Mental Disorder, Cognitive Behavior Therapy and Crime.

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Psychological Therapies for Adults with ID.
Taylor, Lindsay, Hastings & Hatton
Chapters on Mental illness, mental disorder, treatment, and assessment.
Prevalence
Assessment
Risk
Mental illness.
Treatment
chapters
3 Categories of Mental Disorder

- Intellectual disability
- Mental illness
- Personality disorder

- Offending with one or more of these categories represents mentally disordered offenders.
Is Intellectual Disability associated with crime?

• 19C to 20C feeblemindedness was considered the major cause of crime.

• “There is no investigator who denies the fearful role of mental deficiency in the production of crime, vice and delinquency ........ all feebleminded are potential criminals” Terman 1911.

• “Mental defectives with ......no control of their passions, with no appreciation of the sacredness of the person ..... become a centre for evil in the community ..... Perverts and venereal diseased are overwhelmingly mental defective as in public drunkenness and shoplifting are acts of the feebleminded as shown by statistics” MacMurphy 1916
Hodgins (1992) Mentally disordered offenders

- ID defined “as those who were placed in special classes for intellectually deficient children in high school and were never admitted to a psychiatric ward”.
- Men with ID - around 50% convicted of an offence.
- Those convicted had an average of 10 convictions.
- Women with ID – around 10% convicted
- Those convicted had an average of 8 convictions.
- 25% had a road traffic offences.
- *Half the men and 1 in 10 women we see in a generic service have been convicted of 10 and 8 crimes respectively. Powerful evidence cited in HCR20.*
Reappraising Hodgins (1992) classic study *(Lindsay & Dernevik)*
*Criminal Behaviour and Mental Health* 23: 151–157 (2013)

- Sweden passed the Integration (of people with ID) Bill in 1967 (the year the Hodgson cohort left school)
- Swedish education was not integrated until 1973-77 when the cohort were 20 years old. (Kurt Grunewald 1971,2008)
- Nirje (1999) “During 1963 – 1970 I visited most Swedish boarding schools, ....... there were many issues ...... but the Normalisation Principle was not one of them, although I might have referred to it”
- From 1963 – 1971 children with ID were segregated and not in “special classes ...... in high school” (Hodgson definition).

**Conclusion**—“it is not appropriate to categorise children attending special classes in Swedish schools in the 1960s as “intellectually handicapped”...these individuals ...had behavioural problems and low IQ. Children with ID would not have attended special classes.”
Intellectual Disability and Crime

- McCord & McCord (1959) – early intervention study 650 u/privileged boys in Massachusetts. IQ >110 - 26% convicted. 0% went to prison
  IQ 81-90 – 47% convicted
  IQ <80 – 30% convicted. 19% went to prison

- Rutter (1997) IoW study – Boys with ID lower offending rates as adults
  Author surprised given the “known” relationship of ID and crime.

  145 offenders with ID – average 8.3 convictions; 4.8% reoffending
  996 mainstream offenders – average 12 convictions; 11% reoffending

- Emerson & Halpin (2013) J App Res Int Dis. 15,772 young people aged 14 yrs; 532 mild ID.
  Children with mild ID more likely to have police contact – 23% V 12%
  Police contact associated with 4 indices of deprivation.
  statistically varying deprivation – Teenagers with ID had lower rates

  *For me .......... there is no link between ID and crime.*
Autism spectrum disorder; Asperger’s (AS) and Crime

- General population – around 30% recorded crime at some point (Farrington 2006; Hodgson 1992; Samson and Laub 2003; Moffitt et al 1996).
- Ghaziuddin et al (1991) – reviewed 21 studies – violent crime 2.3% of cases “no more likely that in general population”.
- Larsen and Mouridsen (1997) - 30 year follow up of 18 people with ASD. One committed theft.
- Mouridsen et al (2008) 24 year follow up 313 adults with ASD. 9% committed crime (comparison 18% of mainstream controls).

Crime almost absent in childhood autism and equivalent in AS

- Hippler et al (2010). Followed up 177 former patients from Asperger’s clinic; equivalent rates to General Population.
- Lindsay et al (2014). 477 offenders with ID. 10% ASD
ASD and offending: 477 people with ID in forensic services;
(Lindsay, O’Brien, Holland et al 2014): Psychiatry Psychology and Law

% Index offence

- **ASD = 47 (10%)**
- **Non ASD = 430**
Mental illness and Crime – MacArthur studies

- MacArthur study of Mental Disorder and Violence (Monahan & Steadman et al).
- N=3376 but different for different analyses.

Mainstream Patients

“Diagnosis of major mental disorder associated with lower rates of violence than diagnosis of other mental disorder, (especially) PD and substance abuse.”
Mental illness, ID and Crime – Mainstream studies

• Hodgins (1992) n=15,117. 47% with MI offended with an average of 13 convictions each. MI a significant risk factor.

• OakRidge studies (Quinsey, Harris, Rice). Psychosis unrelated to violent recidivism. PD and Substance abuse increased violence.


Reasons

1. Some studies compare with the general population others compare with other disorders.

Psychiatric assessment information.


n=477.
### Predicting Community/Secure.
*Carson et al (2009)*

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<td>0.014</td>
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<td>Charged.</td>
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<td>Diversity of prob behaviour</td>
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<td>IQ &lt;50</td>
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<td>Overall % correct</td>
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<td>85.7</td>
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Why are people with ID referred to forensic services.
Characteristics – change setting only *(Hogue Lindsay, Taylor et al 2006 CBMH)*. n=212

Index offence

- Sexual assault
- Violent assault*
- Arson
- Alcohol

Legend:
- High
- Med/low
- Community
Index offence (Lindsay, Haut, Steptoe and Brewster 2013): % of cohort. n=309
Index offence – Sexual: % of cohort. n=309
*(Lindsay, Haut, Steptoe and Brewster 2012)*
Index Behaviour/Offences. N=477
(Lindsay, O’Brien, Carson et al Crim. Just. Behav. 2010)
Referral Source for 477 (Carson et al 2010).
Referral source percentages by year for total cohort.

Lindsay, Haut and Steptoe
J Foren.Psych&Psychol.
Treatment for Offence
Related Issues - CBT
Lindsay, Haut, Steptoe (2011)

20 year follow up
n=309
community forensic ID service

1988-95
1986-2002
2003-08

Treatment of criminal issues, ISB,

Individual treatment motivation

Psychiatric review and management

Offender treatment.

Social skills and offence related thinking

Community integration, family social contact...

Work and occupation
ANGER TREATMENT. Mean Novaco Anger Scale (NAS)
Re-offending at 9 Month Follow up  
Lindsay et al. (2004)  
Clinical Psychology and Psychotherapy

Re-offending %
Treatment 14
Control 45

($\chi^2 = 24.417; \text{df } 1, \ p < 0.01$)
ANDREW’S INDEX OFFENCE REVIEW

ALCOHOL

THROWING SCISSORS AND CROCKERY BREAKING DOORS

LOSING CONTROL JUMPING OUT A SECOND FLOOR WINDOW

INJURING SELF WHEN APPREHENDED

INCIDENT WITH BROTHER
Treating Inappropriate sexual behaviour.

Many case series

- Sex education
- Disclosure.
- Cognitive distortions.
- Victim empathy.
- Sexual abuse
- Cycles of offending
- Pathways to offending.
- Identifying risky situations.
- Relapse prevention.
- Future lifestyles.
- One to 3 year treatment.
Treatment studies

Early work was case studies

Lambrick and Glaser (2002)
Rose et al (2002)
O’Conner (1996)
Lindsay et al (1998)
Frank Lambrick and co-workers. Melbourne Victoria corrections
Successful Trials

- Lindsay & Smith 1998
- Keeling Rose & beech 2007
- Murphy et al (SOTSEC ID) 2010
- Lindsay et al 2013

- None are properly controlled trials.
The story so far.

• Mental illness is not a significant risk factor. Especially when compared to other disorders.
• Courts are referring much more frequently living in the community it is the best predictor of being referred to a community forensic service.
• Almost all diagnostic, abuse, index and legal variables (eg CJS contact) higher in secure referrals. (but not consistent in individuals.)
• Aggression always emerges as a strong predictor variable.
• Fire raising not high. Theft not high. Sexual offences do not predict security.
The story so far.

• There are good effective treatments.
• Well evidence based treatment for violence
• Plenty of evidence foe the effectiveness for sexual offending but not well controlled.

• **BUT** ..........
Responsivity to criminogenic need.
Lindsay, Carson, Holland, Taylor et al in press, *Journal of Intellectual Disability Research*
Treatment across 24 months: Combined Index offence

(Lindsay, Carson, Holland, et al 2012)