Assessment and Treatment in Forensic Learning Disability: The 10 Point Treatment Programme

Dr Phil Temple, *Specialty Doctor*, Broadland Clinic, Hertfordshire Partnership University NHS Foundation Trust

Ms Verity Chester, *Research Associate and Network Manager,* RADiANT

Introduction

* Forensic intellectual and developmental disability services operate at the interface of the health and criminal justice systems.
* Rehabilitation underpins the UK CJS, and should be equally accessible for people with IDD (Chester, 2018).
* Diversion into FIDD services was recommended in the Bradley report, which highlighted that this group were vulnerable to exploitation and bullying within prison, and often excluded from therapeutic rehabilitation programmes.

The Population – Clinical Factors

Patients in FIDD services are highly heterogeneous:

* **Sex** – predominantly male, women are a minority. Women represent 9–20% of referrals/admissions to these services (Chester et al., 2018).
* **Psychosocial** – typically extremely impoverished social backgrounds with histories of abuse.
* **Self harm** – very high rates.
* **Comorbidity** - patients referred typically have multiple diagnoses, such as acute/chronic mental illness, personality disorder, autism, and substance misuse histories.

The Population – Forensic Factors

History of Convictions

* Violent offences (39%)
* Sex offences (21%)
* Arson (10%)

History of Behaviour*

* Verbal aggression (96%)
* Aggression towards people (92%)
* Aggression towards property (90%)
* History of sexual aggression (51%)
* History of fire setting (22%)
* Aggression to self (82%)

*As we know, behaviour at a forensic threshold may not always reach the attention of the CJS in IDD populations.

Pathways

* Approximately 1500 patients with IDD within forensic services in the UK within high, medium and low levels of security.

* This group utilise high health expenditure (£180,000 per patient per year), and median length of stay of 2.8 years (Alexander et al., 2011).

* Some patients remain in services for longer periods, and as there is currently no accepted standard for LoS, concerns have been expressed that patients may stay for too long, in too high levels of security (Völlm et al., 2017).

* These concerns have particularly increased following the abuse scandal at Winterbourne View, resulting in calls for inpatient care of this group to be minimised, and care provided in the community.

The Value of a Clearly Defined Pathway

* Have you ever been lost?

The Value of a Clearly Defined Pathway

* When we don't know where we're going, we end up feeling frustrated, hopeless and it is hard to see progress
* The same is true when the pathway of care is unclear.

The 10 Point Treatment Programme

* Few studies have described the service level treatment programme followed in secure IDD services.

* The 10 point treatment programme is very similar to the four-stage treatment pathway for management of personality disorders in intellectual disability suggested by Johnstone (2005):
  1. assessment and motivational work
  2. interventions including foundation treatments, offence-specific treatments and personality disorder symptom reduction treatments
  3. consolidation or relapse prevention
  4. discharge

The 10 Point Treatment Programme

1	• A multi-axial diagnostic assessment that covers the degree/cause of ID, autism, other developmental disabilities, mental illnesses, substance misuse/dependence, personality disorders, physical disorders, psychosocial disadvantage and types of behavioural problems.
2	• A psychological formulation, developed collaboratively with the patient.
3	• Risk assessments.
4	• Positive Behaviour Support Plan.
5	• Pharmacotherapy, targeting both co-morbid mental illnesses and the predominant symptom clusters that are problematic . Physical conditions are treated with input from primary and secondary care.

The Ten Point Treatment Programme

6	• Individual and group psychotherapy, guided by the psychological formulation.
7	• Offence-specific therapies, particularly those targeting sexual offending, fire setting or violence.
8	• Education, skills acquisition and occupational/vocational rehabilitation.
9	• Community participation through a system of graded escorted, shadowed and unescorted leave periods.
10	• Preparation for transition.

Treatment Outcomes Research

* In light of the ethical concerns surrounding inpatient services, we would expect lots of research supporting their effectiveness and describing treatment outcomes.

* Studies have described the outcomes of psychological treatment programmes, targeting index offences such as fire setting (Taylor et al, 2002) or sexual offending (Lindsay et al., 2002).

* However, few studies describe the care models at the service level, or the short (during admission/point of discharge), or long term (post-discharge) treatment outcomes of patients cared for within such services.

* As such, there is little guidance as to the factors/interventions which predict treatment success at the whole service level.

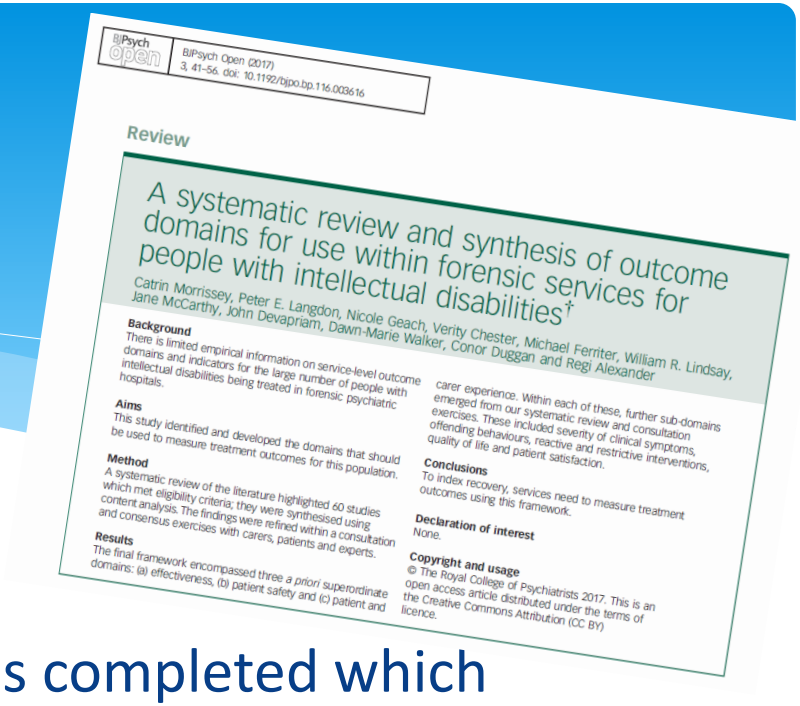
Outcomes Research

* The lack of outcomes research is largely due to methodological challenges.
* How do we measure outcomes from a service that attempts to meet every basic and clinical need, for an average of 2.8 years per patient?
* A key methodological difficulty is that individual patient care pathways differ considerably based on the aforementioned patient heterogeneity.
  * A young male patient admitted for seriously assaulting his mother during a psychotic episode may be prescribed pharmacotherapy and participate in cognitive behaviour therapy.
  * A female patient with a history of childhood neglect and trauma, subsequent diagnosis of borderline personality disorder, serious self-harming behaviour, and public order offences, will likely be treated with a combination of therapeutic milieu, and dialectical behavioural therapy. One individual may respond quickly and positively to treatment, and one may experience motivational issues, and take a year before being ready to engage.

Treatment Outcomes in Forensic LD

* In measuring treatment outcomes in this field, as elsewhere in mental health, there are two key questions (Brugha & Lindsay, 1996).
  * **First, is the treatment carried out to an adequate standard as defined by current clinical practice?** E.g. does the service conform to the standards that are set out by various regulatory or professional bodies, and are patients receiving appropriate assessments and access to different treatment modalities?
  * **Second, does such treatment actually work?** The latter has been determined in either the short term (at the point of discharge from the treatment setting) or the long term (after a period of post-discharge follow-up).

Systematic Review



BJPsych Open (2017)
3, 41–56. doi: 10.1192/bjpo.bp.116.003616

Review

A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities†

Catrin Morrissey, Peter E. Langdon, Nicole Geach, Verity Chester, Michael Ferriter, William R. Lindsay, Jane McCarthy, John Devapriam, Dawn-Marie Walker, Conor Duggan and Regi Alexander

Background
There is limited empirical information on service-level outcome domains and indicators for the large number of people with intellectual disabilities being treated in forensic psychiatric hospitals.

Aims
This study identified and developed the domains that should be used to measure treatment outcomes for this population.

Method
A systematic review of the literature highlighted 60 studies which met eligibility criteria; they were synthesised using content analysis. The findings were refined within a consultation and consensus exercises with carers, patients and experts.

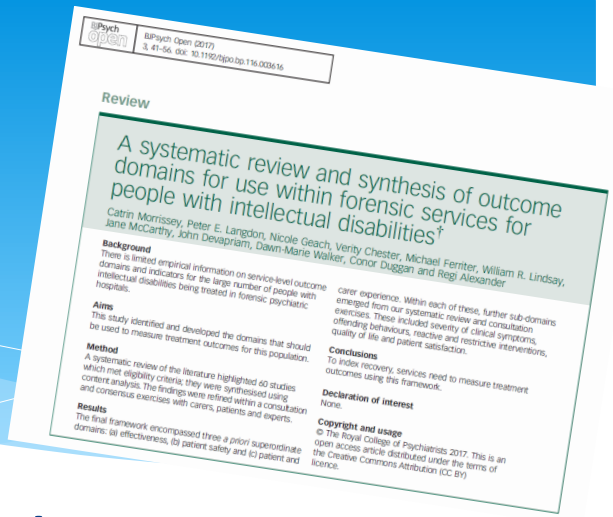
Results
The final framework encompassed three *a priori* superordinate domains: (a) effectiveness, (b) patient safety and (c) patient and carer experience. Within each of these, further sub-domains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviours, reactive and restrictive interventions, quality of life and patient satisfaction.

Conclusions
To index recovery, services need to measure treatment outcomes using this framework.

Declaration of interest
None.

* In 2017, a systematic review was completed which aimed to standardise outcome domains for forensic IDD services. A consultation exercise involved patients, carers and experts.
* The review investigated:
  * What outcome domains from FIDD services have been studied?
  * What measures did studies use?

Review Results


BJPsych Open (2017)
3, 41–56. doi: 10.1192/bjpo.bp.116.003616

Review

A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities†

Catrin Morrissey, Peter E. Langdon, Nicole Geach, Verity Chester, Michael Ferriter, William R. Lindsay, Jane McCarthy, John Devapriam, Dawn-Marie Walker, Conor Duggan and Regi Alexander

Background
There is limited empirical information on service-level outcome domains and indicators for the large number of people with intellectual disabilities being treated in forensic psychiatric hospitals.

Aims
This study identified and developed the domains that should be used to measure treatment outcomes for this population.

Method
A systematic review of the literature highlighted 60 studies which met eligibility criteria; they were synthesised using content analysis. The findings were refined within a consultation and consensus exercises with carers, patients and experts.

Results
The final framework encompassed three *a priori* superordinate domains: (a) effectiveness, (b) patient safety and (c) patient and carer experience. Within each of these, further sub-domains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviours, reactive and restrictive interventions, quality of life and patient satisfaction.

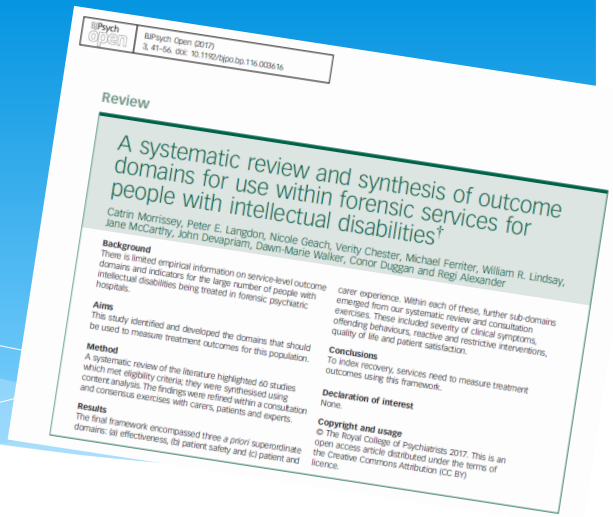
Conclusions
To index recovery, services need to measure treatment outcomes using this framework.

Declaration of interest
None.

* Screened 382 full texts: **60 studies included**

* 50% cohort studies with some kind of follow-up
* 50% cross-sectional studies, which examined outcome measures of interest
* Most (all but 2 studies) from UK
* Range n 10-1891
* 83% secure inpatient; 17% community
* Only 13 studies followed up post discharge (6-20 years)

Review Results


BJPsych Open (2017)
3, 41–56. doi: 10.1192/bjpo.bp.116.003616

Review

A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities†

Catrin Morrissey, Peter E. Langdon, Nicole Geach, Verity Chester, Michael Ferriter, William R. Lindsay, Jane McCarthy, John Devapriam, Dawn-Marie Walker, Conor Duggan and Regi Alexander

Background
There is limited empirical information on service-level outcome domains and indicators for the large number of people with intellectual disabilities being treated in forensic psychiatric hospitals.

Aims
This study identified and developed the domains that should be used to measure treatment outcomes for this population.

Method
A systematic review of the literature highlighted 60 studies which met eligibility criteria; they were synthesised using content analysis. The findings were refined within a consultation and consensus exercises with carers, patients and experts.

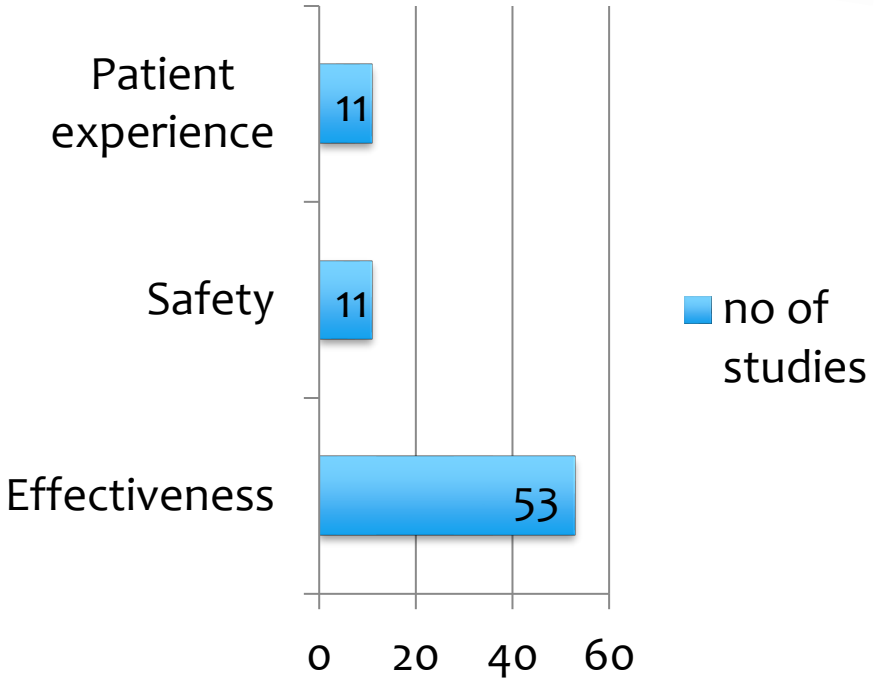
Results
The final framework encompassed three *a priori* superordinate domains: (a) effectiveness, (b) patient safety and (c) patient and carer experience. Within each of these, further sub-domains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviours, reactive and restrictive interventions, quality of life and patient satisfaction.

Conclusions
To index recovery, services need to measure treatment outcomes using this framework.

Declaration of interest
None.

* The outcome measures used within these studies fell into three domains:
  1. Effectiveness
  2. Safety
  3. Patient Experience

- The study concluded that outcomes should be measured according to a proposed outcomes framework that followed these three domains.



Outcomes Framework

Table 7 Initial framework of outcome domains and sub-domains

	Number of studies
Patient experience	
Quality of life	4
Therapeutic milieu	3
Patient experience: involvement	1
Patient experience: satisfaction/complaints	3
Total	11
charges)	
Risk assessment measures	12
Incidents (violence/self-harm)	14
Security need	2
Other	3
Total	139

Conclusions

* The findings have direct relevance to government initiatives, including Building the Right Support and the National Service Model, published in response to the institutional abuse that took place at Winterbourne View.

* For many years, there has been a focus on ensuring that people with IDD are cared for within their own communities, and not unnecessarily kept in hospital, recognising that some people with IDD need appropriate hospital care..

* The new National Service Model incorporated hospital admission, which should be integrated within community-based teams, alongside active, clear and robust discharge planning.

* In order to achieve these aims, services need to be able to measure outcomes of those who are admitted to in-patient forensic services. Our framework of outcomes should be used by hospitals to index change, as well as service quality.

Thank you

Dr Phil Temple

phil.temple@nhs.net

Verity Chester

v.chester@nhs.net