

What Works

In 2004, Bill Lindsay and I – in collaboration with Peter Sturmey in the USA – edited and published what was at the time considered to be a comprehensive compendium of the evidence supporting clinical work with people with intellectual disabilities (ID) who offend (Lindsay *et al.*, 2004). Since that time, there has been a huge amount of research in every area of this field. There have been developments in the assessment, treatment and management of various types of offenders with ID including violent offenders, sexual offenders and firesetters. There have been significant developments in research on risk assessment and management of offenders with ID. There have also been interesting, and to some extent, unforeseen developments in research into the epidemiology of offending in this population, pathways into services and the trajectories of the criminal careers of those who will later go on to offend. Bill and I have recently pulled together this work, mainly by established researchers and groups, into a handbook that describes the state-of-the-art in this field (Lindsay and Taylor, 2018).

This special issue had a different purpose however. It was to encourage colleagues working in routine care settings with people with ID who offend (or are at risk of offending behaviour) to describe and disseminate novel assessment and interventions for this population that had been evaluated in their clinical practice. It is encouraging to see that a number of clinicians and practitioners in the field have risen to this challenge. Especially so given that the biggest policy initiative in ID services in England in more than a generation, “Transforming Care” (NHS England, 2015), which is having a disproportionate effect on the care and safety of offenders with ID, is atheoretical and lacks any credible evidence or analysis to support its primary aim of slashing specialist services for this population (Taylor *et al.*, 2016).

As an antidote to this lack of empiricism, in this special issue we have a range of papers describing work that relates to the conceptual, assessment, treatment and service development issues that confront practitioners in the real world, all conducted within an evaluative and critical framework. Many of the projects reported on here are relatively small scale compared to studies conducted in large well-funded research centres in other areas of mental health care. It is, nonetheless, heartening to see that colleagues in our field continue to collect data over a number of years, in a range of community and inpatient settings, and are also looking to innovate in order to help our client group develop and achieve better lives that do not involve further offending and risk of harm to themselves. The contributors to this issue are to be congratulated for their efforts – particularly those who are early-career clinical researchers. Their entrepreneurial spirit is to be applauded and encouraged. Hopefully more people in our field can be inspired to take up the scientist-practitioner cudgels in the face of the non-evidence-based approach of policy makers.

Finally, many people will be aware that sadly Bill Lindsay died suddenly in March of this year. An obituary for Bill written for this journal can be found in Issue Number 2 of this year’s volume: www.emeraldinsight.com/doi/pdfplus/10.1108/JIDOB-05-2017-0005

In this issue

Bill Lindsay of the University of the West of Scotland and Danshell Health; Anne van Logten and Robert Didden of Radboud University, the Netherlands; Lesley Steptoe of NHS Tayside; John Taylor of Northumbria University; and Todd Hogue of the Lincoln University consider the validity of two diagnostic systems for personality disorder (PD) in people with ID.

John L. Taylor is based at the Northumbria University, Newcastle upon Tyne, UK and at Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK.

Over the last ten years, there has been greater interest in the diagnosis of PD in people with intellectual and developmental disabilities (IDD). One important characteristic of a diagnostic system is that it should have validity as a contribution to utility. PD has been found to have a predictive relationship with violence and the present study reviews two methods for the diagnosis of PD in offenders with IDD in order to evaluate the utility of the diagnoses.

The study found significant differences between the two systems with a significantly higher frequency of PD diagnosis in the community forensic setting in the structured assessment system. The accurate diagnosis of PD has important implications since PD is a crucial addition to any violence risk evaluation.

This study is the first of its kind to review the way in which clinicians assess PD.

Sarah Hammond of Sheffield Health and Social Care NHS Foundation Trust and Nigel Beail of South West Yorkshire NHS Foundation Trust consider social-moral awareness and theory of mind (ToM) in adult offenders who have ID.

There has been little empirical investigation into the theoretical relationship between moral reasoning and offending in people with ID. The present study aimed to compare offending and non-offending ID groups on a new measure of social-moral awareness, and on ToM.

David O'Sullivan from Northumberland Tyne and Wear NHS Foundation Trust and Newcastle University, UK; Corinna Grindle and Carl Hughes from Newcastle University, UK describe teaching early reading skills to adult offenders with ID using computer-delivered instruction.

The purpose of this study was to evaluate the feasibility, and effectiveness, of using an online computer programme, to teach basic reading skills to adult offenders with mild ID in a secure hospital.

The results are positive in terms of the feasibility of running the programme, improved reading skills and self-concept scores for both "intervention" participants compared to the "treatment as usual" participants.

Gareth Hickman, Su Thrift, Rani Dhaliwal and Chénelle Taylor Coventry and Warwickshire Partnership NHS Trust – Secure Services report on the Brooklands Thinking Skills Offender Programme (BTSOP), a social problem-solving skills group programme developed and provided to people with ID detained in conditions of medium and low security. The programme has been running and evolving since 2001 and has undergone consistent development over this time. Within the past five years there have been significant developments of the Secure Service Treatment Pathway and the current paper describes the integration of the BTSOP within this new pathway model.

The results showed significant improvements in rational problem solving, increased internal locus of control and decreased external locus of control. Reflection on the limitations and challenges to outcome assessment in this area is offered.

John L. Taylor from Northumberland, Tyne and Wear NHS Foundation Trust, UK and Northumbria University, UK and Susan Breckon, Christopher Rosenbrier and Polly Cocker from Northumberland, Tyne and Wear NHS Foundation Trust, UK outline their work on the "Development and implementation of a discharge pathway protocol for detained offenders with intellectual disabilities".

People with ID are more likely to be detained in hospital, spend more time in hospital following admission, and experience more adversity within hospital settings than other client groups. Building the Right Support, a national plan to develop community services and close hospital beds for people with ID in England aims to avoid lengthy stays in hospital for such people. Discharge planning is understood to be helpful in facilitating successful transition from hospital to community services; however, there is little guidance available to help those working with detained patients with ID and offending histories to consider how to affect safe and effective discharges. In this paper, the development and implementation of a multi-faceted and systemic approach to discharge preparation and planning is described. Initial outcome data to support the effectiveness of this intervention in terms of increased rates of discharge, reduced lengths of stay and low readmission rates are presented. The interface of this approach with the Transforming Care programme is considered throughout.

References

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About the Guest Editor

John L. Taylor is a Professor of Clinical Psychology at the Northumbria University, Newcastle upon Tyne; a Consultant Clinical Psychologist and an Associate Director for Psychological Services with Northumberland, Tyne & Wear NHS Foundation Trust, UK. He is a Chartered Clinical and Forensic Psychologist and an Approved Clinician under the Mental Health Act 1983. Since qualification, he has worked mainly in intellectual disability and forensic services in range of settings in the UK (community and high, medium and low secure services). He is the Chair of the British Psychological Society's (BPS) Mental Health Act Advisory Group and a Past President of the British Association for Behavioural and Cognitive Psychotherapies (BABCP). John has published over 120 research papers, books/book chapters and articles; and has presented papers and invited addresses at more than 60 national and international conferences related to his research interests in the assessment and treatment of mental health and offending behaviour associated with intellectual disabilities. John L. Taylor can be contacted at: john2.taylor@northumbria.nhs.uk