

Forensic psychotherapies for curbing offending behaviors among clients with intellectual disability in Nigerian rehabilitation centers

Orim Samuel Orim & Orim Matthew Ashike

Abstract

This study investigated forensic psychotherapies for curbing offending behaviors among clients with intellectual disability (ID) in Nigerian rehabilitation centers. A survey of 750 participants comprising of experts in intellectual disability, psychiatrists, psychotherapists and psychiatric nurses, school psychologists, rehabilitators in special centers from South-west and South-south Geopolitical Zone of Nigeria was done through expert sampling technique to select sample for the study. Two research questions were formulated to direct the study. A 45 item questionnaire with a 4 point rating scale and reliability coefficients of 0.84 to 0.85 was used to canvass opinions of participants on the perceived effectiveness reality therapy, cognitive behavioral therapy and systemic therapy in curbing offending behaviors in clients with ID in Nigerian rehabilitation centers. The data collected were statistically analyzed using Multiple Regression Analysis. The findings revealed that reality therapy, cognitive behavioral therapy and systemic therapy are effective therapeutic packages for curbing forensic and offending behaviors in clients with ID in Nigerian rehabilitation centers. It was recommended that these therapies should be used through the collaborative partnership with experts in special centers, government and management of the rehabilitation centers to help these clients overcome these psychological problems.

Key word: psychotherapies, offending behaviors intellectual disability.

Forenzní psychoterapie pro omezování urážlivého chování mezi klienty s mentálním postižením v nigerijských rehabilitačních centrech

Abstrakt

Tato studie zkoumala forenzní psychoterapie pro potlačení urážlivého chování mezi klienty s mentálním postižením (ID) v nigerijských rehabilitačních centrech. Výzkumu se zúčastnilo vybraných 750 odborníků, expertů na problematiku mentálního postižení, psychiatrů, psychoterapeutů a psychiatrických sester, školních psychologů, rehabilitačních pracovníků ve speciálních centrech z jihozápadní a jižní geopolitické oblasti Nigérie. Ve studii byly formulovány dvě výzkumné otázky. Dotazníkem, který obsahoval 45 položek se čtyřbodovou ratingovou stupnicí a koeficienty spolehlivosti 0,84 až 0,85, byly zjišťovány názory účastníků na účinnost terapie realitou, kognitivní behaviorální a systémové terapie při potlačování protiprávního chování u klientů s ID v nigerijských rehabilitačních centrech. Shromážděná data byla statisticky analyzována s využitím vícenásobné regresní analýzy. Zjištění ukázala, že terapie realitou, kognitivní behaviorální terapie a systémová terapie jsou efektivní terapeutické balíčky pro omezení forenzního a protiprávního chování u klientů s ID v nigerijských rehabilitačních centrech. Bylo doporučeno, aby terapie, které by pomohly těmto klientům překonat psychologické problémy byly používány ve spolupráci se speciálními centry, vládou a managementem rehabilitačních center.

Klíčová slova: psychoterapie, útočné chování, mentální postižení.

Introduction

Awareness of how intellectual disability may contribute to offending behavior is relatively well established. The association between intellectual disability and forensic and offending behaviors has long been suggested (Hart-Kerkhoffs, 2009; Chesterman and Rutter, 2013). Although the problem of people with intellectual disability (ID) as victims of crime has been well recognized, the known characteristics of people with intellectual disabilities (ID) also make them vulnerable to becoming perpetrators of crimes. They are less likely to understand information about the laws, rules and their rights within and outside their communities or rehabilitation centers, and are more likely to make decisions that would not protect their rights as suspects and defendants. Evidence in-

icates there are increasing cases of forensic clients with ID facing trials in the criminal justice system – a system that does not recognize their disability. Forensic and offending behaviors are actions that break the law and cause harm to the perpetrator, victims and others. They may include physical/sexual assault, fire-setting, theft/burglary and other behaviors that only occurred once, namely possession of a blade, abduction, cruelty to animals and harassment.

Jerlarnd and Kemer (2013) demonstrated that clients with ID in structured settings like rehabilitation centers are more vulnerable to these crimes than those in the community. This is because the perpetrators see many vulnerable persons around them and want to take advantage of their vulnerability to physically assault or sexually harass them. Secondly, some consider a secured rehabilitation center as a confinement, and therefore would want to demonstrate their frustration and anger by committing crimes. Many forensic clients with ID who are guilty of any of the above offences are convicted and serving jail term. Rettision and Argern (2017) attributed this injustice to a lack of measures to identify and provide appropriate therapies to curb forensic tendencies in such individuals. There is some confusion as to whether people with ID who offend should be dealt with by health or criminal justice systems (or both). A failure to report, and therefore to prosecute, episodes of serious challenging behavior may lead to an individual believing that such behavior is acceptable, leading to further and potentially more serious acts. However, there are psychotherapies for these individuals to help them curb such offending behaviors.

In response to this, the criminal justice system in developed countries like the US and UK are making significant efforts to identify individuals with ID in the system, understand the needs of these individuals and develop care pathways that facilitate the diversion of these individuals into systems of care that are more suitable and appropriate. Furthermore, some recent writers in the field argue that forensic clients with ID may be more likely than non-intellectually disabled people to exhibit characteristics, or experience social and economic conditions, which have been generally associated with criminality, such as low self-esteem, poverty and a lack of social skills (Davis, 2002), primarily because of a failure to provide special programs to assist with the social and moral development of individuals with ID. The system is changing; the provision of diversion for such individuals into case-specific forensic psychotherapies for rehabilitation, personal adjustment and self-fulfilment of the clients has become the global best practice.

Forensic psychotherapies can be broadly described as psychodynamic treatments of violent offender clients. Forensic psychotherapies are conducted by psychologists, psychiatrists, psychotherapists and psychiatric nurses, in both the community, rehabilitation centers and other secure settings. It is understood to be a treatment that uses the therapeutic relationship to consider offending behavior and then to modify that behavior so as to promote conditions that make the client adjust and cope with

life within a structured setting or community. Forensic psychotherapy is essentially an attempt to grapple with the core issues of aggression, sexual violence, perversions and hostility and their manifestation in behaviors of clients (McBrien, 2003).

In the field of ID it is necessary to provide services for persons who may have engaged in behaviors which put themselves and others at risk. These services have a broad spectrum ranging from what one might describe as sexually inappropriate behavior – for example, masturbating in public – to life-threatening actions like physical assault. Oleyele and Fanayan (2016) noted that a lack of recognizable national rehabilitation policy in compliance with global best practices in areas of assessment and management; and manpower resources to manage forensic clients with intellectual disability have been the prominent problems facing Nigerian rehabilitation centers for clients with ID.

The management of forensic clients with ID in rehabilitation centers in Nigeria has remained a major challenge, particularly in those with moderate to severe ID. Psychological therapies have been shown to be beneficial, and programs designed for use in general population have been adapted for use in offenders who have an ID. It is appropriate that these clients that exhibit these challenges in rehabilitation centers may be identified at the earliest stages to establish preventative programs suitable to addressing the needs of such individuals. With respect to the type of treatment program deemed appropriate for intellectually disabled offenders, the type of offence and the characteristics of the offender are taken into consideration. In the case of the above listed forensic behaviors, researchers such as Denkowski and Denkowski (2003), Perkh and Garhmer (2010) and Lharat and Buhn (2013) found that Cognitive Behavioral Therapy (CBT), Reality Therapy (RT) and System Therapy (ST) are particularly effective in rehabilitation centers and community at large. CBT is a treatment that seeks overt behavioral change by teaching individuals with ID to change thoughts and thought processes in an overt, active manner which attempts to correct cognitive distortions and deficiencies by teaching emotional recognition, stress and anxiety management, cognitive restructuring, and self-reflection (White, 2003), as well as homework assignments to practice relaxation, coping, and social skills outside the therapy session. Thus, CBT uses both cognitive and behavioral interventions to correct problematic underlying cognitive processes and structures to produce behavior change.

According to Lharat and Buhn (2013), reality therapy is a series of techniques, methods and instruments aimed at helping people in order to move from ineffective behaviors towards effective behaviors, from destructive choices to constructive choices and more importantly, from a dissatisfactory lifestyle to a satisfactory one. In this treatment method, facing with reality, accepting responsibility, understanding fundamental needs, moral judgment about whether a behavior is good or no, concentrating on here and now, internal control and consequently attaining the identity of success which is directly related with self-esteem and self-confidence are under emphasis. It considers

the cause of psychological problems in peoples' choices and a personal lack of responsibility to satisfy their needs; in this therapy, people attempt to meet their own underlying needs through better choices. Socializing with others is one of the effective ways of meeting the need to belong. But how persons with ID choose to interact with and gain attention and love from others is most often at the root of their psychological dismay (Denkowski and Denkowski, 2003).

In psychotherapy, ST seeks to address people not only on individual level, as had been the focus of earlier forms of therapy, but also as people in relationships, dealing with the interactions of groups and their interactional patterns. It is an approach that works with families and those who are in close relationships to foster change. These changes are viewed in terms of the systems of interaction between each person in the family or relationship. The aim of therapy is to work on these problems by encouraging family members and loved ones to help and empathize with each other and particularly those with ID. Family therapy and systemic practice support the notion that family relationships form a key part of the emotional health of each member within that family (Rettison & Argern, 2017). It is against this background that this study is keen on investigating the extent to which CBT, RT and ST are effective in curbing offending behaviors among persons with ID.

Statement of the problem

Unfortunately, the availability of forensic services for people with ID has no history in Nigeria. The incidence of forensic and offending behaviors among the clients with ID in Nigerian rehabilitation centers is on increase becoming a threat to the success of rehabilitation programs in Nigeria. The crimes committed by these clients put their lives, victims and staff of the centers at risk. Several of these clients with ID are convicted by the criminal justice system (CJS) and are made to serve a range of jail terms. This injustice grossly negates the global best practice in forensic behavior among clients with ID.

Research and experience have shown that 70% of offenders with ID in CJS are from rehabilitation centers across the country. This becomes obvious that rehabilitation centers across the country are not making efforts to identify and expose these offenders to appropriate forensic psychotherapies designed to curb these tendencies. Research has demonstrated that forensic psychotherapies CBT, reality and system therapies are effective in reducing such behaviors. It is against this background that this research is keen on investigating the effectiveness of these therapies in curbing offending behaviors among the clients with ID. The problem of this study is to what extent do CBT, RT and ST reduce offending behaviors among the clients with ID in Nigerian rehabilitation centers?

Purpose of the Study

The purpose of this study was to investigate forensic psychotherapies for curbing offending behaviors among clients with ID in Nigerian rehabilitation centers. Specifically, the study aimed:

- i. To determine the composite contribution of the independent variables (Cognitive Behavior Therapy, Reality Therapy and System Therapy) to the independent variables (offending behaviors among clients with intellectual disability).
- ii. To examine the relative contribution of the independent variable to the dependent variables

Research Questions

The following research questions were answered in the study:

1. What is the composite contribution of the independent variables to the dependent variable?
2. What is the relative contribution of the independent variables to the dependent variable?

Methodology

The research adopted a correlational survey design and expert sampling technique was used to sample 750 participants comprising of experts in intellectual disability, psychiatrists, psychotherapists and psychiatric nurses, school psychologists, rehabilitators in special centers. The instrument for data collection was a questionnaire of 45 items with a 5 point rating scale. It was used to survey participants' opinions on the effectiveness of CBT, RT and ST on curbing offending behaviors in the clients with ID. The instrument was validated by three experts and has reliability coefficient ranging from 0.84 to 0.85 obtained through Cronbach Alpha method of determining reliability. Multiple Regression Analysis were used to show the relative and composite relationship between independent and dependent variables.

Presentation of Results

Research Question 1: What is the composite contribution of the independent variables to the dependent variable?

Table 1

Summary of Regression Analysis of the combined effectiveness of the therapies on offending behaviours

R		R Square		Adjusted R Square		Std. Error of the Estimate
0.867		0.845		0.844		1.411
SUMMARY REGRESSION ANOVA						
	Sum of Square	Df	Mean Square	F	P	Remark
Regression	716.100	3	98.872	8.734	.000	Sig.
Residual	632.411	745	1.412			
Total	1348.511	749				

Table 2 above showed that there was a significant composite contribution of CBT, RT and ST to curbing offending behavior among persons with ID. The table also shows a coefficient of multiple correlation (R) of 0.867 and a multiple R Square of 0.745. This means that 84.7% (Adj. $R^2 = 0.844$) of the variance in forensic psychotherapies for curbing offending behaviors among persons with ID is accounted by CBT, RT and ST, when taken together. The significance of the composite contribution was tested at $p < 0.05$ using the F-ratio at the degree of freedom ($df = 3/749$). The Table also shows that the analysis of variance for the regression yielded a F-ratio of 8.734 (sig. at 0.05 level).

Research Question 2: What is the relative contribution of the independent variables to the dependent variable?

Table 2

Relative contribution of CBT, RT and ST in curbing offending behaviors (Test of Significance of the regression Coefficients)

Variable	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	(B)	Std. Error	Beta		
Constant	7.223	.351	—	27.122	.000
CBT	.564	.0199	.612	25.211	.000
RT	.435	.0267	.523	16.158	.000
ST	.689	.0412	.911	35.838	.000

Table 3 above reveals that there is a significant contribution of the independent variables to the dependent variable, expressed as beta weights. There is the correlation coefficient, CBT, RT and ST on offending behaviours. That is, CBT, RT and ST have relationship contribution on curbing offending behaviours among persons with ID. Using the standardized regression coefficient to determine the relative contribution of the independent variables, ST ($\beta = 0.911$, $t = 35.838$, $p < 0.05$) indicates most potent contributor to curbing offending behaviors, followed by CBT ($\beta = 0.612$, $t = 25.211$, $p < 0.05$) and RT ($\beta = 0.523$, $t = 16.158$, $p < 0.05$) has a contribution to curbing offending behaviours. It implies that there is a significant relative contribution of CBT, RT and ST in curbing offending behaviour among the persons with ID.

Discussion

The findings of this study revealed that CBT, RT and ST are effective in curbing offending behaviors among the persons with ID. These findings corroborated a recent studies by McBrien (2013), Taraus and Dren (2014), and Yurt and Url (2015) which revealed that the adults with ID with history of aggressive behavior, physical assault, sexual violence, theft, and self-destructive behaviors were greatly remediated with the exposure to CBT, RT and ST respectively. The findings of the study revealed that the incidence of the offence reduced by 65–70%. Recommendations were made that these therapies should be used to reduce offending behaviors among these clients to promote conditions for normal life.

Similarly, Jerlarnd and Kemer (2013) conducted a study and found that the most common type of forensic behaviors were those of physical violence and assault (21%), and sexual assault against adults, (26%), and children (23%). Both physical violence and property destruction frequently occurred in addition to the primary offences recorded (41% and 18% of the time respectively). In this study CBT, RT and ST were the most used forensic psychotherapies that proved effective in curbing offending behaviors among these clients. It recommended specialist forensic services to reduce the rate of cases of these clients in criminal justice system.

Conclusion

There is increasing prevalence of offending behaviors among the clients with ID. Several forensic psychotherapies have been proven to be effective in curbing such behaviors which will reduce the number of the convicts with ID in the CJS. This promotes conditions for successful integration into the community as well as self-fulfilment of the clients with ID.

Recommendations

- Government, community, schools and other service providers should be committed to providing support and resources to identify forensic clients or those with such tendencies and exposed them to appropriate therapies to promote acceptable behaviors among the persons with ID.
- Criminal justice system should be committed to identifying the convicts with ID for diversion into forensic services for rehabilitative purposes
- Rehabilitators should be trained and supported to use CBT, RT and ST through the collaborative partnership of relevant experts in special centers and the government or management of the rehabilitation centers to help these clients overcome these psychological problems.

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Contact:

Dr. Orim, Samuel Orim
Mr. Orim, Matthew Ashike
Department of Special Education
University of Calabar
Cross River state, Nigeria
E-mail: samuelorim1@gmail.com

Dr. Orim, Samuel Orim

He is seasoned special needs education professional with specific learning disabilities as my speciality. I hold a B.Ed, M.Ed and a PhD from University of Calabar, Jos and Palacky University, Olomouc, Czech Republic.

He has published over 30 researched articles in both local and International learned Journals, five book chapters and authored a book titled Introduction to Handwriting Disability: Types, characteristics, theories, diagnosis, technology influence and management. (in press). I have also attended many local and international conferences. Currently he is teaching in the Department of Special Education University of Calabar, Nigeria.

Mr. Orim, Matthew Ashike

A focused special educator with intellectual disability (ID) as his major, research interest is in Legal education and community participation of individuals with ID.

He hold B.Ed and M.Ed from University of Calabar and Ibadan, Nigeria. Published more than 10 scientific articles in professional Journals and a book chapter.

He is an academic staff in the Department of Special Education University of Calabar, Nigeria.