A Community EQUIP Treatment Group

Offending Behaviour Intervention Service

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The Background
Intellectual Disability and Offending

• Approx. 10% of people known to intellectual disability (ID) services come into contact with the criminal justice system (Murphy, 2015).

• Bradley’s report (2009) proposed principles of support in the community for people with ID who offend, including greater community understanding of offending behaviour.
• Transforming Care Programme and the delivery of specialist community-based forensic support for adults with ID.

• Aim to reduce the number of people with ID who are in secure settings, by developing community services which offer evidence-based interventions.
Other Interventions

The “Good Thinking” course (Goodman et al, 2011):
• Social Skills and Problem solving.
• Trying to meet ordinary life goals through anti-social means.

Offence-specific Interventions (e.g. Sex Offender Treatment Programmes).

There is a need to develop the evidence base for community interventions.
EQUIP Programme

• Group-based cognitive-behavioural intervention.
• Triad of theoretical underpinnings:

**Aggression Replacement Training** – cognitive distortions influence the ability to manage anger.

**Positive Peer Culture Model** – positively influence one another’s behaviours.

**Kohlberg’s Stages of Moral Development** – underdeveloped skills increase the likelihood that a person will engage in criminal behaviour.
EQUIP in Practice

Leeman et al (1993): Medium-secure juvenile correctional facility. Reductions in...
✓ Staff reported incidents
✓ Verbal abuse
✓ Unexcused leave

Nas et al (2005)
✓ Reduction in cognitive distortions
EQUIP in Practice

RAC – Responsible Adult Culture


- Long term behavioural changes
- Recidivism rate almost 1/3 low than comparison group
- Contributed to successful transitions
EQUIP in Practice


- 7 participants detained under s.37 Mental Health Act
- Four day a week, 12 week programme

Significant improvements in...

☑ Moral reasoning
☑ Problem solving
☑ Level of cognitive distortion
Rationale and Aims

• To develop the evidence base of community-based intervention for people with ID and a history of offending.

• To explore whether EQUIP can be adapted and used effectively as a community intervention.
The Method
Design and Participants

• Case series design. Treatment Group. 3 time points.

• 6 male service users (22 – 64 years)
• History of sexual offending
• Completed offense-specific intervention
• Mild ID with comorbid diagnoses
Outcome Measures

- Problem Solving Task (Langdon et al., 2013)
- How I Think Questionnaire (Barriga et al., 2001)
- Anger Inventory (Benson 1992)

Conducted across multiple time points.
Group Design and Content

Modules:
- Social decision making
- Social skills training
- Anger management

Adaptations:
- Mutual self-help removed
- One 2 hour session per week
- Modules delivered in blocks of 10 sessions
- Inpatient scenarios revised for community context
- Support workers invited to attend
The Results

Notable Findings
Problem Solving Skills

Figure 1: Problem-solving task scores for participants at each time point

- March 2016
- October 2016
- December 2016
Self-reported Anger

Figure 3: Self-reported anger level (out of 10) for participants at each time point
Positive Peer Culture

“It’s been useful to think about other peoples’ feelings and learning about what was a right or wrong decision”

“EQUIP was a very useful interactive tool for XX to hear about other peoples’ stories which he could relate to and provided XX with the chance to express himself”
Conclusions

Evidence to suggest that the adapted community EQUIP intervention can be offered as a non-offence-specific intervention for adult males with ID and a history of sexual offending.

For full details please see the ‘A community EQUIP treatment group’ publication using the link: