

BETTER TOGETHER

2018 ATSA Conference | Friday October 19 | 1:30 PM – 3:00 PM

F-23

Working with Cognitive Limitations

Evaluating and Litigating Traumatic Brain Injury in Sex Offender Cases

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Sex offenders are at risk to have a number of different developmental and neurocognitive disorders including ADHD and learning disorder, borderline intellectual functioning and intellectual disability, as well as language disorders. Importantly, traumatic brain injury has also been noted to be highly prevalent within the sex offender population. While it is suggested brain damage rarely leads to genuine sexual deviancy, there is extensive research studying the association between brain damage and dysfunction and neuropathology with sex offending. Some research has found that 50-60% of pedophiles show brain damage and dysfunction while 40-50% of sadistic sexual aggressives rapists reveal brain damage or dysfunction.

The two primary areas of the brain that likely receive the most areas of attention in the relationship to criminality violence, and sexually deviant behaviors, are the temporal and frontal lobes. These areas of the brain that are related to the most significant emotional, behavioral, and cognitive dysfunction. The presentation will describe the neuroanatomical areas of the brain and their function.

The presenter will discuss the various types of traumatic brain injury, such as blast injury, fragment wounds, concussions, diffuse axonal injury, and anoxic brain injury. This presentation will address the most common mechanisms of injury in TBI cases. The presenter will also discuss the neuropsychological and emotional sequelae after TBI, as well as highlighting executive functioning assessment and its relationship to sexual aggression. The presenter will also describe studies linking TBI and sexual offending. Traumatic brain injury places individuals at risk for both violent and sexually violent acting out.

The presenter will also discuss the relationship between traumatic brain injury and comorbidity of other mental health psychiatric conditions such as substance use, ADHD, and mental depression.

Forensic neuropsychological assessment will be considered pertaining to sex offender risk assessment. Finally, legal implications for the attorney representing a defendant with a history of sex offending and traumatic brain injury will be explored.

Learning Goals:

- To understand prevalence, causation, and mechanisms of TBI
- To understand cognitive, emotional, and behavioral sequelae of TBI including sexual acting out.
- To understand the prevalence of TBI in sex offender populations.
- To be exposed to forensic neuropsychological assessment applications to legal issues in sex offender cases.

Treatment Concept for Individuals with Developmental and Intellectual Limitations Who Sexually Offend on a Community Based Format in Switzerland

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Since 2004 forio offers psychotherapeutic intervention-concepts for individuals with developmental and intellectual disabilities who have sexually offended. This delict-oriented, psychodynamic group treatment draws on principles of cognitive behavioural therapy and 'Heilpädagogik'. The latter is an approach to working with people with intellectual disability, which is best translated as a form of curative education that is free from religious values. Most groups run in an open, community based format, but forio also run in-house groups within institutions for people with intellectual disability.

The concept is actually part of a international, comparative evaluation project, run by the University of Leeds/UK (Dr Andrea Hollomotz). The academic project follows a realist evaluation methodology and seeks to understand what works in what ways, for whom and under what circumstances. So far, the researcher spent six weeks at forio during three separate fieldwork visits and combined a number of research methods. These include a document analysis of program tools, overt participant observations of treatment sessions and 'risk cycle' meetings, expert interviews with program designers, focus groups within 'risk cycles' and individual patient interviews. The practitioners add to this paper their extensive expertise on the rationale for establishing the program, its development over time, how things work in practice and in-depth knowledge of individual case studies.

The comparison of six programs in five international locations that was carried out by the first author exposed that forio strives towards similar intended outcomes when compared to other group cognitive behavioural therapies, namely that participants will learn to better understand the consequences of their own actions, increase their risk management skills and strive towards a better quality of life to ensure they are meeting their needs by pro-social means. The more unique aspects of forio therapy relate to how the men are expected to put the pro-social behaviour skills that are intended to emerge as a result of the therapy into practice in their daily life between meetings. Therapists have considerable flexibility in respect to the format and order in which different components of treatment are covered, as they are expected to be responsive and to work with the experiences the men report back to group. For instance, if a participant reports that he has met a new romantic partner this may prompt the therapists to bring forward or recap content on sexual relationships and boundaries.

This format of treatment would not be possible without input from the 'risk-cycle', a participant's supervision and social care network. This may include the therapists, probation worker, parents or other family carers and key workers from the participant's living unit, educational setting or sheltered workshop. This network stays in close contact throughout treatment via regular progress meetings and ad hoc information exchange. They help to manage risk, personalise the intervention, monitor progress and reinforce new pro-social behaviours. Risk-cycle meetings usually continue for one year after completing treatment with the aim to use this time period to transfer the lead risk management responsibility from forio therapists and probation to others within the supervision and social care network, but prolonged forio engagement via risk cycles is also possible in more complex cases. Those would typically involve men who continue to require considerable input to manage risks after completing treatment, possibly because they were unable to meet all of the stated treatment aims. Last year, we showed the study and first results at the ATSA-Conference in Kansas City. The audience asked to know more about the treatment-concept.

Learning Goals:

- This presentation gives a insight in the treatment-concept for individuals with developmental and intellectual limitation who sexually offended in Switzerland, especially in the community based format and the transfer-effects from psychotherapy in the living context of the individuals.
- The presentation will provide practice examples of the collaborative working of the risk-cycles, with a view to inspire others on ways in which they may emulate practices of individualised planning and inter-agency working by using a valid risk-assessment-instrument (ARMIDILIO-S).

Lic. phil. I Monika Egli-Alge is a forensic psychologist and psychotherapist and the Founder and CEO of forio. She has a vast range of experience in outpatient psychiatric and psychotherapeutic treatment of children, young people and families, as well as inpatient care of adults with intellectual disability.

From the early 1990s onwards Egli-Alge has been a key practitioner in the development of treatment for sex offenders. In 2002 she developed the first treatment for sex offenders with intellectual disabilities in the German speaking regions, in collaboration with Meinrad Rutschmann. Two years later Monika Egli-Alge founded forio. Egli-Alge has published a number of academic outputs and has a track record of national and international conference presentations. She is a member of the Scientific Advisory Boards for the Institute of Sexology and Sexual Medicine, Charité - Universitätsmedizin Berlin (Germany).

Meinrad Rutschmann is a clinical 'Heilpädagoge', offender therapist and mediator. He is furthermore the deputy director of forio AG. 'Heilpädagogik' is an approach to working with people with intellectual disability which is, in its exact form, unique to the German-speaking regions. It may be translated as a form of curative education that is free from religious values. Rutschmann is a fully qualified group therapist with a vast range of experience in working with children, young people and adults with intellectual disabilities. From the early 1990s onwards he worked in public sector in-patient and semi-inpatient settings for children and young people with mental health problems. In 2002 Rutschmann and Egli-Alge developed the forio treatment for sex offenders with intellectual disabilities. Rutschmann continues to be an active key practitioner who has lead on many successful treatment cohorts for over a decade.

Dr Andrea Hollomotz has come to academia from a social work background. She held her first lecturing post at Manchester Metropolitan University from 2009. In 2012 she joined the department of Sociology & Social Policy at the University of Leeds. Her PhD (2006-2010) resulted in a number of academic outputs, including a monograph and five peer reviewed journal articles. The study explored the social construction and creation of sexual 'vulnerability' of adults with intellectual disability. This work inspired an interest in sex offending. Dr Hollomotz is currently working on a 3-year research project, which is an Economic and Social Research Council (UK) funded realist evaluation of sex offender treatment programs for men with intellectual disability (<http://adaptingtreatment.com/>).