

Risk Assessment for Individuals with Intellectual/Developmental Disabilities and Dual Diagnosis



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Outline

- Background to Offenders with ID/DDx
 - Risk Assessment & Management
 - Risk and ID
 - Risk Tools
 - Treatment & Management
 - Case discussion
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Intellectual/Developmental Disabilities

Three Essential Elements

1. Intellectual functioning significantly below average
 - IQ below 70 or below 2nd percentile
2. Deficits in Adaptive Behaviour
 - impaired performance in daily living skills/independent functioning
3. Age of onset during developmental period
 - Age <18

**Some overlap with FASD, ABI and ASD*

**Some overlap with 'Special Needs Offenders'*

Background

- Deinstitutionalisation suggest period of resettlement is difficult
 - increased exposure to risk situations, new legal pathways
 - Literature regarding offenders with developmental disabilities (DD)
 - Change from prevalence and type to community risk assessment
 - Present specific service implications for caregivers and agencies
 - caregiver tolerance threshold, system culture change
 - Specific issues for this population in navigating the CJS
 - at arrest, interview, court
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Current CJS & ID/DDx

- Wide range of variability *'when, why and what for'* CJS is accessed due to:
 - agency policies & philosophy of care
 - behavior tolerance & risk management approach
- Most individuals have different experiences of contact with the law as most move around service system
- No clear message of what to expect (maternalistic/paternalistic approach)
- Faulty presumption of deterrent approach: requires insight into consequential learning and generalization
- Fitness assessments are poor estimates of CJS ability

Prevalence

- Offending behaviour is much more common than is actually reported to police
 - Estimates vary (2-40%) due to narrow or broad definitions of diagnosis and offending
 - Due to caregiver tolerance and agency philosophy
 - Different study samples and mostly conviction rates rather than reoffending or recidivism rates
 - 'special needs' larger population in CJS ie borderline IQ
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Prevalence

- Estimates vary across settings ranging from community to prisons
 - Community services 2-5%
 - Police stations 5-10%
 - Courts 14-36%
 - Prisons 0.2-10%
 - Research shifting from prevalence studies to understanding pathways of legal involvement ie setting outcome, gender diffs
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Characteristics

- Very few individuals with severe/profound ID
 - Less likely charged or found competent (mens rea)
- Most offenders with ID are within the mild to moderate range of intellectual impairment
- General risks similar to non-disabled population
 - *young, male, psychosocially disadvantaged, familial offending, mental health/substance abuse, history of academic/emotional/behaviour difficulties*

Characteristics

- More likely to have history of impulsivity, ADHD and/or conduct disorder
 - More likely to have history of personality disorder and anti-social traits
 - More likely to have a history of childhood environmental and emotional deprivation
 - Age of index offence and gender predicts severity of legal consequence
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Offence Type

- Majority are misdemeanors and public nuisance offences
- Less likely to commit 'white collar' crime or traffic offence
- High rates of verbal threats and physical aggression (reactive rather than premeditated)
- Over reporting of sexual offences and arson due to biased sampling of convicted individuals
- Victims more likely to be other individuals with disabilities or staff and family and sexually more male victims

Risk Assessment

‘The prevention of *vulnerability*, namely taking care not to place the individual in a situation in which he or she may be likely to re-enact the previous pattern(s) of dangerous conduct’

Prins, H. (1996) Risk Assessment and Management in criminal justice and psychiatry. Journal of Forensic Psychiatry, 7, 42-62.

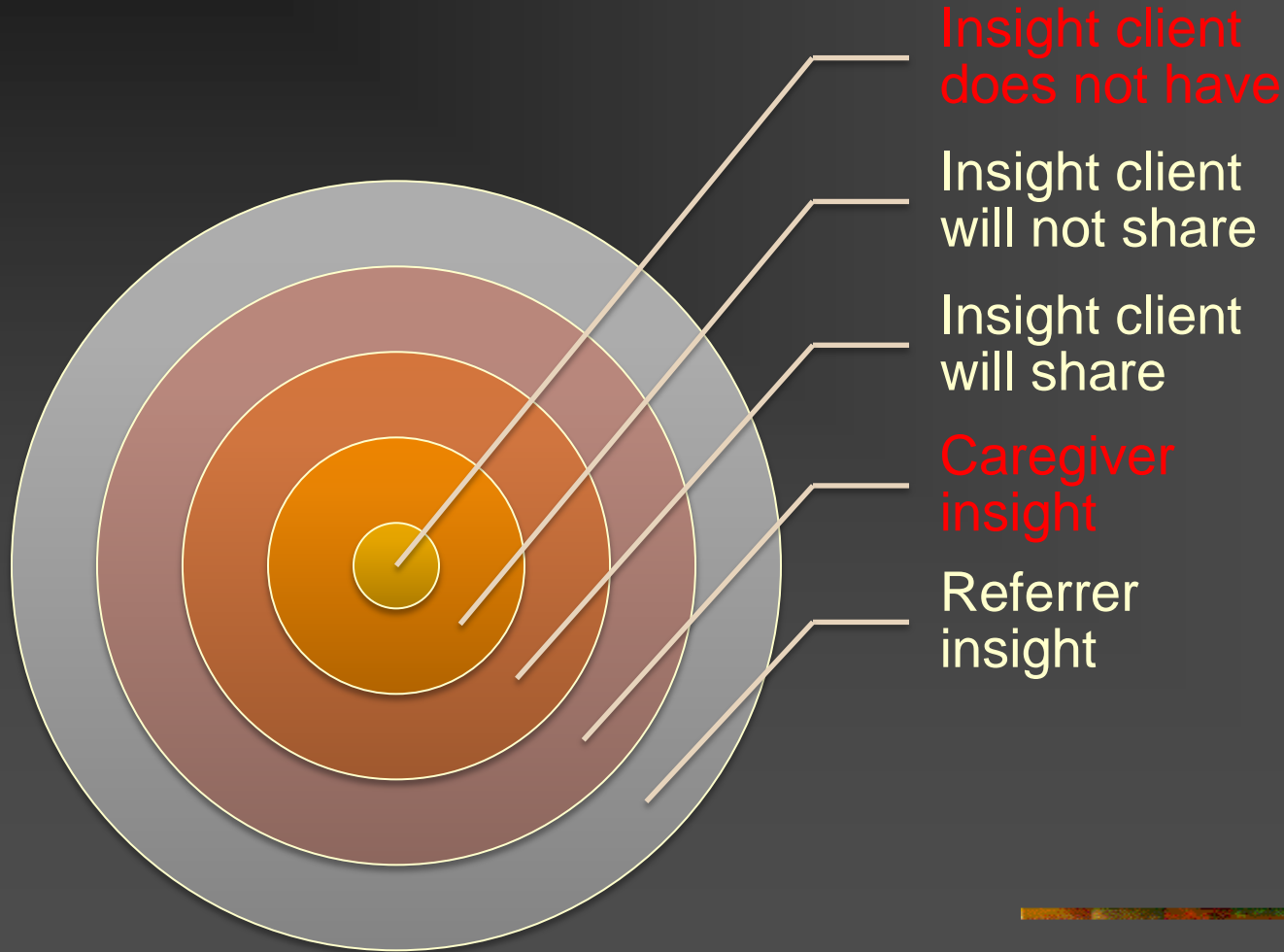
Risk Assessment

- Risks can present in many different ways
 - need to define behaviour, period and outcomes (vacation)
 - cannot be totally eliminated and will vary in response to a range of situations and events (weather)
 - important not to over-generalize risk and confuse the risk of one behaviour with another (threats/aggression)
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Risk Assessment & ID/DDx

- Must determine risk outcomes before assessment
 - Risk averse : Low (eg. no outings)
 - Risk minimisation : Med (eg avoid risk situations)
 - Risk management: High (eg supervised exposure)
- Identify risk management options
 - Level of supervision
 - Security
 - Staff ration
 - medication

RA: Who will tell us the most?



Risk Factors

1. Static Variables (*historical/unchangeable*)
 - provide baseline of prediction or probability
 2. Dynamic Variables (*current/changeable*)
 - Stable: treatment/intervention targets
 - Acute: immediate triggers/supervision level
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Static

- Distal and Actuarial Factors:
 - previous history of the behaviour
 - age of onset for the behaviour
 - *stability and integrity of past relationships*
 - *employment/ accommodation History*
 - family history (csubstances, MI, PD)
 - *history of behaviour and academic adjustment difficulties*
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Dynamic: Stable

- Clinical and Psychometric Factors
 - insight into problems and offence
 - acceptance of future potential risks
 - *Impulsivity*
 - *victim empathy*
 - *symptoms of mental illness*, substance abuse
 - degree of fixation/time spent on behaviour
 - response to intervention/ treatment
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Dynamic: Acute

- Relapse Prevention & Maintenance Factors:
 - acceptance of need for current and future support/ service involvement
 - *avoidance of high risk situations*
 - *positive personal intimate relationships*
 - *medication and supervision compliance*
 - coping skills
 - *emotional stability*
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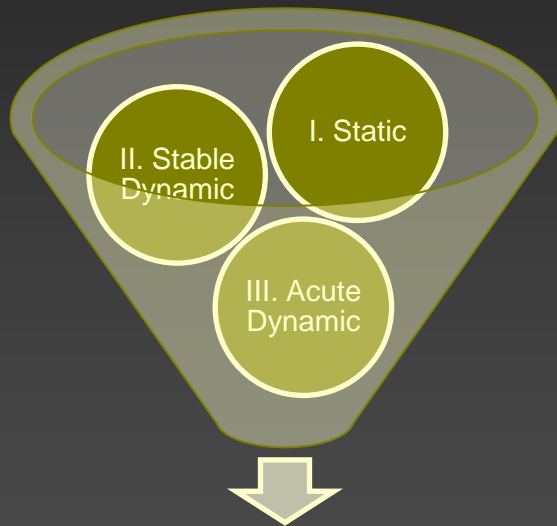
Risk Assessment Models

- Actuarial Models of Risk (static)
 - assessment tools in the prediction of risk of future violent and sexual behaviour e.g. VRAG, RRASOR
 - “*Client X has Y probability of re-offending in X yrs*”
- Clinical Judgement Models of Risk (dynamic)
 - Assessment of ‘relative’ dangerousness and risk
 - Risk Assessment Profile – likelihood of historical behaviour patterns interacting with an environmental context e.g HCR-20, STATIC 99
- Structured Professional Judgement (both)

Structured Professional Judgement

- A convergent approach to risk assessment
 - A clinical risk assessment identifies *baseline* of recidivism and priorities for an overall *risk management plan*
 - probable risk of re-offending (if possible)
 - destabilising factors (substance abuse, MI)
 - stabilising factors (motivation, med compliance)
 - system issues (levels of supervision, supports)
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Risk Assessment and ID/DDx



Risk Prediction:
Low/Medium/High

- Ongoing debate between models
- Actuarial measures are limited due base rate biases (wilcox, 09)
- Clinical risk limited to individual
- Decade of work by Lindsay, Boer, & Haaven (et al) developing models to include environmental variables for ID offenders (ARMIDILLO)
- Addition of Dynamic (stable/acute) Environmental Variables

ID/DDx Environmental Variables

Stable dynamic

- Staff attitudes
- Communication amongst staff
- Staff knowledge of offender profile
- Staff consistency – relationship boundaries
- Environment consistency – rules

Acute dynamic

- New staff – boundary testing
- Monitoring of mood, beh and routines
- Victim access – visitors
- Environmental changes in place or routine

ID/DDx Offender Variables

Stable dynamic

- Supervision and treatment compliance
- Insight into offense/relapse
- Offending profile/violence
- Sexual knowledge/profile
- Victim selection/grooming
- Mental health/SA
- Coping and self-regulation
- Time mngt & coping
- Dependency/relate to others

Acute dynamic

- Significant life events
- Re/shp changes
- Offending preoccupation
- MH or SA pattern change
- Changes in victim access
- Emotional dysregulation
- poor coping ability
- Compliance changes
- Schedule/Routine changes

Risk Assessment/Manageability in ID

- Overall level of risk posed by individual with ID is understood in context of the environment and current circumstances (Boer, 2007)
- Offender risk may not change but risk provided by environment can ie new staff, victim access
- Can have same risk level offender in two different environments that either increase or decrease risk manageability significantly

Risk Assessment & Treatment

- Following assessment, individualised treatment and management plans should include:
 - ‘modified’ treatment programs - mainstream approaches require considerable adaptation and flexibility
 - More successful individually than in groups
 - ethical issues: informed consent, confidentiality
 - support for carers, staff & families equally important to aid generalisation of plan
 - multi-disciplinary/ inter-agency work essential given they straddle multiple sectors ie MCSS, MOHLTC, MCCS, MOE

Summary: Risk Assessment in ID/DD

- Identify risk behaviour(s) objectively
- Set realistic risk outcomes in context of setting
- Comprehensive risk assessment of both static and dynamic factors (including environment)
- Risk assessment profile must facilitate the treatment and management plan
- Individual treatment plan must be linked to the natural support network and surrounding environment
- Management plan must include caregivers and support services to assist generalisation

Thank you

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