

Originally published in:

Waugh, A., Guggjónsson, G.H., Rees-Jones, A., & Young, S. (2014). A feasibility study of the Reasoning and Rehabilitation Mental Health Programme (R&R2MHP) in male offenders with intellectual disability. *Criminal Behaviour and Mental Health*, 24, 222-224, DOI: 10.1002/cbm.1907

A feasibility study of the Reasoning and Rehabilitation Mental Health Programme (R&R2MHP) in male offenders with intellectual disability

A Prison Reform Trust 2007 briefing paper (Loucks, 2007) showed that intellectual disability (ID) offenders are likely to struggle to complete mainstream offending behaviour programmes due to the cognitive or functional deficits associated with their ID. This has been supported in research showing that mainstream offending behaviour programmes are inappropriate and ineffective for use with ID offenders (Jones, 2007). A review of the psychological interventions currently available to violent offenders with ID within secure hospitals and community settings suggests that there has been an improvement in reducing anger problems in offenders with ID (Taylor and Novaco, 2005; Bond, 2012). Furthermore, Lindsay et al. (2011) found evidence that the Social Problem Solving and Offence Related Thinking Programme was effective in improving the social problem solving styles of people with ID. This finding is particularly relevant to our own work with mentally disordered offenders (MDOs) with ID.

We conducted a pilot study of the revised Reasoning and Rehabilitation (R&R) Programme developed for delivery to MDOs [R&R Mental Health Programme (R&R2MHP); Young and Ross, 2007a] to ascertain whether it was feasible to deliver the programme to inpatient MDOs with ID by assessing programme completion. We hypothesised that the R&R2MHP would be suitable for ID offenders with completion rates comparable with the 78% obtained when delivered to inpatient MDOs of normal intelligence (Rees-Jones et al., 2012), which was substantially higher than the 50% reported for the original R&R Programme (Cullen et al., 2011) when delivered to a similar population. Hodgins et al. (2011), using the original R&R in community patients, found that none of the 28 men completed the programme, and the authors recommend that patients should be paid for attending the programme in the community.

In the present study, 25 inpatients were recruited from two medium secure hospital units for male MDOs with ID and received the group intervention.

The mean Full Scale IQ (FSIQ) was 65.82 (range = 52–70). R&R2MHP is a 16-week, 90-minute group intervention provided once per week. It features a module to address cognitive impairments, specifically attention, memory, impulsiveness and constructive planning and includes a manualised ‘coaching’ programme where patients meet with a member of staff between group sessions to help them transfer acquired skills to daily life. Some minor adaptations were made to the programme to make it applicable for patients with ID. Treatment completion was set at 80% group attendance. Participants who attended fewer than 12 sessions were classified as non-completers.

Twenty-three (92%) of the participants completed the programme. This supports our hypothesis that the programme is feasible for use for offenders with ID. The easily comprehensible content and user friendly presentation of the R&R2MHP may have a special appeal for ID offenders. The R&R2MHP was considered appropriate for the ID group in the current study because the participants were in a mental health setting. However, there is a parallel programme available for people with attention deficit and hyperactivity disorder (Young and Ross, 2007b; R&R2ADHD), which has proved effective in reducing attention deficit and hyperactivity disorder symptoms and co-morbid problems (Emilsson et al., 2011; Young et al., 2012). Future research among ID offenders should compare the strengths and weaknesses of the two programmes with ID offender populations.

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