Dual Diagnosis and Risk Assessment in a Belgian Forensic Hospital

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Dual Diagnosis

- The term « Dual Diagnosis » refers to individuals with Intellectual Disability (ID) and an additional Mental Disorder.

- **In General Population :**

  31,7% of people with an ID had a psychiatric disorder.

  For example, 3.7–5.2% of those with ID had co-occurring schizophrenia (Morgan, Leonard, Bourke, & Jablensky, 2008).

- **In Psychiatric Hospital :**

  Dual Diagnoses (Schizophrenia/other psychosis or mood disorder with ID) increase the lenght of stay (Burge et al., 2002)

- **In Forensic Hospital :**

  « Paucity of studies of psychopathology in offenders with ID » (O'Brien, 2002).

Recidivism & Intellectual Disability

- The prevalence of aggressive behavior among adults with ID : from 2.1% to 52% (Borthwick-Duffy, 1994; Cooper et al., 2009; Crocker et al., 2006; Emerson et al., 2001).
  - Prevalence rates and recidivism of sex offenders with ID vary and are difficult to predict (Lindsay, 2009)
  - Offenders with ID represent a subgroup of mentally disordered offenders that have been largely ignored in the literature on methods of risk assessment of future offending (Fitzgerald, Gray, Taylor, & Snowden, 2011).

Risk assesment & Intellectual Disability

- In terms of predictors of sexual violence risk : (Lindsay et al., 2008)
  - Risk Matrix 2000-C discriminated between groups (high security/medium security)
  - The Static-99 showed a significant area under the curve for the prediction of sexual incidents.

Problematic

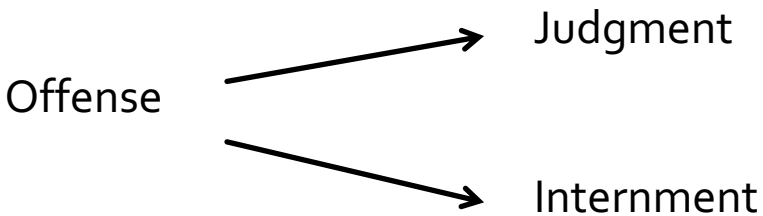
In the commonly used structured clinical guideline instruments such as the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997), the SVR-20, (Boer, Hart, Kropp, & Webster, 1997), the RSVP (Hart, Kropp, & Laws, 2003), the SARA (Kropp, Hart, Webster, & Eaves, 1995), the issue of environmental variables related to risk are primarily related to relationship problems, employment problems, assaultive behavior, and violations of supervision. Most of these variables require redefinition for application to ID individuals (Boer, & al, 2007).

Problematic

Due to inconsistencies in the definition of ID and the comparison of offenders with ID at different stages of the criminal justice system, it is not possible to conclude from this literature if a diagnosis of ID increases a person's risk of offending (Fitzgerald, Gray, Taylor, & Snowden, 2011).

This population present specific characteristics such as limited communication skills, environmental factors, etc. wich must be considered in the development of risk assessment and management tool in ID (Yacoub, & Latham, 2012).

Social Defense Law in Belgium

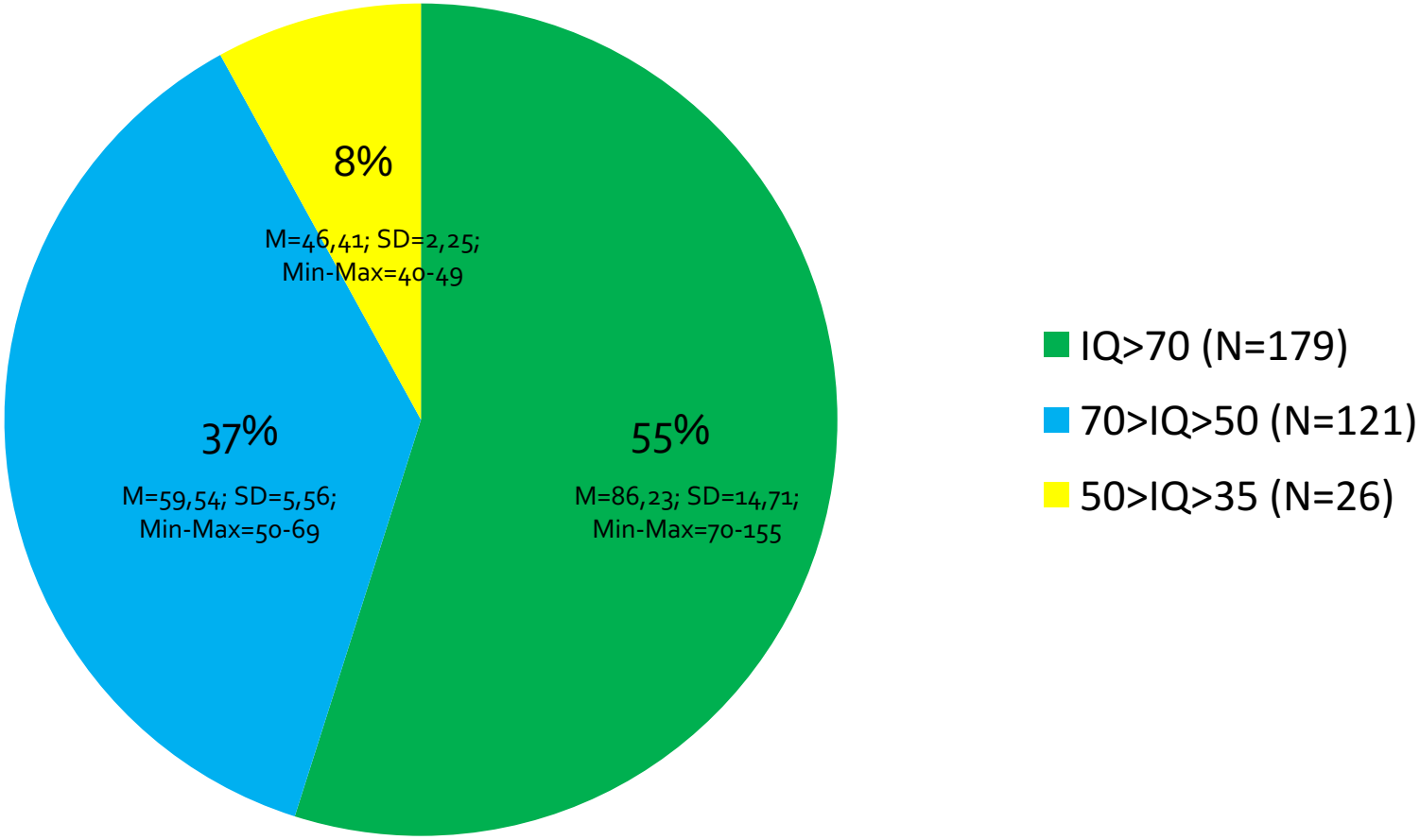


These patients are hospitalized under Belgium's Social Defense Law, an undetermined measure confinement of offenders recognized as incapable of controlling their action owing to mental disorder

(Moniteur Belge, 09 July 2014).

Prevalence of low IQ in Social Defense

(CRP "Les Marronniers", Tournai, Belgium)



Prévalences psychiatriques de patients internés dans les hôpitaux psychiatriques belges francophones (1)

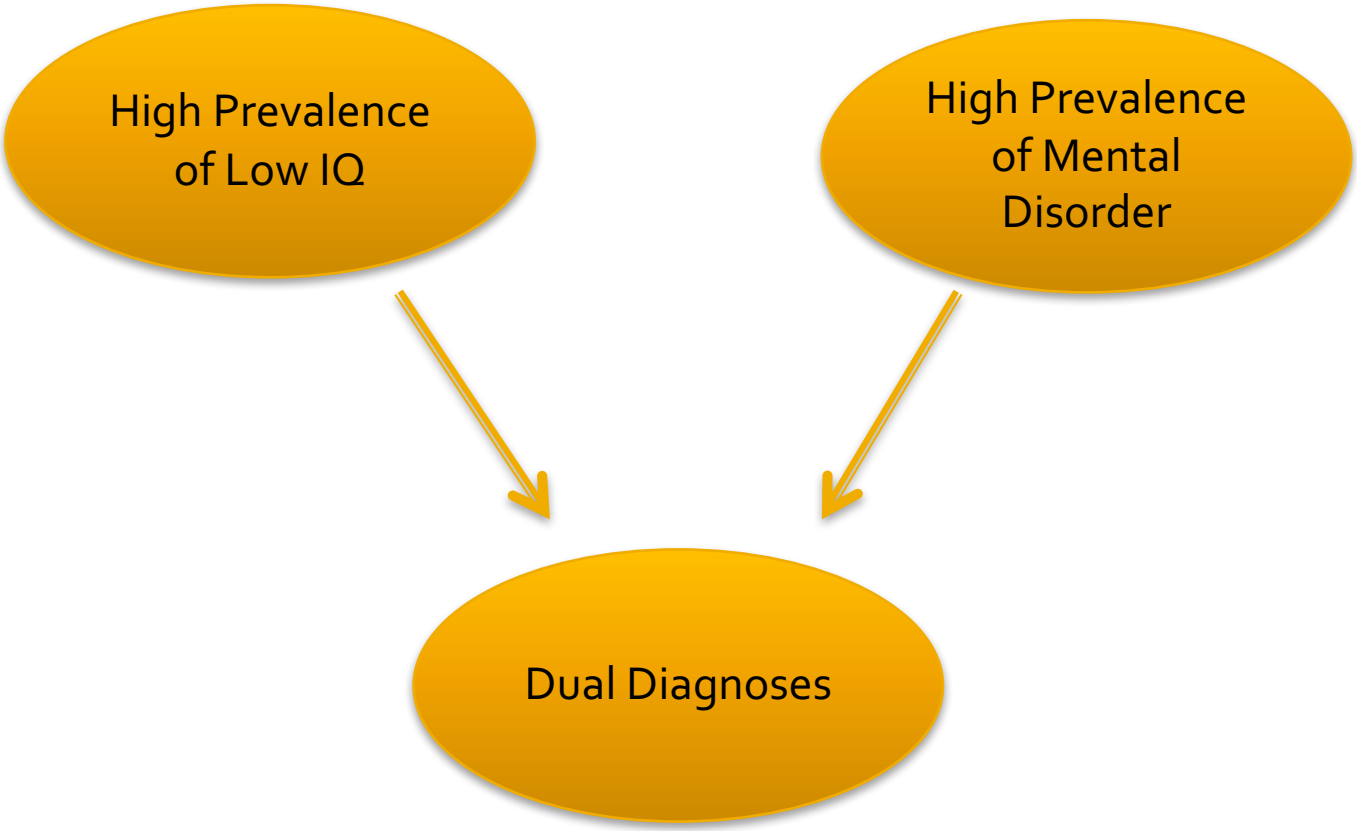
Psychiatric disorder frequencies of internees patients in the French-speaking Belgian psychiatric hospitals

Saloppé Xavier, Thiry Benjamin, Caels Youri, Davaux Annick, Deloyer Jocelyn, Englebert Jérôme, Jacob Nathalie, Knott Aline, Leroy Ingrid, Sculier Thérèse, Senyoni Isaac, Seutin Alain, Titeca Pierre, Verdicq Sébastien, Pham Thierry H.

The study describes the psychiatric disorder frequencies of an important cohort of forensic patients inside the Social Defense System (n = 409) and of other psychiatric patients (n = 521) in the same hospitals. Data from the "Résumé Psychiatrique Minimum" from five French speaking psychiatric hospitals were gathered. We hence described DSM-IV axes characteristic of both group of patients. Only the principal diagnosis was retained. Compared to non forensic patients, the forensic patients have a lower education level, have less often an occupation, more often an axe 2 diagnosis, have more sexual disorders, have less disorders related to substances, more problems with justice and a longer hospitalization duration. These results suggest early adaptation problems leading to a long institutionalization among forensic patients. The interest and limits of the study are discussed.

84% of internees present at least one Mental Disorder (Axis I).

Aim of the Study



Previous Study

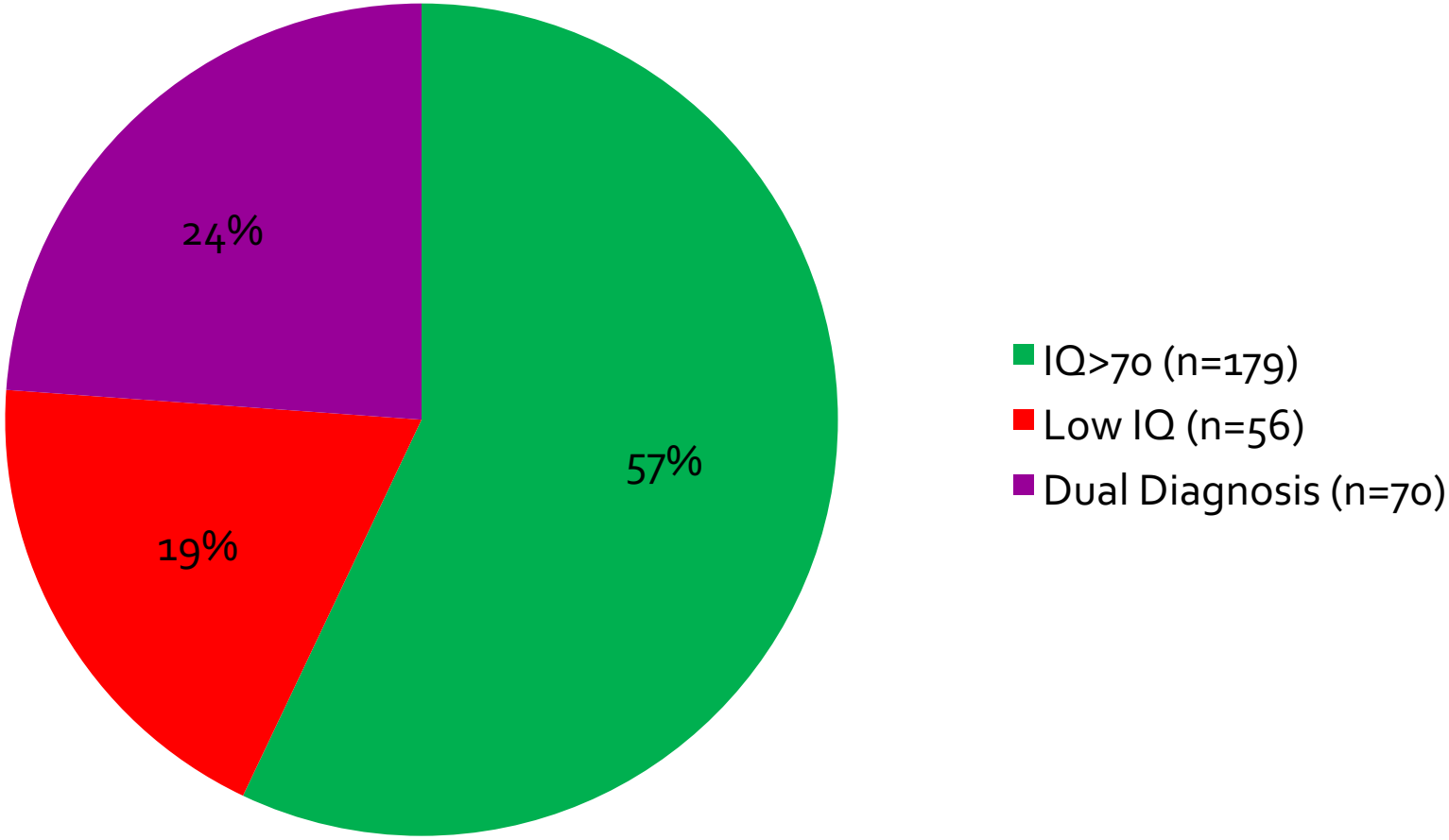
Vicenzutto, A., Saloppé, X., Pham, T., Lindekens, M., Milazzo, V. (2015) *Dual Diagnosis in Forensic Hospital: towards an heterogeneity of profiles.* 10th Congress of European Association for Mental Health in Intellectual Disability (EAMHID), Florence (Italie)

Participants

The patients (n=305) were assigned into three groups :

- **Dual Diagnoses** (N=70) : IQ<70 + psychiatric comorbidity
- **Low IQ** (N=56) : IQ<70 + without psychiatric comorbidity
- **IQ>70** (N=179) with or without psychiatric comorbidity

Prevalence of Dual Diagnosis and Low IQ in Social Defense



Conclusion

- Dual Diagnosis group have an important prevalence in Forensic sample.
- **Axis I** :
  - Dual Diagnosis group present significantly more Axis I Disorders.
  - And particulary more Mood Disorders (Hogue et al., 2007)
  - Schizophrenia : No difference (Morgan, Leonard, Bourke, & Jablensky, 2008)
- **Axis II :** No difference (Raina & Lunsky, 2009)
- **For the type of offense** :
  - Dual diagnosis/IQ>70 groups : No difference
  - Low IQ : More Sexual Offense (rape)
- **Static Risk** according to Dual Diagnoses / Low IQ / IQ>70 : No difference

Method

Institution

The sample was composed entirely of forensic patients from the CRP "Les Marronniers", in Tournai, Belgium. The facility has 350 offenders under its care, most of which present psychiatric disorders.

The sample was not representative of the entire Social Defense population. It essentially comprised the "stabilized" patients, as we excluded from the study those in an acute phase, as well as those with a pronounced intellectual deficiency for whom valid clinical evaluation could not be carried out.

Evaluation Tools

The Wechsler Adult Intelligence Scale (3rd edition) (WAIS-III)

- Authors : Wechsler (1997)

Purpose : The WAIS-III is a test designed to measure intelligence in adults and older adolescents. It was released in 1997. It provided scores for Verbal IQ, Performance IQ, and Full Scale IQ, along with four secondary indices (VC, WM, PO, PS).

Evaluation Tools

The Mini International Neuropsychiatric Interview (MINI)

- Authors : Sheehan, Lecrubier, Sheehan, Amorin, Janavs, Weiller, & Dunbar (1998)

M.I.N.I.

Mini International Neuropsychiatric Interview

French Version 5.0.0

Vie entière

DSM-IV

Y. Lecrubier, E. Weiller, T. Hergueta, P. Amorim, L.I. Bonora, J.P. Lépine
Hôpital de la Salpêtrière - Paris - FRANCE.

D. Sheehan, J. Janavs, R. Baker, K.H. Sheehan, E. Knapp, M. Sheehan
University of South Florida - Tampa - USA.

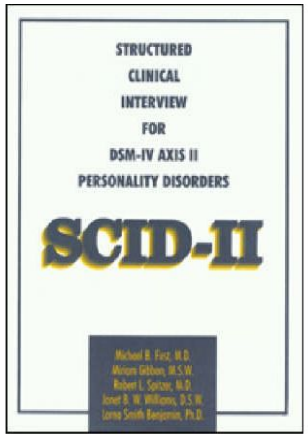
M.I.N.I. 5.0.0 / French version / 8/3/98 / Modèle (20 Octobre 1998) / © Lecrubier Y., Weiller E., Hergueta T., Sheehan D. et al.

Purpose : The MINI is a short structured diagnosis interview for DSM-IV and ICD-10 psychiatric disorders. This tool allows to determine a current/lifetime prevalence of explored different disorders.

Evaluation Tools

Structured Clinical Interview for DSM-IV Axis II disorders (SCID-II)

- Authors : First, Spitzer, Gibbon, Williams, & Benjamin (1997)



Purpose : The SCID-II is a diagnostic exam used to determine personality disorders (Axis II).

Evaluation Tools

Sex offenders Risk Appraisal Guide (SORAG)

- Authors : Quinsey, Harris, Rice, Cormier (2006)

Purpose : The SORAG (Quinsey et al., 1998) was designed to evaluate the risk of sexual and violent recidivism in sex offenders. It comprises 14 items, 10 of which were drawn from the Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Cormier, 1993) and 4 relate specifically to the risk of recidivism in sex offenders.

Evaluation Tools

The Risk for Sexual Violence Protocol (RSVP)

- Authors : Hart, Kropp, Laws (2003)

The RSVP is a sex offender risk assessment tool that follows the structured professional judgment approach to the assessment and management of sexual violence risk. It investigates 5 domains :

-***Sexual Violence history*** (chronicity, diversity of sexual violence);

-***Psychological adjustment*** (stress, coping, attitudes, …);

-***Mental disorder*** (sexual deviance, psychopathic personality, …);

-***Social adjustment*** (problem with intimate relationship, employment, …);

-***Manageability*** (problem with planning, with treatment or supervision).

PART 1

Results

Participants (part 1)

The sex offenders (n=122) were assigned into three groups :

- **Dual Diagnoses** (N=28) : IQ<70 + psychiatric comorbidity
- **Low IQ** (N=37) : IQ<70 + without psychiatric comorbidity
- **IQ>70** (N=57) with or without psychiatric comorbidity

Age and length of stay according to Dual Diagnosis / low IQ / IQ>70 groups

	Dual Diagnosis (N=28)		Low IQ (N=37)		IQ>70 (N= 57)		Kruskal-Wallis
	M	SD	**M**	SD	**M**	SD	
age	46.52	9.49	48.09	9.13	51.52	11.49	5.591
Length of stay	9.75	5.24	12.55	6.35	11.15	5.68	2.981

*p<.05; **p<.01

Axis 1 and 2 disorders according to Dual Diagnosis/IQ>70 groups

		Dual Diagnosis (N=28)		IQ>70 (N=57)		U Mann-Witney
		M	SD	**M**	SD	
Axis 1	Total	**2.42**	1.66	**1.42**	1.32	460.000*
	Mood Disorders	**1.39**	0.87	**0.64**	0.87	380.000**
	Addictive Disorders	**0.18**	0.47	**0.18**	0.52	687.000
	Anxiety Disorders	**0.54**	0.88	**0.30**	0.54	679.000
	Psychotic Disorders	**0.29**	0.60	**0.26**	0.60	620.500
Axis 2	Total	**1.88**	1.53	**1.74**	1.35	633.000
	Cluster A "odd or eccentric"	**0.52**	0.58	**0.47**	0.64	643.000
	Cluster B "dramatic, emotional or erratic"	**0.44**	0.74	**0.90**	0.92	638.000
	Cluster C "anxious or fearful"	**0.46**	0.70	**0.37**	0.59	631.000

*p<.05; **p<.01

Static Risk according to Dual Diagnosis / Low IQ / IQ>70 groups

	Dual Diagnosis (N=28)		Low IQ (N=37)		IQ>70 (N=57)		Kruskal-Wallis
	M	SD	**M**	SD	**M**	SD	
SORAG	**6.25**	8.13	**5.61**	10.69	**9.63**	11.02	3.472

Scores ranging from: **SORAG**: -26 à 51

Risk Assessment (RSVP) according to Dual Diagnosis / Low IQ / IQ>70 groups

RSVP	Dual Diagnosis (N = 28)		Low IQ (N = 37)		IQ>70 (N=57)		U Mann Whitney
	M	SD	**M**	SD	**M**	SD	
Total score	**60.79**	15.50	**58.43**	17.33	**63.77**	16.59	2.772
Past scale	**24.11**	5.60	**24.20**	6.59	**24.71**	6.09	0.546
Present scale	**18.25**	6.28	**16.25**	6.29	**18.43**	6.41	2.838
Future scale	**19.18**	5.60	**18.61**	6.06	**20.63**	6.18	3.487

* p< .05 ; ** p < .001

PART 2

Results

Participants (part 2)

The DD patients (n=122) were assigned into two groups :

- **Dual Diagnosis sex offenders** (N= 28)
- **Dual Diagnosis non sex offenders** (N= 41)

Age and total IQ scores according to DD sex offenders vs DD non sex offenders

	DD sex off. (N=28)		DD non sex (N=41)		**U Mann Whitney**
	M	SD	**M**	SD	
Age	**46.52**	9.49	**42.78**	10.36	450.000
Total IQ	**59.68**	6.46	**56.61**	7.21	435.500

*p<.05; **p<.01

Length of Stay according to DD sex offenders vs DD non sex offenders

	Length of Stay (years)			
	N	M	SD	Min – Max
DD sex off.	28	9.75	5.24	2.01 – 21.58
DD non sex	41	9.34	6.95	0.02 – 36.36
U Mann Whitney		**479.500**		

*p<.05; **p<.01

Arrest and admission age according to DD sex offenders vs DD non sex offenders

	DD sex off. (N = 28)		DD non sex (N=41)		U Mann Whitney
	M	SD	**M**	SD	
Arrest age	**33.19**	8.46	**29.97**	7.52	446.000
Admission age	**35.22**	8.18	**32.11**	7.75	444.000

*p<.05; **p<.01

Axis 1 and 2 disorders according to DD sex offenders vs DD non sex offenders

		DD sex off. (N=28)		DD non sex (N=41)		U Mann-Witney
		M	SD	**M**	SD	
Axis 1	Total	**2.42**	1.66	**2.82**	1.86	490.000
	Mood Disorders	**1.39**	0.88	**0.63**	1.06	310.000**
	Addictive Disorders	**0.18**	0.47	**0.66**	0.47	434.500*
	Anxiety Disorders	**0.54**	0.89	**0.44**	0.71	551.500
	Psychotic Disorders	**0.29**	0.60	**1.07**	0.91	305.000**
Axis 2	Total	**1.88**	1.53	**1.87**	1.32	513.500
	Cluster A "odd or eccentric"	**0.52**	0.58	**0.50**	0.72	508.000
	Cluster B "dramatic, emotional or erratic"	**0.96**	0.75	**1.22**	1.07	471.500
	Cluster C "anxious or fearful"	**0.46**	0.70	**0.15**	0.43	402.000*

*p<.05; **p<.01

Discussion

Discussion

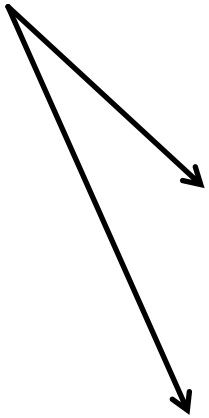
- Comparisons of DD / low IQ / IQ>70 :
  - DD group present more Axis 1 total disorder, particulary more depressive disorder.
  - No significant difference for the risk assessment : SORAG and RSVP

Discussion

- Comparisons of DD sex off. to DD non sex off. :
  - Significant difference for the Axis 1 & 2 disorders :
    - DD sex offenders seems to present more « depressive » disorders :
      - Axis 1 : more Mood disorders
      - Axis 2 : more disorders of cluster C
    - DD non sex offenders :
      - Axis 1 : more addictive and psychotic disorders

Conclusion

- Dual Diagnosis



present more psychiatric disorders

Risk assessment : no difference ?

Perspectives

- Define specifics needs :
  - Evaluation :
    - Intelligence : Adapatative behaviors
    - Diagnosis : Implementation of diagnosis scale for adults with ID
    - Risk Assessment : implementation of specific scale (ARMIDILLO) (Boer, Haaven, Lambrick, Lindsay, McVilly, Sakdalan & Frize, 2013)
  - Care :
    - Specific unit care in forensic hospital/ Renforced the ambulatory care (Mobile Team) according criminological and psychiatric profile patients with ID (Adaptated Care Trajectory)

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Thank you for your attention

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CRDS

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