

# TREATING SEX OFFENDERS WHO HAVE INTELLECTUAL/DEVELOPMENTAL DISABILITIES

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# SEX OFFENDER TREATMENT MODALITY

- Cognitive-behavioral therapy is widely considered to be the most effective theoretical orientation to use for sex offender treatment.
- However, CBT may not be applicable to people with Intellectual Disabilities (IDD) because of emphasis on learning and insight (Keeling, Rose, & Beech, 2006).

# IMPORTANCE OF TREATING SEX OFFENDERS WITH IDD

- People with Intellectual Disabilities are over-represented in the criminal justice system; however, it is unclear whether these people's cognitive and emotional deficits make them more likely to commit crimes, or if "problem behaviors" typically shown by people with IDD are interpreted by authorities as criminal.
- Studies have shown that sexual offenders with IDD recidivate at a higher rate than the general sex offender population (Camilleri & Quinsey, 2011; Heaton & Murphy, 2013; Klimecki, Jenkinson, & Wilson, 1994; Lambrick & Glaser, 2004; Lindsay, Elliot, & Astell, 2004; Polascheck, 2003).
  - Hanson & Bussiere (1998) found that sex offenders, in general, recidivate at a rate of 13.4%.
  - Two different studies showed much higher rates of recidivism for sex offenders with IDD: 41% and 43%, respectively (Klimecki et al., 1994; Lindsay et al., 2013)

# REVIEW OF SEX OFFENDER TREATMENT PROGRAMS FOR PEOPLE WITH IDD (MAROTTA, 2017)

- Thorough literature review revealed 18 studies on the effectiveness of sex offender treatment programs for people with IDD.
- Programs in the review were based on the following theoretical orientations:
  - Cognitive Behavioral Therapy (CBT)
  - Problem Solving Therapy
  - Dialectical Behavior Therapy (DBT) combined with CBT
  - Mindfulness
  - Relapse Prevention

# COGNITIVE BEHAVIORAL THERAPY

- 13 of the 18 studies evaluated were purely CBT interventions
- Topics covered were:
  - Sex Education, Confidentiality, Pathways into Offending, Legal Details around Offending, Motivation to Offend, Cognitive Distortions, Victim Empathy, Relapse Prevention, Cycle of Offending, Sexual Fantasy, Masturbation, Assertiveness, Listening Skills, Stimulus Avoidance, and Appropriate Sexual Relationships
- Treatment was delivered through the following methods:
  - Role plays, Watching Videos, Quizzes, Didactic Presentations, Group Exercises, Games, and Group Discussions
- Treatment was modified in the following ways:
  - Reduced time of didactic teaching, increasing number of games played, reducing time of sessions, allowing for and encouraging questions, incorporating living skills and healthy relationship training, simplifying concepts, adding more information related to sex education

# COGNITIVE BEHAVIORAL THERAPY - OUTCOMES

- When CBT was used, significant treatment gains were shown in knowledge, attitude, cognitive and behavioral measures.
- Follow-up revealed the following:
  - For behavioral outcomes, the highest rates of reoffending were found when both official and unofficial sources were used.
    - One of these studies found a 32% recidivism rate for treated sex offenders with IDD.
    - Compare this to 41% and 43% overall recidivism rates mentioned above.
  - Results regarding cognitive changes showed that these changes may be more likely to be sustained if treatment lasts for 2 years, rather than 1 year.

# PROBLEM SOLVING THERAPY (O'CONNOR, 1996)

- In this program, Behavior Chain Analyses (BCA's) were used to show clients what the thoughts, feelings, and behaviors were that maintained their sexual offending behavior, made it less likely that they would develop healthy relationships, and increased the likelihood of substance abuse.
- Problem solving discussions took place regarding many different problems that could arise in many different situations that may lead to sexual offending behavior.
- Recidivism data was not available for this study, as there was no follow-up. However, this approach found the following outcomes:
  - Reduction in minimization and denial of crimes
  - Increase in knowledge of the consequences of sex offending, coping skills and internal locus of control
  - Clients were given more access to the community and required less intensive supervision.

# DIALECTICAL BEHAVIOR THERAPY WITH CBT (SAKDALAN & COLLIER, 2012)

- Consisted of 2 hour weekly group sessions and 1 hour weekly individual psychotherapy
- Results were:
  - Reduction in risk for sexual violence and attitudes supportive of sexual offending
  - Increased sexual knowledge and victim empathy
    - These gains were sustained for a year after treatment; however, because there was no control group, it is unclear if the DBT component of the program increased positive treatment outcomes over and above the CBT components.



# MINDFULNESS (SINGH ET AL., 2011)

- **Mindfulness exercises** (*meditation to the soles of the feet and mindful observation of thoughts*) were taught and practiced in weekly, one hour individual sessions.
- There were only 3 participants in this study; however, all these participants reported that these exercises increased their self-control and reported reductions in deviant sexual arousal at the end of the year.

# RELAPSE PREVENTION (REA ET AL., 2014)

- “Companions” accompanied clients out in the community to see if they were able to generalize the individualized relapse prevention skills they learned in treatment.
- Skills involved doing an alternative behavior when confronted with a high risk situation
- Skills that were highly generalized were:
  - Avoiding physical contact with potential victims
  - Avoiding looking at potential victims
- Skills that were partially generalized were:
  - Looking in the other direction
  - Avoiding potential victims in close proximity
  - Avoiding looking at potential victims from a distance
  - Keeping distance/selecting routes of travel that would avoid contact with potential victims
- One skill was poorly generalized, and that was avoiding locations where potential victims congregate. (This is interesting, because it seems like an easy one).

# WA DOC SOTAP ACTIVITY TRACK

- There are currently 3 treatment groups within WA DOC SOTAP that are designed to serve SOTAP clients with IDD.
- Treatment concepts are adapted in many of the ways listed in the literature review.
- A work group is currently working on an Activity Track Manual that will include a literature review and a variety of activities therapists can facilitate in their groups.
  - The goal of the manual is the standardization of Activity Track groups.

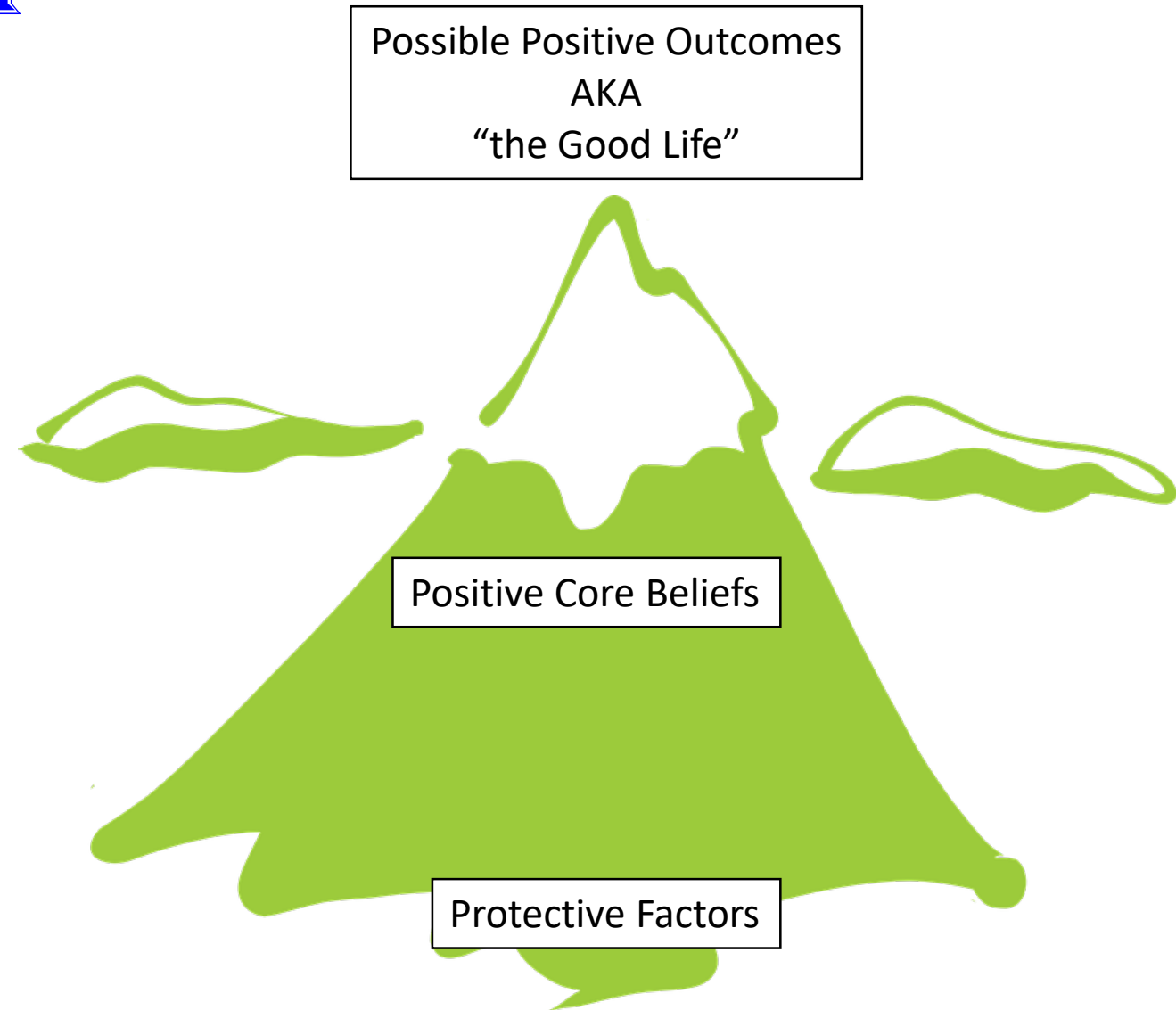
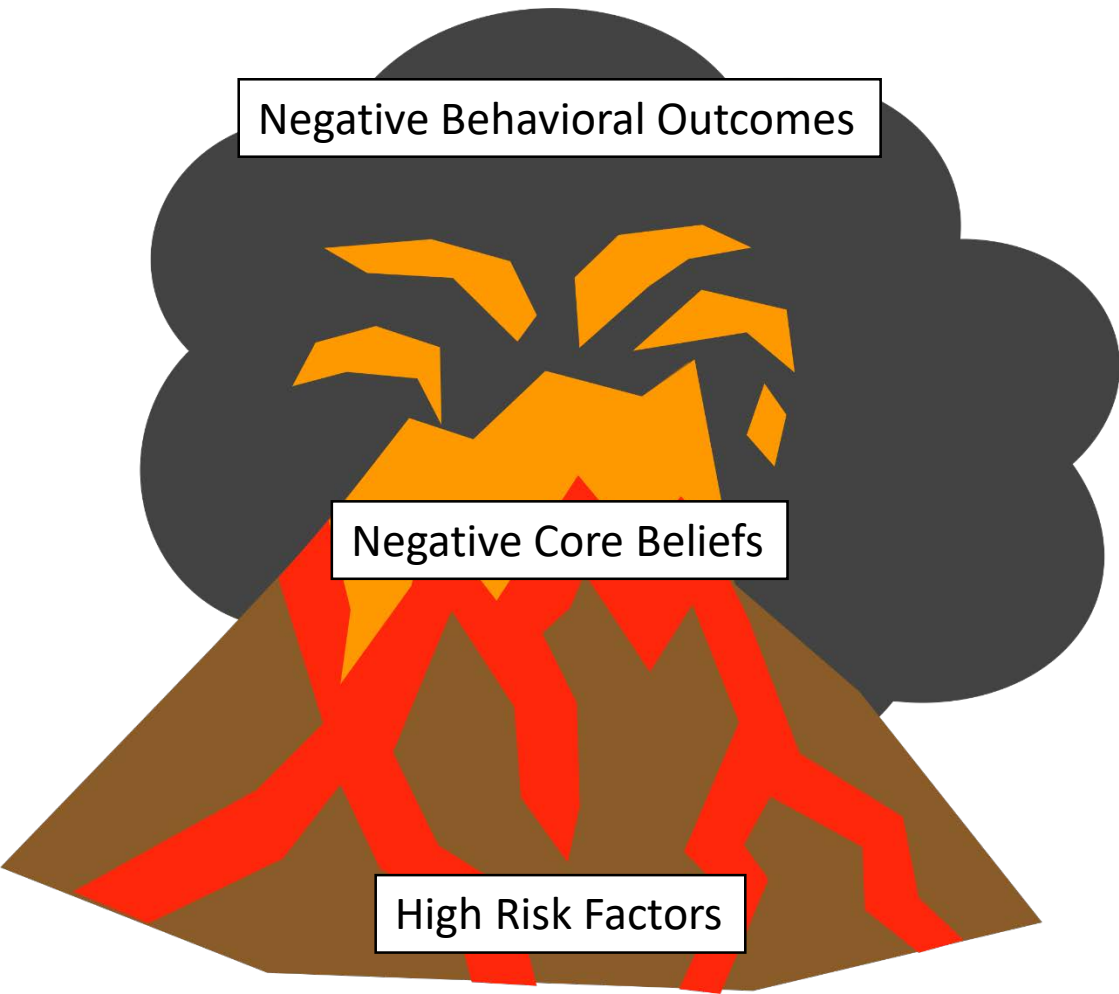
# OBSERVED DIFFERENCES FROM NEUROTYPICAL CLIENTS

- Informed Consent looks different
  - The process may require more time to poll for comprehension
- Documentation language may need to be explained overall
- Psychological testing is extremely helpful to establish baselines of comprehension and cognitive abilities
- Psychoeducational and didactic sessions may require slower pacing and reiteration of concepts more often
  - Abstract concepts may require additional time. Analogies, often with concrete symbolism, have been helpful
- Emphasis of skill development, notably problem solving
  - Supports are often needed in the development of approach goals

# AUTOBIOGRAPHY/SEXUAL HISTORY TIMELINE

- Across a whiteboard or large piece of paper, draw a time line ranging from zero until the client's current age. Briefly gather information about family constellation order, and short narratives about members of the household and relationship interactions.
- Significant Life Events
  - Births, deaths, significant relationships, geographical moves, etc.
    - Inquire as to why the client believes they are significant
    - One way to preface the activity is to explain what might be a significant event is one that has had an impact that has been "helpful" or "not helpful" or even "harmful."
  - Sexual Experience History
    - Does the client believe these experiences to be healthy and appropriate? Why?
  - Legal History and Substance Abuse History
  - Treatment History
  - Trauma History

# VOLCANO ACTIVITY



# VALUE SORT ACTIVITY

- Having a visual representation of sorting out which values are most important resonates with some clients who are spatial or tactile learners. It has been necessary to define some values with concrete examples; brief definitions might be included on the value cards. It might also be helpful to include a picture or symbol for visual recognition, especially for those clients who cannot read.
- Three categories are identified: Values that VERY IMPORTANT, IMPORTANT, and NOT IMPORTANT. The client divides the value cards into the three categories. The focus will be on the category of VERY IMPORTANT, although the ones identified in the other categories may be of clinical significance. Finding out why a value is NOT IMPORTANT, especially if relevant to the offense behavior, can give you a great deal of information. The client then identifies which five values are the most important in the VERY IMPORTANT category. It may be helpful to have the client rank them.

# SOCIAL INFLUENCES INVENTORY

- Across a whiteboard, draw a line with one end being “Positive” and the other being “Negative.” The midpoint is labelled “Neutral.” Gather information about support people, both in the community and perhaps other inmates. Data to include would be legal and substance abuse histories, knowledge of the index offense, attitudes towards treatment, and general questions about frequency and quality of contact with this individual.
- Using the information just discussed, have the client place/write the support person’s name on the continuum, whether it be positive, negative, or neutral. Some adjustment of placement of names will probably be necessary as the activity progresses. For example, ask if Person A is positive or negative, or neutral. Have the client explain why this person falls into one category or another. To the side, make note of how the client conceptualizes positive or negative. Repeat this process regarding Person B. Afterwards, have client evaluate in what ways Person A and Person B are alike and how they differ. Have client determine which one is more positive or negative and their rationale as to why.



# SOCIAL INFLUENCES INVENTORY

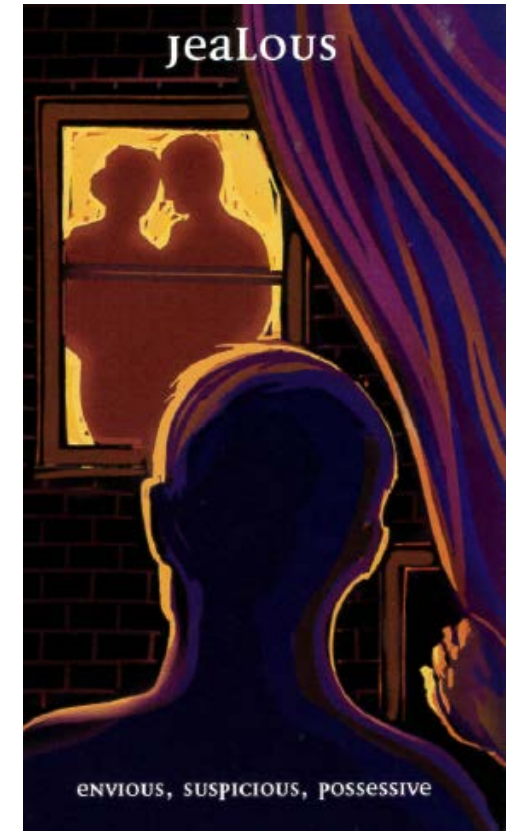
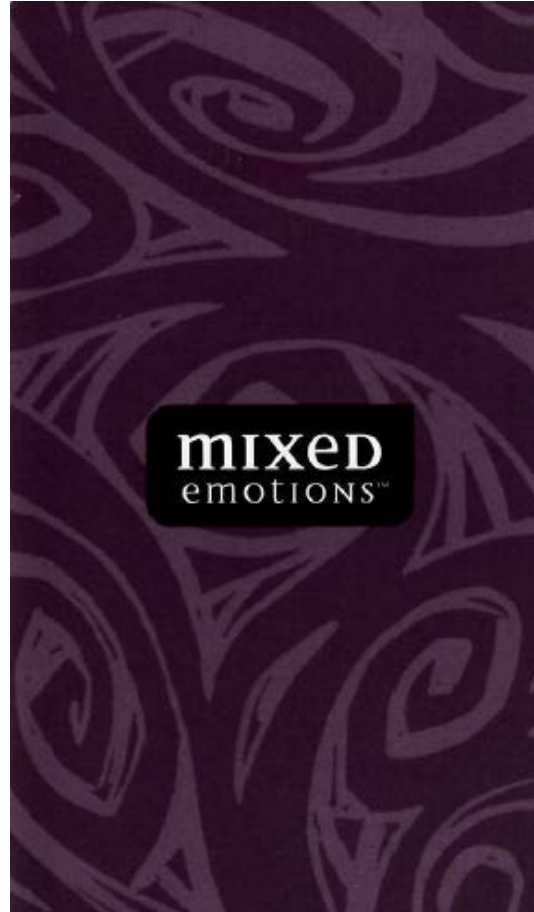
- Repeat the process until all support persons have been evaluated. Pay attention to the reasons articulated. Explore how they coincide or differ from identified values held. Using those reasons, explore how these criteria might be used in evaluating future social influences.
- For example, this is what one client identified this being a most positive influence:
  - “Someone that does not use alcohol or drugs”
  - “Someone that does not abuse me physically or sexually”
  - “Someone that helps me with problems, but does not take advantage of me”

# MIXED EMOTIONS

UNDERSTANDING DYNAMIC RISK FACTORS AND IDENTIFYING  
EMOTIONS.

Disclaimer: The Mixed Emotion cards are a tool to convey treatment concepts and DOC-SOTAP is not making a profit from using them.

The mixed emotions cards are visual representations of various emotions. Each card contains 4 words for a specific emotion.



# HOW DOES IT WORK?

Using the mixed emotions cards as visual aids, pick 3-5 cards to create a theme

For example: **Hateful** (hostile, vengeful, spiteful), **angry** (mad, furious, enraged), and **hopeless** (pessimistic, despondent, defeated) could be grouped together. Explain to the group that they are to look at the set of cards and identify which DRF it most closely relates to. In the case of these cards, it could be linked to negative emotionality.







# NEGATIVE EMOTIONALITY

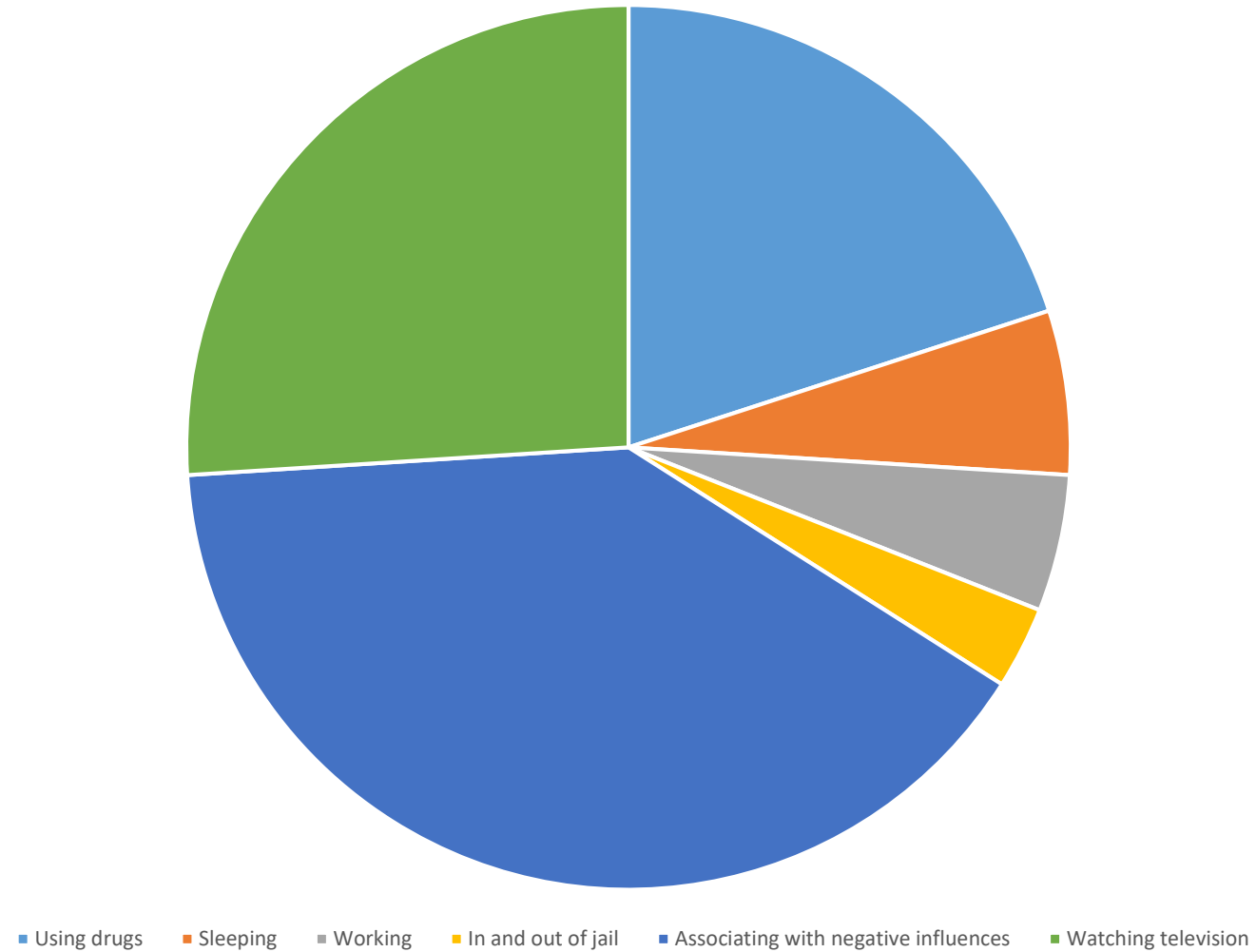


## SOCIAL REJECTION AND LONELINESS

# VALUES

- Help the client gain understanding of different values
- The Good Lives model helps decrease recidivism for sexual offenders
  - Strength based theory (Ward, Gobbels, & Willis, 2014).
  - Sex offenders also try to meet goals in life to help them achieve a balanced life (Yates, Prescott, & Ward, 2010).
- It helps the clients clarify and commit to living according to their values
- More simply asking the client, “what is important to you?”

### EXAMPLE 1: PRIOR TO INCARCERATION





# Relapse Prevention/Problem Solving

TREATMENT  
PROVIDER



DOC/Police



Make a  
phone call



Walk away



Something  
else?



## LOCATIONS/OPTIONS:

Home-Green

DOC/Police-Gold/Yellow

Treatment provider- Pink

Go with family/friends-Red

Stay/Nothing wrong with situation- White

Make a phone call- Black

Something else- Orange

Walk away- Purple



It's Halloween and your employer has decided they want to pass out candy to trick-or-treaters. Do you stay at work or leave? Something else?

Your cell phone broke and you really need to make a few calls. Your friend offers to loan you his/her phone. Do you use the phone?

You decided to go to college. You have wanted to gain more education. You stopped at the enrollment office on your way home from work one day.

You have a reserved ticket (seat) on an airplane and it's very important you get where you are going. There are no extra seats and you find you are sitting next to a woman with three children. What do you do?

# Think Sheet

**1**



Ask yourself:

What is the problem?

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**2**



Ask yourself:

What choices do I have?

- 1.
- 2.
- 3.
- 4.
- 5.

- \*Are my choices safe?
- \*Will they affect others?
- \*Will they make me feel good about myself?

**3**



Do the RIGHT thing!

What did you try?

What was the outcome?

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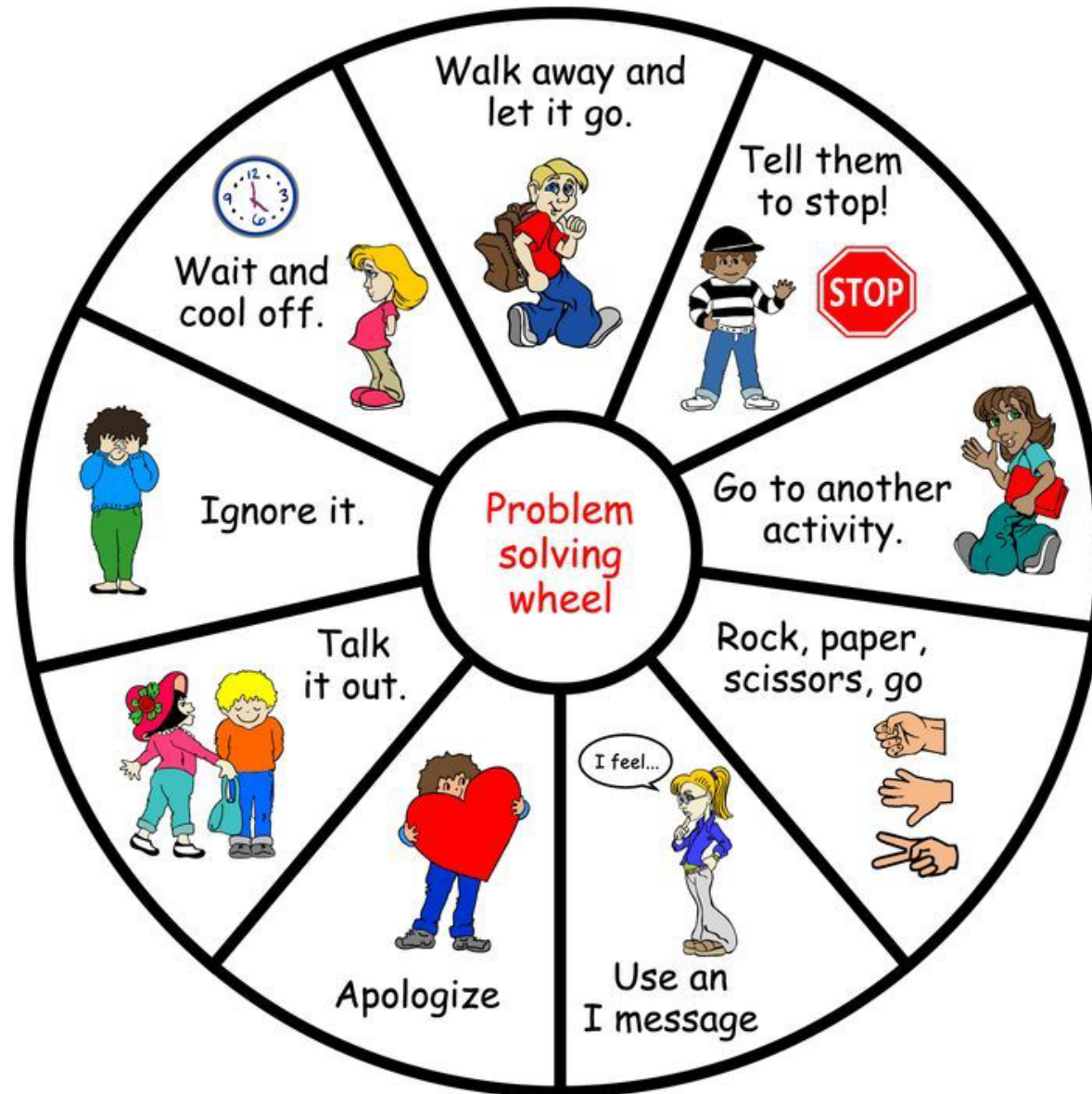
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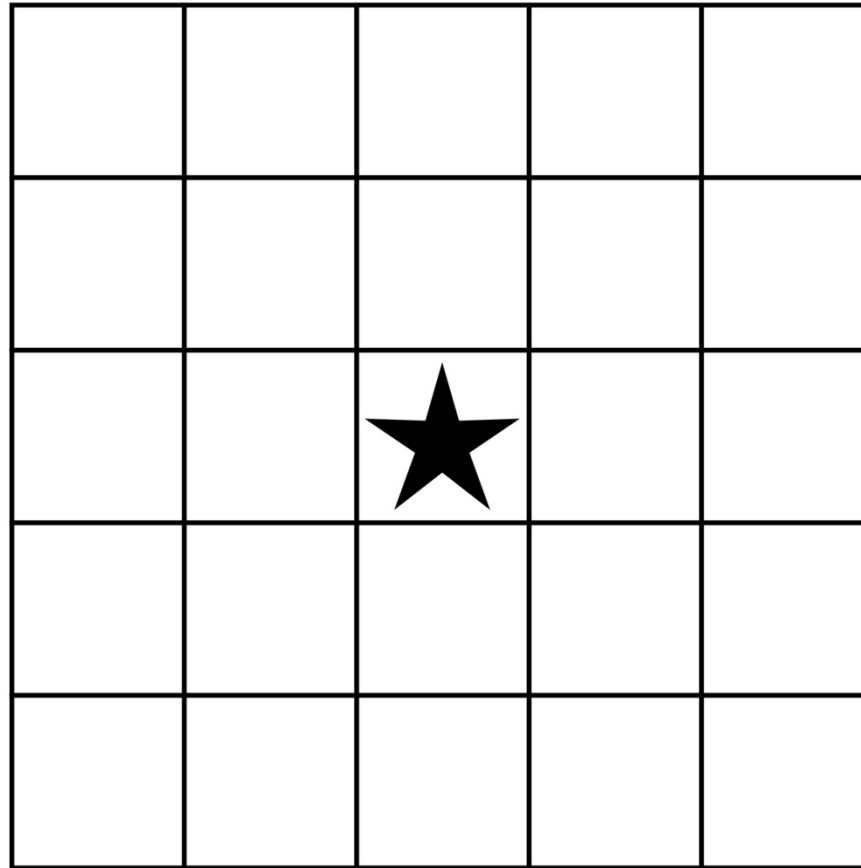
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# Problem-Solving Wheel



# Coping Skills

**B I N G O**



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