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# Doing Good Risk Assessment With Intellectually Disabled Offenders

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## Background

**Intellectually Disabled (ID) offenders are perhaps one of the most forgotten groups in the prison system. Even though key research by the Prison Reform Trust<sup>2</sup> has done much to highlight the size of this population and raise awareness about what should be done to meet their needs, change is slow.**

Reports such as those by the prison reform trust prompt us to think about how the daily prison life of an intellectually disabled prisoner may be disadvantaged and this consideration must also extend to their experience of treatment and assessment for offending behaviour. There are currently very few accredited programmes for intellectually disabled prisoners. The Becoming New Me and Adapted Better Lives Booster programmes exist for sexual offenders, little else is available, although this is starting to change with the welcome pilot of the Adapted Thinking Skills Programme and the learning disability Therapeutic Community at HMP Gartree. However, the process of risk assessment for ID offenders has not received the same level of consideration. Risk assessment in prison can vary, but all prisoners will have an OASys (Offender Assessment System) report and many will have other structured risk assessments such as the Historical Clinical Risk 20 (HCR-20) or Structured Assessment for Risk and Need (SARN). An essential element to completing these assessments is the prisoner interview. This allows for the exploration and clarification of their history, and any progress made in reducing or managing their risk. However, recent research<sup>3</sup> suggests that how we conduct these interviews may result in inaccurate risk assessments.

## Characteristics of intellectual disability

In order to understand the difficulties of doing risk assessment with ID offenders it is helpful to clarify what an ID is and some of the difficulties people with ID may

experience. The severity of an intellectual disability is classified across four levels:

- ❑ Profound — this is where a person will have marked physical difficulties and need intensive specialist care.
- ❑ Severe — a person can acquire some limited reading skills but will require supported accommodation and assistance with daily living.
- ❑ Moderate — individuals are unlikely to be able to live independently but can acquire limited vocational and educational skills.
- ❑ Mild — individuals are more likely to be able to acquire some vocational and educational skills and live independently but may need support at times of change.

Most (approximately 85 per cent of people) with an ID will fall into the mild range. It is estimated that approximately 7 per cent of prisoners have an ID<sup>4</sup>. Although the exact breakdown is unknown, most of these will fall into the mild range, however there will be some prisoners who do fall within the moderate range. It is highly unlikely that there are any prisoners falling into the severe and profound ranges. There is also a 'borderline' range. Although not meeting the classification for ID, this group are below the average range of intellectual functioning, often have difficulty securing stable employment and tend not to do well educationally. Due to these difficulties, prisoners falling into the borderline range are accommodated on the offending behaviour programmes adapted for those with an intellectual disability. Approximately 25 per cent of prisoners are expected to fall within the borderline range<sup>3</sup>. Although we commonly don't think of ID as being something we encounter routinely in prison, these figures suggest it is much more prevalent than expected and it is likely that most of us will come into contact with prisoners who have mild ID or are in the borderline range on a weekly basis.

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1. A very special thank you to Fiona Williams from Operational Support and Interventions Group, National Offender Management Service, many of the suggestions for interviewing IDSOs outlined in this paper are based on techniques used on the Becoming New Me Programme run in prisons and the national probation service by NOMS, for which she is responsible. Thank you to Mike Dean at HMP Whatton for the pictures.
  2. Talbot, J. (2008) *No One Knows* report. London. Prison Reform Trust.
  3. Hocken, K.E.L, Winder, B., Grayson, A. & Andrews, M. (2013) *An Investigation into the Relationship Between IQ and Dynamic Risk Factors for Sexual Offending Using the Structured Assessment For Risk and Need for Sexual Offenders*. Manuscript under preparation.
  4. Mottram, P. G. (2007) HMP Liverpool, Styal and Hindley Study Report. Liverpool: University of Liverpool.

Difficulties commonly encountered by those with an ID can be broadly categorised into five main areas: language, memory, abstract thinking, processing speed, and managing life and relationships. Each of these will be described in more detail below.

First, in relation to language, people with ID can have difficulties with using language (known as expressive language) and understanding language used by others (known as receptive language). Sometimes a person will have problems in both areas, but often people are better at one than the other. In prison this may result in staff assuming that prisoners understand more than they actually can because they have good expressive language. Problems with expressive language include not knowing a large range of words and not understanding unfamiliar, or long words (three syllables or more as a general rule). As a result they do not have the range of words to use and may use words incorrectly. A good way to think about this difficulty is imagining you are trying to use a foreign language. You only know a limited amount of words and pick from those to get your point across, but the meaning is not exact. Sometimes however, the meaning can be way off target, for example; I recently interviewed an ID prisoner who used the word 'commitment' instead of 'situation'.

Second, memory, which refers to the fact that people with ID can have difficulties learning new information because they have problems with memory. Although they may actively engage in learning, there may be problems with committing information to long-term memory, so it will be forgotten. Sometimes the brain tries to account for the gaps in the memory by automatically trying to fill in the missing information, known as 'confabulation'. Because this process tends to be automatic, the person is typically unaware that it is happening and believes the memories are accurate. This can result in incorrect recollection of events and inconsistent reporting of events. In prison a failure to recall a detailed and consistent offence account is often mistaken as being risky, resistant or manipulative. People with ID may also have problems learning new information and using it straight away. For example, they may not be able to

incorporate feedback into their behaviour immediately because the brain gets overloaded.

Third, abstract thinking involves non-verbal problem-solving skills, such as those needed for solving picture puzzles and understanding time and sequences. It includes the skill of using imagination to think about future situations and being able to predict consequences of actions in those situations. Having an ID can make these things more difficult and as such, those with ID may get the order of events wrong and struggle with hypothetical situations<sup>5</sup>. So, questions commonly asked of prisoners such as, 'imagine you are in this situation, what would you do?' can be difficult for those with ID.

Fourth, processing speed encompasses a common difficulty for those with ID have with the speed at which the brain can process information. Often it takes a little longer for an ID person to follow what is being said because their brain needs longer to find meaning to the information. This can cause them to fall behind in conversations and they may answer a question asked ten minutes previously.

Finally, managing life and relationships addresses that people with ID may not be able to live independently, because they have difficulties with self-care, managing finances, hygiene and health, literacy, numeracy and telling the time. It is also common for them to have problems in communication, such as eye contact, and

understanding social cues, sometimes resulting in them saying or doing the wrong things. They can also be suggestible and easily influenced.

Having an ID can put people at a disadvantage in life that can affect their self-esteem and self-concept. In order to fit in, it is common for those with an ID to learn how to 'mask' their difficulties, so some of the problems above are not immediately obvious unless you really know them or they have had in-depth assessments. This is also why we may underestimate the number of prisoners with an ID.

In order to account for these difficulties it is necessary for adjustments to be made to the environment and services. In prison this means offering offending behaviour programmes tailored to meeting

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5. Dulaney, C. L., & Ellis, N. R. (1997). Rigidity in the behavior of mentally retarded persons. In . E. MacLean (Ed.), *Ellis' Handbook of Mental Deficiency, Psychological Theory and Research* (3rd ed). Erlbaum: Mahwah, NJ. pp. 175-195.

these needs so that prisoners with an ID can have the best learning opportunities. However, a significant part of the prison process, risk assessment of offending behaviour, has not yet begun to take account of the needs of ID prisoners. This is an area that needs immediate attention, since risk assessment outcomes impact upon treatment opportunities, potentially delay or facilitate possible release dates, and influence the level of restrictions in place once a prisoner is released.

### Problems with risk assessment of ID prisoners

Traditionally, interviews take a verbal style of communication (normally a question and answer format) and rely on the recall ability of the offender (what they can remember about their offence and from treatment). It is possible that by using this style of interview for ID clients we may be measuring memory and communication skills, rather than risk, because the skills required to recall and verbalise past events and learning are often those that ID people struggle with, as discussed above.

In risk assessment interviews prisoners are often asked to think of risk scenarios and discuss how they would manage them. This requires abstract thinking skills because it demands the ability to think hypothetically, something which ID people find difficult to do because they tend to think in more rigid and concrete terms.

Therefore, ID offenders might not be able to identify risk scenarios or explain how they would manage them in an interview situation, but this may have nothing to do with their actual understanding of their own risk and ability to manage it. The assumption that a prisoner must be able, hypothetically, to identify risk situations to indicate risk reduction may be flawed. In real life offenders need to be able to *recognise* risk situations as they arise, which requires a different set of skills to those that are needed for imagining one.

Staff presented with a prisoner who is vague and inconsistent, who does not describe risk factors, risk situations or relapse prevention strategies beyond very concrete ones, would be forgiven for thinking that

person is risky. However, it seems we may be working on assumptions about the indicators of risk and progress, and failing to draw upon the wide evidence base about learning and memory. For example, we know from the early research on memory<sup>6</sup> that an inability to recall information does not necessarily mean it is not available, but that it may not be *accessible*, and therefore requires other methods to help access it. The adaptations made to the way treatment is delivered to ID sex offenders are based on the literature relating to working with ID populations and it is generally accepted that treatment must be adapted in this way to make it learning accessible and useful for ID offenders<sup>7</sup>. If we know that learning methods must be adapted for ID offenders, it should then follow that we adapt methods for accessing that learning accordingly,

however there is nothing in the literature on risk assessment that identifies this need. It is possible we could improve risk assessments with ID prisoners by making changes to the way in which we do the risk assessment interview, using our knowledge from treatment with ID offenders and drawing on the memory and learning literature.

### Suggestions for interviewing

To compensate for the difficulties described above, treatment for ID sex offenders in the National Offender Management Service (NOMS) is based on the VAK principles<sup>8</sup>

(Visual, Auditory, Kinaesthetic). These VAK principles highlight three communication styles that should be consistently adopted when working with ID offenders (sometimes referred to as 'VAKing up' your style!). This means communication should include visual, auditory and kinaesthetic elements. Currently, we rely almost exclusively on an auditory style, using spoken language. The challenge facing us is to expand our skill set to use the other two styles of communication in interview. In reality this means:

*Visual* — Using visual elements in your communication style helps to make concepts more concrete and avoids problems ID people might have understanding language. A good way to do this is to

. . . a significant part of the prison process, risk assessment of offending behaviour, has not yet begun to take account of the needs of ID prisoners.

6. Tulving, E. & Pearlstone, Z. (1966) Availability versus accessibility of information in memory for words. *Journal of Verbal Learning and Verbal Behaviour*. V 4, No 5, 381-391  
7. Hurley, A., DesNoyers, T, Daniel, J., Pfadt, A.G. (1998) Individual and group psychotherapy approaches for persons with mental retardation and developmental disabilities. *Journal of Developmental and Physical Disabilities*. Vol. 10, No.4, pp. 365-386.  
8. Ministry of Justice (2009) *The Adapted Sex Offender Treatment Programmes: Theory Manual*. Interventions and Substance Misuse group, National Offender Management Service, London.

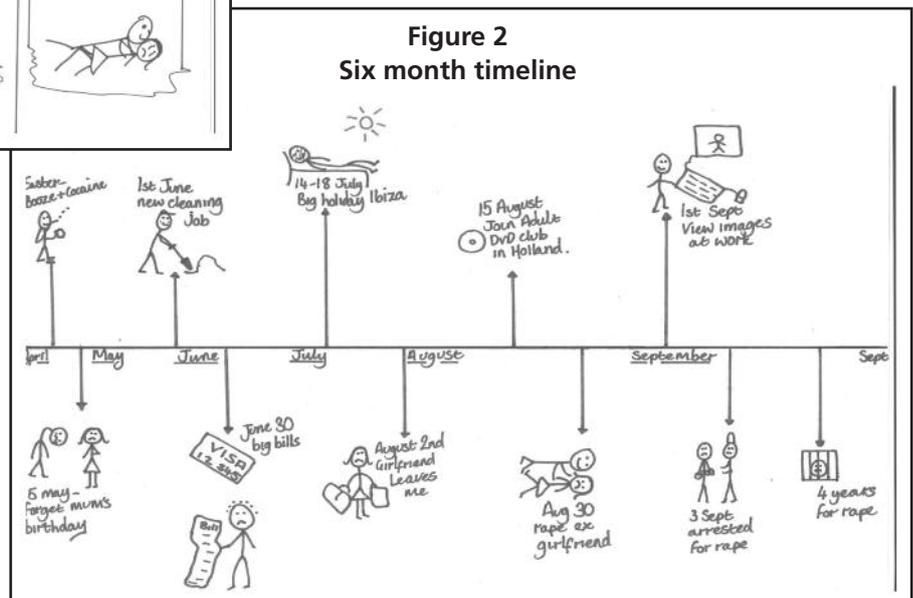
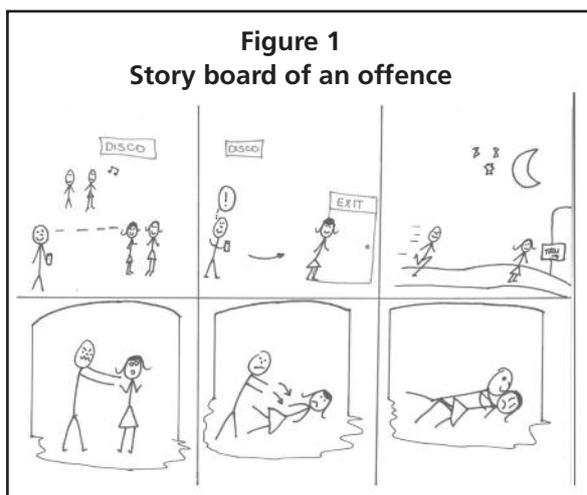
use simple drawings or pictures. If both people can see what is meant, it reduces the chances of misunderstanding. You can use drawings in any way you want, but they work well when you want to ask about a hypothetical situation because you can draw it, either as a single situation or a story board in which you can narrate the sequence of events (see figure 1). It is advisable to put the prisoner into the story rather than drawing a situation about other people and asking the prisoner what they should do. Research suggests that ID people are often able to give the right answer about what others should do, but when asked what they would do, tend to give a completely different response which seems to better reflect their behaviour<sup>9</sup>. Drawing an offence account can also help to get a more accurate and detailed description. This is because ID prisoners cannot always describe events very well but they can draw them, or explain enough for you to draw it. (The benefits of doing this are very similar to those described by Helen O’Conner and Nicola Payne in their article about working with deaf offenders elsewhere in this issue). Another good visual technique is a timeline (see figure 2). A timeline can be used to represent a lifetime or just a few hours, but it is important to clearly mark the timeline with key events and dates because

this helps the person to remember the order of things much better than if only using verbal recall. You can also encourage them to elaborate the timeline with pictures or memorabilia such as photos.

Visual reminders are also good to prompt memory, especially when asking about what has been learned in treatment, because recognition is easier for ID people. Therefore, treatment materials should be taken into interview and used as a focal point to ask about certain things. To assess sexual interests, showing pictures from magazines or media and asking an ID prisoner to pick out preferences provides a more concrete method than simply asking them for a description.

**Auditory** — Although this is the method we use most commonly, there are several changes needed to the way we use language when working with ID prisoners to account for problems with expressive and receptive language skills. The key change is to use simple language. This means avoiding long words (typically three syllables or longer) or jargon, something very common in prison. Try to ensure you only ask one question at a time and leave plenty of thinking of time. A common misconception is that prisoners are being avoidant or resistant when they do not answer questions immediately, but ID prisoners need much more time because of their slow processing speed.

When interviewing a prisoner about progress on a treatment programme it is really important to try to use the type of language used on the programme, because ID prisoners probably will not recognise what they are being asked unless the question is in familiar language. For example, on *Becoming New Me* we use the concept of ‘old me’ (to describe the person they were when they offended) and ‘new me’ (the person they are when they don’t offend). So an ID person may have trouble



9. Mayes, D. (2013) *Assessing the Role of Sexual Knowledge, Beliefs and Attitudes in Sexual Offending by Intellectually Disabled Men*. PhD Thesis under preparation. Nottingham Trent University.

with the question 'what are your risk factors?', but are likely to understand: 'what are your old me risky things?' If possible, it is good to speak to a facilitator of the programme to find out what type of language they will recognise, or better still take the facilitator along to the interview with you. A final tip is to avoid clichés, dry humour or sarcasm because ID people might not understand it and could misinterpret it. Avoid the trap of thinking they understand this use of language because they appear to use it themselves. ID people often use these forms of expression without fully understanding their meaning, and they commonly get sayings wrong or mixed up (e.g. I was like a bull in a haystack).

Although some of these suggestions sound quite simple they do require a lot of concentration because we tend to be unaware we are doing things such as asking more than one question at a time.

*Kinaesthetic* — This refers to a communication style that is about 'doing', for example demonstrating a concept through role-play. This style tends to be one that is most unfamiliar to us and feels very much out of our comfort zone. However, it is valuable because ID offenders may be able to use the skills taught, but not explain them. A good way to understand this is to think about doing sports. As you practice you get better, but you are not always able to explain what it is about the way you play that has improved, you just know you can do it. Therefore, role-play is a great way of checking out learning and relapse prevention plans. For example, you could ask an offender to show how they might respond in a certain situation, rather than just describe it. This might require you to simply set up the situation, either through description or through use of drawing, and possibly take on a role (e.g. 'lets imagine we are in a pub, I am your friend and I say: 'go on have a drink', show me what you would do?'). This technique works even better when you ask the person to tell you what the friend would say that could be particularly tempting. It is also important to say the line directly ('go on have a drink') rather than only describing what you are saying ('I'm persuading you to drink') because it needs to be as realistic as possible. This technique can be easier with another person involved, such as a programme facilitator.

ID people can be suggestible and they may agree with you or say what they think you want to hear.

You can also use these techniques to get an offence account by asking an offender to 'walk and talk' the offence. This is done on a very basic level, not using touch, by having the offender slowly walk through what they did. One of the reasons this may be effective is the concept of 'body memory'<sup>10</sup>. Although not a proven phenomena, it is thought to be independent from our conscious verbal memory, and people may remember more through reinstating the body movements than if they only verbalise it. A simple example is when you have to retrace your steps after losing something to help prompt memory.

#### Other tips

ID offenders tend to have a reduced ability to concentrate<sup>11</sup>, therefore interviews need to be kept short, ideally no more than an hour. Long interviews are

likely to have several negative effects on the quality of the information gained because fatigue reduces the ability to remember and to use language correctly. From the ID offender's point of view, this may increase their perception of failure and low self-worth, resulting in them giving up or becoming frustrated.

To explore their ability to spot a risk situation it is better to give them a selection of situations and ask them to tell

you which is the risky one, rather than simply asking them to tell you what their risk situations are. It can be helpful to get them to rate the risk situations on a traffic light system: green for no risk, amber for some risk and red for very risky. This allows you to test their ability to recognise risk.

ID people can be suggestible and they may agree with you or say what they think you want to hear. This tendency should not be mistaken for manipulateness, because it is not generally intended to be deliberately deceptive or misleading. There are several reasons why ID people are suggestible, including a need to please and fit in and because they do not understand what is being asked of them. In order to minimise this, try to avoid asking too many closed questions (e.g. 'have you had a risky thought this week?' is worded better as 'when was the last time you had a risky thought?'). Of course in prison we are working with an anti-social group, and ID people can be manipulative and deliberately deceptive, but it is important to bear in mind that there may be other explanations for what you are seeing.

10. Rothschild, B. (2000). *The Body Remembers: The psychophysiology of trauma and trauma treatment*. London. Norton.

11. Keeling, J., and Rose, J. (2006) The adaptation of a cognitive behavioural treatment programme for special needs sexual offenders relapse prevention with intellectually disabled sexual offenders. *British Journal of Learning Disabilities*, 34, 110-116.

Many offenders, and particularly ID offenders are likely to be nervous when entering an interview situation, especially when they know it is about their offending and can impact on their release. These feelings can hinder their already limited communication skills, so helping them to relax and feel comfortable can make a big difference to the way they perform. Building rapport through general conversation first is done by most staff and is essential with ID offenders, but you should also consider doing some simple icebreakers as well. These help to relieve tension and build trust. There are lots of free ideas on the Internet for icebreakers.

The suggestions offered above are suitable for use with prisoners who fall into the borderline range as well as those with an ID. However, the greater the difficulty they have, the more need there will be to use these techniques. Be flexible with these techniques and use them together in combination for best effect. Not all these techniques will be helpful to everyone, you will need to try out various different ones with a prisoner before finding out which ones work best for them.

### **Behaviour observation**

Behaviour observation, from a range of sources, has been highlighted as particularly important with ID offenders because of their difficulties in communicating change and behavioural intention<sup>12</sup>. It is helpful to talk to others who know and work with the prisoner. It is important to consider in advance how risk behaviour may show itself and ask specific questions about it. A behavioural observation checklist might also be given to staff who know the prisoner to facilitate this process.

### **Structured clinical judgment risk assessments**

Many offenders require specialist risk assessment, completed by a psychologist or probation officer. For anyone completing one of these for an ID prisoner it is important to consider the validity of that assessment for this group. Risk assessments are usually developed on research samples that do not include ID offenders and therefore the risk factors that the tool assesses may not easily apply to ID offenders. Specialist guidance for the adaptation of the tool for ID offenders exists for some risk assessments, such as the Psychopathy Checklist-Revised, Historical Clinical Risk — 20 and Sexual Violence

Risk-20<sup>13</sup>. This additional guidance should always be used when doing a risk assessment with in ID offender. If assessing sexual offending, it be helpful to consider using the Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend- Sexually (ARMIDILLO-S). This risk assessment has been developed especially for ID sexual offenders and initial research on UK samples shows good predictive validity<sup>14</sup>.

### **Future directions**

Research on risk assessment with ID offenders is a new area and we know relatively little about it. Further research is needed to explore if the same factors are relevant to risk, the difficulties associated with assessing risk and developing risk tools specifically for ID offenders. The Structured Assessment for Risk and Need (SARN) has been subject to such research and specialist guidelines for assessors are under preparation. Further research is needed on the UK prison population, since much of the research on ID offenders tends to focus on UK community offenders or those from different countries.

### **Conclusions**

Thanks to investigative research done by those such as the prison reform trust, we are more aware of the presence of ID offenders in the prison system. Many changes to the prison environment are necessary in order to accommodate their needs and provide equality of access to services such as offending behaviour programmes and, importantly, risk assessment. While change will be inevitably slow, it is within our capabilities to improve the way we conduct risk assessment interviews with ID offenders immediately. This can lead to better quality risk assessments for this group because of the more detailed and accurate information that offenders can give us through using these techniques. The challenge is to reflect on what we implicitly value as signs of risk and progress in intellectually disabled offenders, and to rethink those assumptions. Many of the changes needed to our interviewing style may feel uncomfortable and take practice. However, it is essential that we move towards this change in order to make sure that ID offenders are afforded equal opportunities within the risk assessment process.

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12. Boer, D.P., Haaven, J., Lambrick, F., Lindsay, W.R., McVilly, K., Sakdalan, J. & Frize, M. (2012) *Assessment of Risk and Manageability of Intellectually Disabled Individuals who Offend Sexually* <http://www.armidilo.net/#> accessed on 04 June 012.
  13. Craig, L.A., Lindsay, W.R. & Browne, K.D. (Eds) (2010) *Assessment and Treatment of Sexual Offenders with Intellectual Disabilities, A Handbook*. Chichester, Wiley-Blackwell.
  14. Blacker, J., Beech, A.R., Wilcox, D.T. & Boer, D.P. (2011) The assessment of dynamic risk and recidivism in a sample of special needs sexual offenders. *Psychology, Crime & Law*, Vol. 17, No. 1, 75-92.