (VRS)
Self-Efficacy	General Self-Efficacy Scale-ID
Substance Use	Controlled Drinking Self-Efficacy Scale – ID (CDSS-ID)

Handout 4 – Life of the Group



Treatment Readiness Module

- This module consists of eight sessions and focuses on increasing the participants' autonomous motivation to engage in the group.
- Utilises Motivational Interviewing as a tool to help participants understand why they are in the group, where they are in the stages of change, the goals for the group, and their own goals with the group.
- It focuses on the participants' developing some insight into their specific risk factors and the need to address these issues in treatment to live a Wise Life.
- Introduces the DBT (Wise Mind – Risky Mind) and GLM reconceptualisations (Wise Life)

Handout 5 – What does violence look like?

There are many types of offending that may have got you here.
This Program can help you learn how to live a life without offending!



Introduction to Wise Mind – Risky Mind

- This module is primarily based on integrating the Cognitive-Behaviour Therapy Model (CBT) and DBT Wise Mind-Risky Mind reconceptualisation.
- It aims to assist participants to begin to identify their states of mind, separating their wise and risky mental states.
- A core treatment target in this stage is to develop the participant's capacity to notice affect states (emotions) and cognitions that drive some of their behaviours. Through this process, it is anticipated that participants will begin to gain an understanding of offending/risky behaviours via the risky mind-wise mind dialectic.

Handout 17 – Risky Thoughts, Feelings and Actions

Risky Thoughts

“You’ll get hurt!”

“I want to punch them.”

“I want to get drunk.”

“I’ll show them that I’m right
and they are wrong”



Risky Feelings

I feel angry

I feel sad

I feel annoyed

I feel upset



Risky Actions

Hitting someone

Pushing someone

Hurting someone

Using Alcohol and Drugs

Handout 18 – Wise Thoughts, Feelings and Actions

Wise Thoughts

“I will listen to them.”

“They have feelings too.”

“People deserve love and respect.”

“Hurting people is no good!”



Wise Feelings

I feel OK

I feel happy

I feel grateful

I feel calm



Wise Actions

Listening to others

Saying how I feel without getting violent

Being able to calm down

Taking time to myself

Working towards my goals

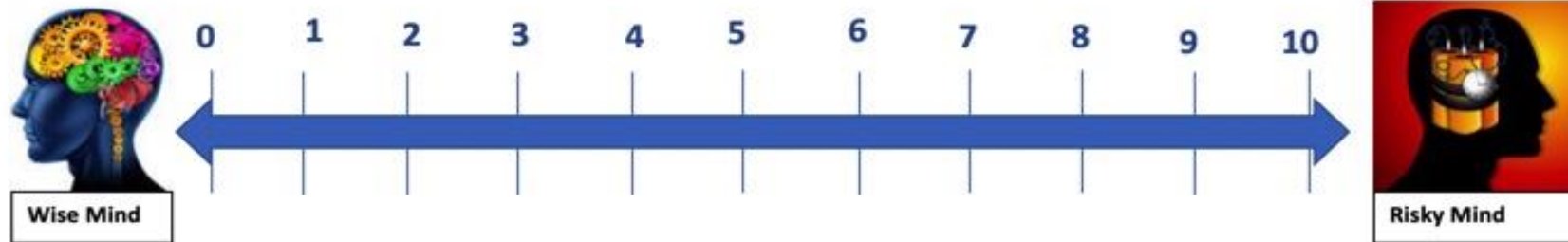
Walk-the-Talk Check-In

- Clients are asked to review their past week in terms of their risky mind-wise minds.
- Clients are asked to rate their risky and wise minds and cite examples of instances when they were in their risky or wise minds.
- Ask staff present supporting the clients to also give feedback about the client's behaviour in the past week
- Aims to develop their mindfulness about their risky mind-wise mind states and look at finding ways to get back to their wise mind by using wise mind coping skills
- Clients to demonstrate how they apply their learning to their day-to-day experiences

Handout 19 – Risky Mind- Wise Mind Scale

Wise Mind vs. Risky Mind Homework

The wise mind scale helps us understand what behaviours are wise and will help us and what behaviours are risky and may lead us back to offending.



Wise Mind

- Staying in the “here and now”
- Making wise choices.
- Keeping you safe from triggers and situations which might lead to risky behaviour.

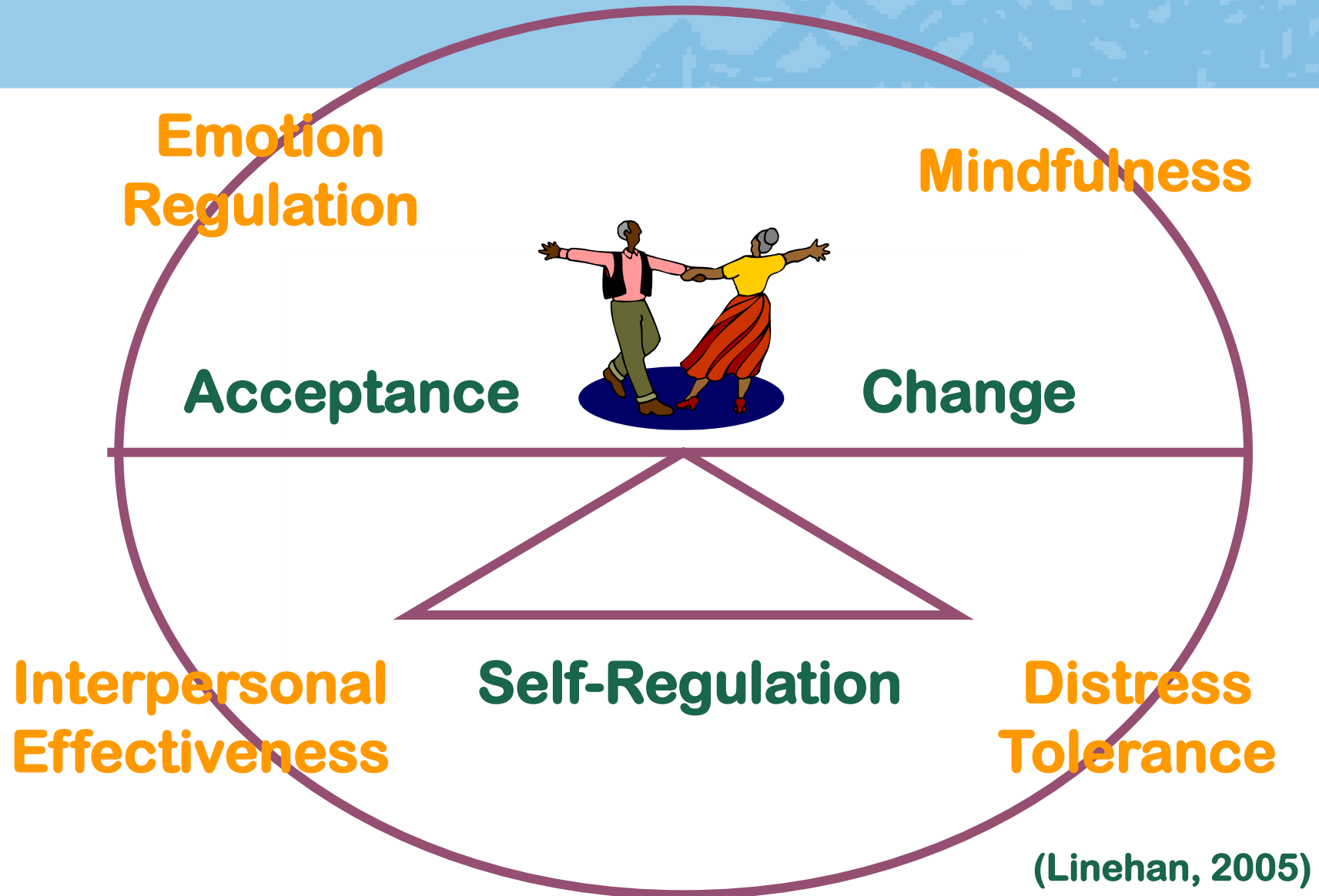
Risky Mind

- Stops you from thinking clearly
- Making risky choices that puts you in situations where you might take risky action.

DBT Coping Skills

- This module is an extension of the Risky Mind-Wise Mind Module, focusing on teaching participants behavioural coping skills to intervene with varying levels of dysregulation (cognitive, emotional, and behavioural).
- Unlike the use of CBT with well-functioning, well-integrated participants, for participants with ID or other forms of cognitive impairment, a focus on behavioural strategies is more beneficial to help them return to their Wise Minds.
- The DBT Coping Skills Module focuses on the participants developing Wise Mind Coping Skills to manage emotional and sexual dysregulation.
- The participants should develop coping skills to manage negative emotions, which will help them, mainly when they go through the Steps to Offending and Perspective-taking.

Balancing the Skills



Violent Offending Cycle Module (Steps to Offending)

- Aims to develop clients' understanding of their steps to offending using the Risky Mind – Wise Mind Chain
- Discuss general and client-specific violent offending.
- During the clients' disclosure of their violent offence/s, distal (e.g. vulnerabilities and weaknesses) and proximal factors (e.g. triggers) to their offending are identified.
- Teach clients how they could break the Risky Mind Chain.

Handout 48 – Individual Steps to Offending

Thinking about your own offending, fill out each box about your personal steps to offending.

Having Risky Emotions or Thoughts

Making Excuses to Stay in Risky Mind

End up in a Risky Situation
Or Making Risky Choices

Risky Action or Behaviours (offending)

Wise Life and Keeping Wise Life

Wise Life

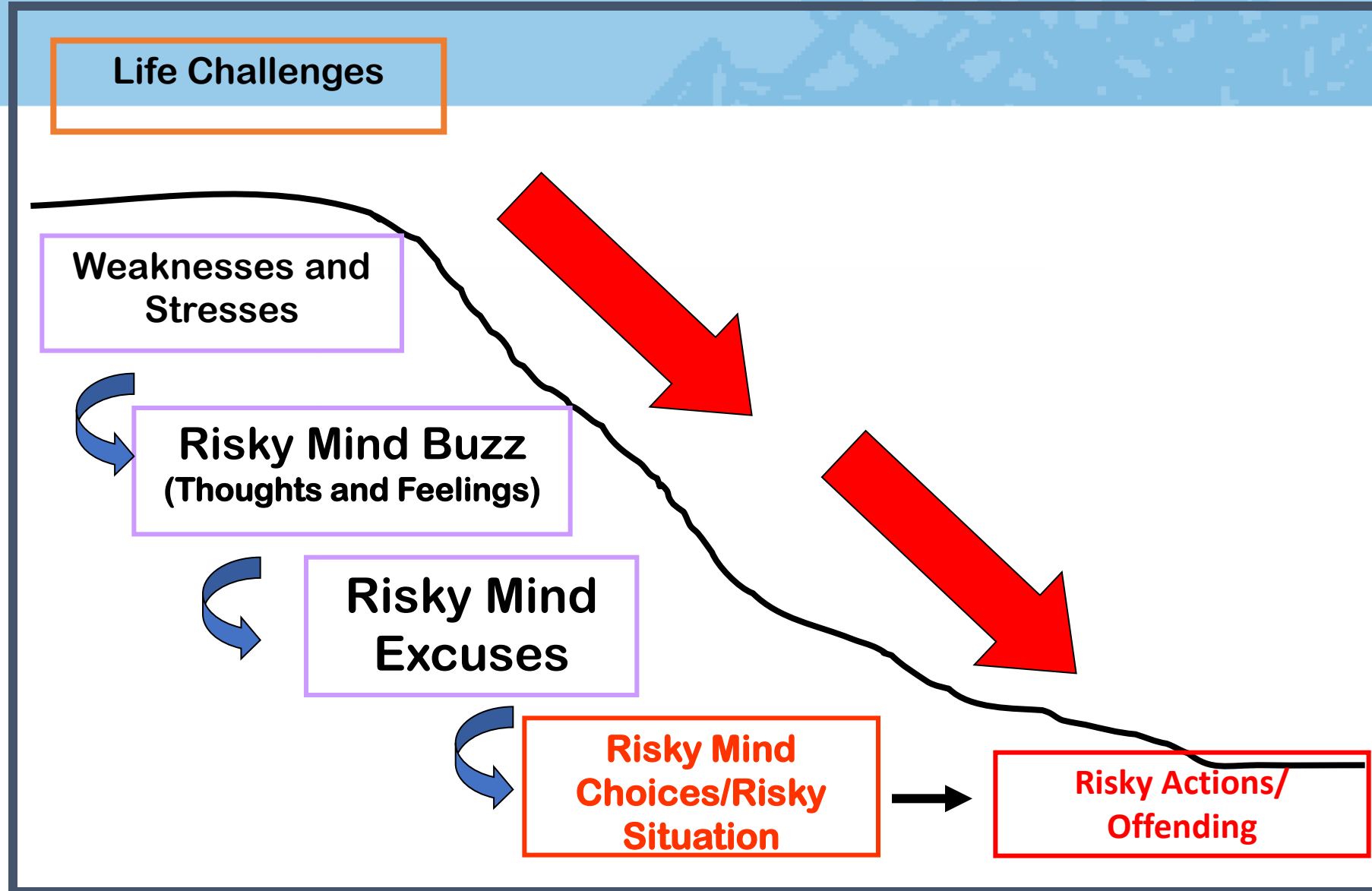
This module focuses on participants' developing a better understanding of Relapse Prevention and its relation to Risky Mind Slope and Wise Mind Exits.

Keeping My Wise Life

This module will focus on their future/goals (which include not only an offence-free life but a life with possibilities) and foster their sense of hope for their future.

This module will link their Wise Life to their Wise Journey. It will assist participants in fostering commitment to change and living an offence-free life.

Risky Mind Slope (Adapted from Marlatt, 1982)



Jim's RISKY MIND SLOPE

- Teased and bullied at school
- Victim of domestic violence
- Friends took advantage of him

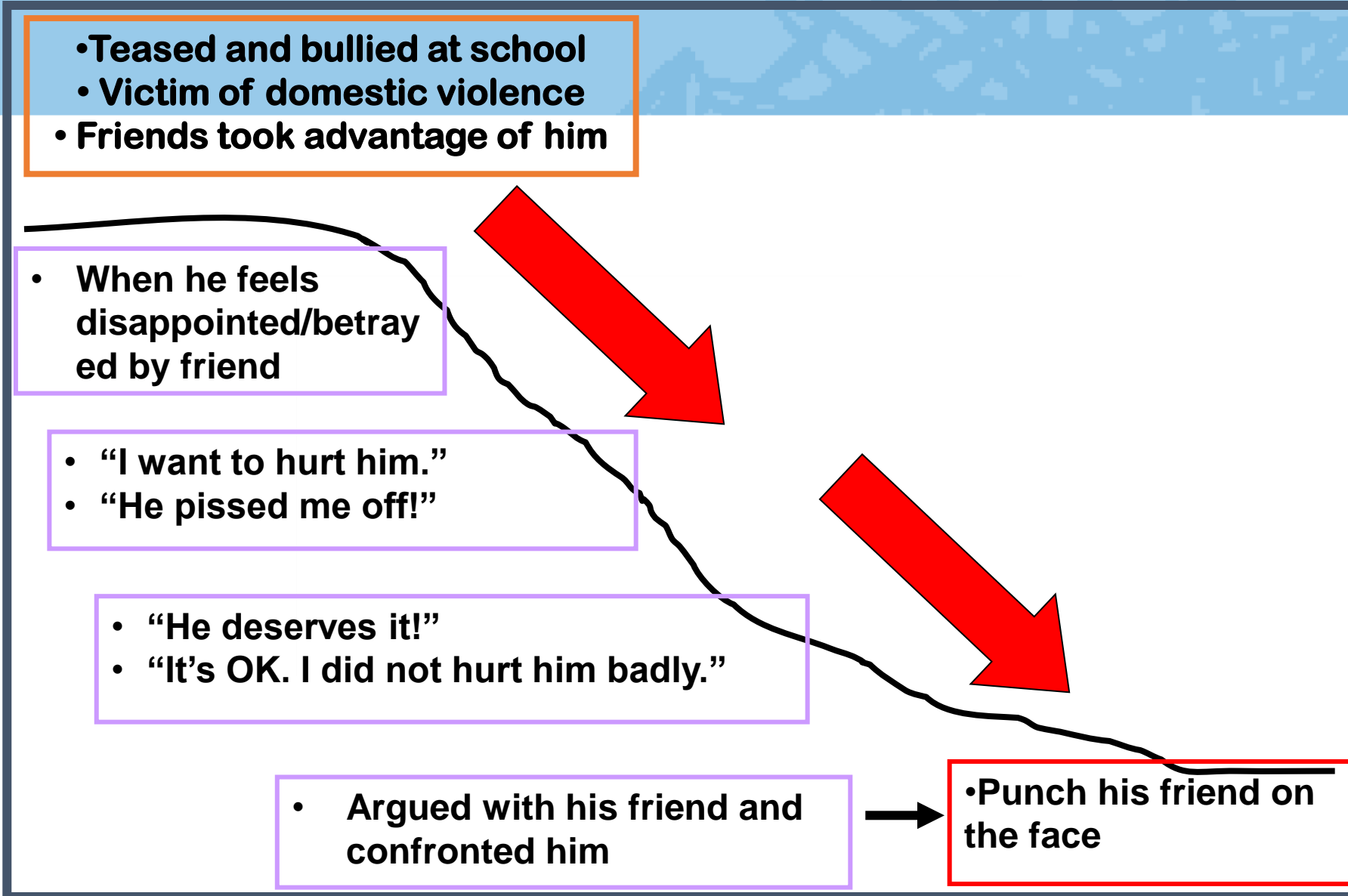
- When he feels disappointed/betrayed by friend

- "I want to hurt him."
- "He pissed me off!"

- "He deserves it!"
- "It's OK. I did not hurt him badly."

- Argued with his friend and confronted him

- Punch his friend on the face



Jim's Wise Mind Plan

Weaknesses and Stresses	Strengths and Supports
<p>When he feels disappointed or betrayed by friend</p>	<p><i>"I have to be picky with friends I trust as I don't want them those who will just take advantage of me."</i></p>
<p>Risky Mind Buzz</p>	<p>Wise Mind Buzz</p>
<p><i>"I want to hurt him. He pissed me off."</i></p>	<p><i>"I need to calm down and use take a deep breath."</i></p>
<p>Risky Mind Excuses</p>	<p>Wise Mind Truths</p>
<p><i>"He deserves it. It's OK. I did not hurt him badly"</i></p>	<p><i>"Deep inside I know that nobody deserves to be hurt seriously especially with my friend even if I felt disappointed with him"</i></p>
<p>Risky Mind Choices</p>	<p>Wise Mind Choices</p>
<p><i>Argued with his friend and confronted him</i></p>	<p><i>"Stop. It is not worth it! I do care for my friend and he does not deserve this"</i></p>
<p>Risky Behaviours/Offending</p>	<p>Wise Path</p>
<p><i>Punch his friend on the face and caused serious injury</i></p>	<p><i>Not to get into any argument with my friend. Walk away and give myself a break."</i></p>

Future Directions

- The VRP-ID program is a concerted effort to develop an evidence-based violence prevention program for this population.
- It can be considered cohesive and integrative in its approach to providing offence-specific treatment for forensic clients with complex presentations of cognitive impairment, mental health, and personality issues.
- The VRP-ID program is a work in progress; further refinements may align with being more inclusive to those from Indigenous backgrounds and adaptations that address responsivity factors, such as individuals with a language disorder to engage in treatment.
- The authors intend to conduct research into the program's effectiveness in reducing violent recidivism in this population, and preliminary collection is already underway.

VRP-ID article

Sakdalan, J. & Mitchell, B. (2023). Development of a Violence Rehabilitation Program for Offenders with Intellectual Disability. *Journal of Offending Therapy and Comparative Criminology* (online ahead of print). doi: [10.1177/0306624X231176005](https://doi.org/10.1177/0306624X231176005)

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