Assisting those with Intellectual Disability to Increase Response to Treatment

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Session Overview

• Introduction to Special Commitment Center (SCC) and DSM 5th edition definition of Intellectual Disabilities (ID)
• Facts about ID
• Risk-Need-Responsivity Model (RNR)
• Increase Responsivity to Treatment
• Functional Assessment (FA)

• Case study - Mr. Z
• ABC’s (Antecedent, Behavior, Consequences)
• Interventions/Reinforcements
• References
• Contact Information/Q & A
The Diagnostic And Statistical Manual, 5th edition (DSM-5) defines Intellectual Disability as:

- A disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.
- IQ ONSET BEFORE AGE 18 SD (+5/-5)
What type of sexual offenses are most common among the ID population?

- The most frequent sexual offenses reported in one study were indecent exposure, other minor offenses, and sexual assault of young girls (Day, 1997).
- Another nationwide study that surveyed 243 community agencies found the most common sexual offenses were inappropriate sexual behavior in public (Ward, 62.2%)
- Sexual behaviors and stimulation that inappropriately involved others (Ward, 42.6%)
- Sexual activity involving minors (Ward, 42.6%)
- Assaultive/nonconsensual sexual activity not involving minors (34.5%) (Ward et al, 2001).
- Another study found the most common sexual behaviors are those seen among people without intellectual disability – offenses against children, genital exposure and rape (Murphy, et al., 1983).

(www.thearc.org)
**Definition Of Terms**

**Risk-Need-Responsivity Model (RNR)**

- **Risk Principle** - Specifies the intensity of treatment to be received.

- **Need Principle** – Criminogenic needs which specify treatment targets (Dynamic Risk Factors.)

- **Responsivity Principle** - How well someone is able to respond to the treatment program.
Specific Responsivity Issues for Individuals with ID

- Communication Difficulties
- Emotional Regulation Deficits
- Inadequate Socialization Skills
- Limited Sexual Education and/or Opportunities
- Acquiescence Tendencies
Regular Track - Sexual Offender Treatment (SOT)

- Group Cognitive-Behavior Treatment
  - Addresses Dynamic Risk Factors
  - 8-10 Group Members
  - Multi-page Homework Assignments & Presentations
  - Abstract Concepts
    - High Risks/Interventions
    - Offense Cycle

- How can we adapt the treatment to match their unique responsivity needs?
Sexual Offender Treatment for Individuals with ID

“The only disability in life is a bad attitude”
Scott Hamilton

- Group Cognitive-Behavioral Treatment
  - Address Dynamic Risk Factors
  - Smaller Groups
  - Use Visual Imagery and Simple Concepts
  - Danger Zones
    - Three Inside Danger Zones: Thoughts, Feelings, Memories
    - Three Outside Danger Zones: People, Places, Behaviors
- Ladder to Trouble
- Role Plays, Games, Art, Humor, Fidget Toys
- Repetition, Repetition, Repetition
Increase Response to Treatment

- Individualized Treatment Plan
- Residential Staff Support
- Ancillary Support Groups
- Functional Assessment
- High Acuity Programming
- Frequent Collaboration with Medical Staff
Functional Assessment

- Description and Pertinent History
- Definition of Challenging Behavior(S)
- Data Analysis/Assessment Procedures
  - Antecedent-Behavior-Consequences
- Summary Statements
<table>
<thead>
<tr>
<th>ANTECEDENT</th>
<th>BEHAVIORS</th>
<th>CONSEQUENCES</th>
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</thead>
<tbody>
<tr>
<td>Losing at games with prize involved</td>
<td>Threatening to harm himself</td>
<td>Attention from staff</td>
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<tr>
<td>Threatening to harm others</td>
<td>Placed in alternative placement unit (APU)</td>
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<td>Demanding to move to another unit</td>
<td>Infraction process (BMR)</td>
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<td>Avoidance of stress</td>
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**ABC’S**

**ANTECEDENT**
- Staff setting limits
- Hearing “no”

**BEHAVIORS**
- Yelling at staff
- Throwing items

**CONSEQUENCES**
- Attention from staff
- Placed in alternative placement unit (APU)
- Infraction process (BMR)
- Avoidance of stress

**NO**
Interventions and Reinforcements

• Validate while firmly holding limits
• Use feelings chart to assist in identifying his emotions
• Use of “timeout” to decrease arousal and reduce reinforcement of unhelpful behaviors
• Prizes for those who are a good sport and for accepting “NO”
  • Praise when he manages his emotions in other situations
  • Role play losing and responding appropriately
• Coping ahead for difficult situations
References


References


Additional Reference Contact Information

Contact for more information:

- **The National Association for the Dually Diagnosed** 1-800-331-5362 or [www.Thenadd.Org](http://www.Thenadd.Org)
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