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This project is dedicated in memory of my one and only child, Erric Monroe. I sought out bettering myself to be the best mother that I could and one that you would deserve. I would not have chosen Criminal Justice if it weren't for your murder. You have made me who I am today in so many ways.

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Abstract

This project was designed to research information about intellectually disabled individuals in the criminal justice system. The beginning stages of this project focused on defining intellectual and developmental disabilities as well as the testing that is utilized to determine intellectual disabilities. Additional information that was searched for included characterizing crimes that are committed by individuals with intellectual or developmental disabilities and the questioning techniques that would be utilized during the first stages of the judicial process. The final aspect included rehabilitation programs that are being utilized for offenders with intellectual disabilities. The final stages of this project included risk factors, programs that have worked for adults with intellectual disabilities and reentry into the community. The recommendations incorporate issues from when an individual would come into contact with an officer, interrogation, the legal team, intake, habilitation and reentry.

Chapter 1: Introduction

Who's to blame?

Picture this: A young woman of the age of 20 has a relationship with a young man of 16. This young man was at a crossroads in his development and puberty had brought about its typical changes including a heightened awareness and curiosity about sexual activity. This young woman had always had difficulty being accepted by others her age and was eager to be accepted at nearly any cost. The young man pursued her making her feel that she was special and fit in with him and his friends. When the young man's mother found out about the relationship, she pressed charges against the young woman. The young woman was arrested and admitted to the charges. She was charged with statutory rape. However, the young woman had moderate intellectual disabilities and was unable to make a decision based on repercussions and she was taken advantage of by the young man. The Adult Protective services were called to investigate and were told that if they were able to find a community home for the young lady then they would drop the charges that were against her. Community homes are unable to admit sex offenders due to the vast amount of regulations given to them by the state health department and none were able to help with placement for this young woman.

What went wrong?

Individuals with intellectual disabilities (ID) are a very vulnerable population even in the general public and this vulnerability increases when placed in the prison setting (Close, & Walker, 2010). Ninety percent of people with intellectual disabilities will experience sexual assault (The Arc, 2014). Offenders with intellectual disabilities are more likely to give a false confession than ones without intellectual disabilities.

Adults with intellectual disabilities, formerly known as mental retardation, are twice as likely to participate in criminal behavior as those without intellectual disabilities (The Arc, 2014). This population is also more susceptible to peer pressure and have less reasoning skills making them more likely to be victims of crime and to participate in criminal behavior.

The correctional system and inmates with ID

Inmates with intellectual disabilities are not treated justly within the United States correctional system. In most cases these adults are unable to make decisions in their defense or assist in their own counsel which is against their constitutional rights (Reardon, 2014). In 2002, Daryl Atkins went before the Virginia Supreme Court to appeal his death sentence. Atkins had been arrested for murder in 1996. The Supreme Court deemed the death penalty for adults with intellectual disabilities to be cruel and unusual punishment (Reardon, 2014). The Eighth Amendment prohibits cruel and unusual punishment and the Atkins case changed the future of death row inmates with intellectual disabilities (Reardon, 2014). The Sixth Amendment of United States Constitution in part, states that each offender has the right to be informed of the nature and cause of the accusation and the right to assist the counsel in their defense (Hall, 2013). In most cases these offenders would not have the ability to understand the case proceedings to assist with their counsel. Although the rights of inmates with intellectual disabilities are supposed to be protected from prosecution after *Atkins v. Virginia*, 536 U.S. 304 (2002), there is no united system for diagnosing intellectual disabilities and each state has their own individual guidelines (The Arc, 2014).

ID in the correctional system

Officers, legal counsel, and the correctional system should have an all-

encompassing understanding of offenders with intellectual disabilities' legal needs within the criminal justice system. These offenders do not have the competency to understand the legal language being used during the judicial process. Individuals with intellectual disabilities have a harder time understanding rules and may be easily persuaded by peers. These offenders may know right from wrong but do not have the ability to understand the legal system that they are participating in and cannot assist the attorney in their case. Before 2002, adults with intellectual disabilities could be put to death for their crimes. (Reardon, 2014). Seven years after the Atkins decision, Mr. Holly Wood was sentenced for the murder of his girlfriend and given the death penalty (Abeles, 2010). The case of *Wood v. Allen*, 558 U.S. 290, 302-303 (2010), was brought before the U.S. Supreme Court due to the fact that Mr. Wood's attorney failed to provide effective assistance and enter mitigating evidence that he had intellectual disabilities. Wood argued that the trial attorney in his case did not disclose the vital information to the jury that Wood had intellectual disabilities, which would have prevented him from being sentenced with the death penalty. The U.S. Supreme court ruled in favor of the State of Alabama's case against Mr. Wood. Wood was executed on September 9, 2010. There are no broad spectrum guidelines for testing intellectual disabilities and the federal jurisdiction found that Mr. Wood was at a border line level of ID and agreed with the states original sentencing (Abeles, 2010).

Typical crimes committed

The typical crimes committed by offenders with intellectual disabilities include sexual offenses, arson, theft, stalking, assault, computer crimes and even murder. "There is also preliminary evidence for believing that the prevalence of arson and

sexual offenses may be higher relative to other kinds of crime for people with ID than for other offenders (Simpson, & Hogg, (2001), p.2.” There are several reasons why an adult with intellectual disabilities may participate in illegal behavior. Individuals with intellectual disabilities have a harder time understanding rules and not giving into impulses (The Arc, 2014). For example if an adult urinates on the sidewalk, it is considered indecent exposure and is a sex crime. The courts do not always take into consideration that an adult with intellectual disabilities may not have the ability to make the correct decision and wait until a restroom is available. People with autism may have the ability to make the correct decision, but tend to be fascinated by fire as a manifestation of their disability, and when unsupervised deep fascination can easily unintentionally lead to committing arson.

Defining ID

The American Association on Intellectual Disability (AAID) formerly known as AAMR , 2002 defines ID as a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills that onset before the age of 18. The Intellectual Quotient must be 70 or below to meet this criteria. The diagnostic criteria of intellectual functioning are limitations in intellectual functioning and adaptive behavior. Developmental and intellectual disabilities are often referred to interchangeably, however they are not the same in definition. A developmental disability is considered as a severe chronic disability that not only affects intellect but can also create a physical disability such as cerebral palsy or autism (American Association on Intellectual Disability 2002). Intellectual and developmental disabilities are not the same as mental illness. When an

individual has an intellectual or developmental disability along with a mental illness such as schizophrenia, it is referred to as dual diagnosis.

There are four ranges that define intellectual and developmental disabilities, mild, moderate, severe, and profound. Mild and moderate ID would be the two ranges most seen in the criminal justice system as suspected. Mild ID is defined as having an IQ (intelligence quotient) score in the ranges of 50 to 70. These individuals would be slow in all areas of adult daily living such as basic understanding of money, medical needs, or social expectations. They may not have any physical signs to identify their disability. They can conform to society and attain some vocational skills (American Psychiatric Association, 2013). Moderate ID is characterized by having an IQ score between the ranges of 35 to 49 (American Psychiatric Association, 2013). Individuals with moderate ID would have obvious delays in all areas including verbal communication. These individuals may have physical attributes that would reflect a disability. They are able to participate in some vocational training and require some supervision. Individuals with severe and profound ID require direct supervision and often require attendant care making them much less likely to be found in the criminal justice system as a suspected offender (Holland, Clare & Mukhopadhyay 2002).

Low IQ scores are not the only defining factors in determining or diagnosing intellectual and developmental disorders. Intellectual and developmental disabilities are also diagnosed by understanding the individual's conceptual, social and practical adaptive skills (American Psychiatric Association, 2013.). The Conceptual skills that are recorded in documenting intellectual disabilities are language skills, reading and writing skills, money concepts, and self direction. The Social aspects are interpersonal

skills, responsibility, self esteem, gullibility, following the rules, obeying the laws, and avoiding victimization. The Practical skills that would be recorded in order to diagnose intellectual disabilities are activities of daily living, eating, transfer or mobility, toileting, and dressing. Additional daily living skills that are measured include fundamental activities in daily living such as meal preparation, housekeeping, transportation, taking medication, money management, telephone use, occupational skills and maintain safe environments (American Psychiatric Association, 2013).

Identifying gaps in research

Research has reflected that at least 9% and at the most 40% of offenders that are currently in the judicial system have an intellectual or developmental disability (The Arc, 2014). The gap in research identifies a lack in documentation to determine how many or what types of programs and services are available because of the large amount of uncertainty in how many inmates have intellectual or developmental disabilities. The current intake process does not provide any mandatory procedural testing for learning disabilities (Talbot, & Riley, 2007). Learning disabilities are one of the first signs of intellectual disabilities. With only a small amount of understanding of how many offenders have intellectual disabilities, it is nearly impossible to provide services or create programs for this population in the criminal justice system (Close & Walker, 2012).

Testing for ID

The Wechsler Adult Intelligence Scale (WAIS) that was created by David

Wechsler in 1955 is a tool that is utilized by psychiatrists and psychologist to measure the intelligence quotient in regards to the adult's intelligence and cognitive capacity (Wechsler, 1981). The WAIS replaced the Stanford-Binet scale due to the fact that the WAIS focused on adults where as the Stanford-Binet did not (Silverman, Mizejeski, Ryan, Zigman, Krinsky-McHale, & Urv, 2010). The Wechsler intelligence test has been modified several times since it was originated and is the most used assessment tool to identify intellectual disabilities.

Educating and training

Police officers can be trained to identify adults with ID in order to assist in understanding and protecting this population. Providing education to officials such as law enforcement, judges, attorneys, parole and probation officers can assist in understanding how to better serve individuals with intellectual and developmental disabilities. Offenders with intellectual disabilities may not be easily identified due to the fact that they may want to hide their disability (Weiss, February 2, 2013). The criminal justice team can be taught observational protocol that will assist them in identifying an adult with intellectual disabilities. For example, if an officer observed a suspected offender clicking his fingers together, having difficulty making eye contact, and not wanting to answer questions, this would most likely give a trained officer an idea that this suspect may have autism, where an untrained officer would see these behaviors as indicators of drug use or mental illness. Training can provide officers the ability to understand how to interact with an offender and would make deescalating a situation much more likely.

Questioning an offender with ID

There are several things that need to be taken into consideration when questioning an offender with ID. Offenders with ID may not have the ability to understand the line of questioning if the questions are worded in a complex manner or spoken too quickly. Officers should keep their language simple and clear (Tassé, Schalock, Thompson, & Wehmeyer, 2005). Offenders with ID need additional time to process information. Officers should prepare for extra time for the interview (Tassé, et al. 2005). Many individuals with intellectual disabilities have a short attention span and cannot participate in a long conversation for questioning. Questions should be short and to the point with only one option at a time. Individuals with intellectual disabilities frequently learn how to communicate through mimicking. Mimicking conversation may cause the offender to answer the last choice offered if more than one choice was given in the question (The Arc, 2014). Descriptive questions can lead the offender and they will give the answer that they think is wanted instead of the true answer. Another issue that officers face while questioning a suspect with intellectual disabilities is that in many cases these suspects may have a difficult time reenacting a situation in the sequence that they happened or forget details of the situation (Burdon & Dickens 2009). An expert can be utilized in the questioning process rather than depending on officers that have not been trained in the understanding of offenders with intellectual disabilities.

Restorative programming

Restorative programs that include teaching life skills, problem solving, active treatment and daily learning skills would be more beneficial to the offenders with ID

and to the community rather than incarceration alone. Inmates with intellectual disabilities are provided less rehabilitative opportunities than inmates without intellectual disabilities (Hayman, Hiltonsmith, Ursprung & Dross 1982). Services and programming should be determined on individual bases for each inmate with ID based on needs. Incarceration can have a detrimental effect on offenders with intellectual disabilities unless other services are also provided (Cea, 2014). Some intellectual disabilities such as autism can cause increased anxiety from being punished and would create additional behaviors. These behaviors can be aggressive and create more trouble for the inmate.

Barriers in correctional facilities

Inmates with intellectual disabilities are susceptible to abuse (Burdon & Dickens 2009). Offenders with intellectual disabilities typically do not have the social skills to understand the confounding nature of prison culture. After they become involved in the criminal justice system, people with intellectual disabilities are less likely to receive parole or probation and usually serve longer sentences because of an inability to understand or adapt to the rules of prison (Weiss, 2016, p. 4)” There are a lack of programs that are designed to meet the specific needs that inmates with ID have. The correctional system is understaffed and is unable to obtain the professionals needed to create the programming that would be required to meet the inmates needs based on their intellectual disability.

Conclusion

This chapter reviewed information involving the criminal justice system and individuals with intellectual or developmental disabilities. Intellectual and

developmental disabilities are not mental illness. Individuals with intellectual disabilities are unable to assist in their legal counsel and do not understand legal terms. The Forensic Special Educator was introduced and will be discussed more in the future. Other areas that were discussed included restorative and rehabilitation programs as well as barriers in the correctional system. The next chapter will provide a literary review of the empirical literature that reflects testing tools that are utilized for the intellectual quotient scores, characteristics of types of crimes that are committed by individuals with intellectual disabilities, risk factors and programming that has been implemented for individuals with intellectual disabilities.

Chapter 2: Literature review

Study Purpose

Intellectual and developmental disabilities among jail and prison inmates are a topic that has recently begun to gain attention in the Criminal Justice community.

Inmates with these types of disabilities are much more likely to become victims of abuse and exploitation from other inmates and possibly suffer victimization from even the prison staff (The Arc 2012). Offenders with intellectual disabilities do not have the capability to demonstrate habilitation due to the fact that the services required for such habilitation to be successful for this population (such as behavioral supports, incidental teaching and active treatment), are grossly limited in our current correctional system (Hayman et. al. 1982, Barron, et. al. 2002, Hutchison, et. al, 2013).

Providing an educational program for officials such as law enforcement, judges, attorneys, parole and probation officers that gives them the tools to identify the behavioral characteristics of individuals with intellectual and developmental disabilities, the common environmental triggers that cause these behaviors and the likely causes for criminal acts among this population, can dramatically reduce the number of people with these disabilities being placed in our prisons.

Developing restorative programs for individuals with intellectual and developmental disabilities while incarcerated in the correctional system would be more beneficial to the offenders. These programs also benefit the economy by reducing overcrowding in prisons and supporting communities providing incarcerated individuals with life skills and coping mechanisms (Hutchison, et. al. 2013, Singh, et. al., 2008). Restorative programs that teach life skills, problem solving, active treatment and daily learning

skills to offenders with these disabilities would assist in assuring their successful habilitation, reduce the likelihood of their victimization and aide in preventing future criminal activity by reducing recidivism (Davis, 2009, Freeman, 2012, Tort, 2016)

Materials and Method

Studies for the current research project were indentified and obtained by utilizing the Exlibris group found on the University of Oklahoma library data base. Four categories of search criteria were employed with the ultimate outcome of gleaning information intended to reflect the most common levels of intellectual disabilities in offenders found in the criminal justice system, the characteristics and types of crimes committed by these inmates, the risk factors associated with the criminal act as well as those associated with their habilitation, and the habilitations programs and the current available services that have been identified to work with the population of inmates who have intellectual or developmental disabilities. In addition to the research available on the University of Oklahoma library database, a search was initiated utilizing the Response to Intervention model in order to provide a recommended change in assessment, intervention and programming for inmates with intellectual disabilities. Several hundred articles related to this topic were located during the initial search however, many of these articles discussed juvenile offenders held in juvenile detention centers rather than adult offenders with intellectual disabilities who are faced with incarceration within the penal system and therefore, did not meet the scope for this project. The studies that were used to collect the data required to meet the expectations of this project were chosen due to their depth of information pertaining to offenders

with intellectual disabilities in the criminal justice system as well as their authenticity of the documentation such as a peer reviewed article. .

Topic of study

The original topic criterion for this study was to identify adults with intellectual disabilities (ID) in the correctional system. All reports included offenders 18 years or older. Any reports found that focused solely on juvenile delinquents with intellectual disabilities were excluded from the research data. The second topic criterion for this study was to identify characteristics or types of crimes committed by these offenders. The purpose of identifying characteristics or types of crimes committed by offenders with intellectual or developmental disabilities was to narrow the scope of study which would then make it possible to identify the programming and services that would be needed to sufficiently meet the need for successful habilitation of these specific offenders. The third criterion for this study was to identify the risk factors associated with criminal incarceration for inmates with intellectual disabilities. The fourth criterion for this study includes studies that reflect programming that has been implemented with the outcome of any reflected progress in providing habilitation for inmates with intellectual disabilities and programs that would increase the habilitation success and quality of life for inmates with intellectual disabilities. The fifth and final criterion for this study included a search for programs that have proven successful when they are used to assist in the training or habilitation of people who have intellectual disabilities.

Which level of ID would be more likely to be in the system

The four levels of intellectual disabilities are profound, severe, moderate and mild (American Psychiatric Association, 2013). People who fall within the mild or

borderline levels of the intellectual disability spectrum have extremely subtle behavioral indicators of their disability that are rarely recognized during a brief encounter and they possess very few physical attributes that would identify them as having a disability. Behavioral and physical characteristics of intellectual or developmental disabilities are much more pronounced as the level of disability progresses from moderate to severe. Adults with profound, severe and even moderate ID are more supervised and require service providers that are either family or facility staff (American Psychiatric Association, 2013). “Researchers have found that "within the universe of all [intellectually disabled] individuals, 89% fall in the mildly intellectually disabled range, (Cheung 2013, p. 26).” Offenders with mild or borderline intellectual disabilities have an intense drive to be recognized as an equal by their peers causing them to go along with criminal behavior that will lead to arrest (Hayes, 2012). An offender with intellectual disabilities may not understand social cues, remember the sequence of events or involuntarily provide a false confession (Goldman, 1999). Suspected offenders with intellectual or developmental disabilities have an inadequate capacity to deal with foreign circumstances such as being questioned by officers which would increase their suggestibility and cause them to admit to a crime that they did not commit (Taylor, 2011). Offenders with mild or border line ID are more likely to be in the criminal justice system (Deb, et. al, 2007).

Holland, Clare and Mukhopadhyay (2002) identified the frequency of criminal behavior in adults with intellectual disabilities and the characteristics of the offenders. The authors made use of integrated research in the form of other studies and analyzed the data that they found. Intellectual disability does not indicate criminal activity or be

the main factor on types of crime committed by the offenders with intellectual disabilities. Utilization of mental facilities as a means of segregation or punishment increases the risk of social exclusion and can increase the probability of criminal behavior. Increased quality of training programs and long-term care is required for suitable treatment for the person with intellectual disabilities (Holland et. al. 2002). Tsagaris, Seck, Keeler and Rowe (2016) observed the division of three sections of Philadelphia as established by zip codes. The data collected as a part of the study included each division's statistics related to offenders with intellectual or developmental disabilities and these offenders' involvement with the criminal justice system, types of offenses they committed, the indictment of the offenders with these types of disabilities and the court outcomes including sentencing for this population. The technique employed in this study included the utilization of a Northeast Ohio county agency data that included information that pertained to details about adult offenders with intellectual disabilities who had been referred to other agencies for services. The authors used a geographic information system (GIS) that included a sample section of 850 clients. From the 850 clients 160 were chosen by an analysis using frequency and cross-tabulation tests (Tsagaris et. al 2016).

The majority of offenders with intellectual disabilities were African American males between 18 to 30 years of age. The areas included the center of the city, the inner suburbs and the outer suburbs of Philadelphia. The highest crime rate was in the center of the city on the west side. This area included a poverty stricken community. Categories of crime included crime against person, property and society with crime against persons being the most prevalent among the various types of offenses. The most

common crime committed against persons was proven in this study to be aggravated theft (Tsagaris, et. al., 2016). Recommendations provided in this study included a provision of additional specialized services and increased access to resources for adult offenders with intellectual disabilities who live in the higher crime rate area of the center city.

Risks

Tort, Dueñas, Vicens, Zabala, Martínez, and Romero (2016) discuss the inability for suspects to understand the criminal position, difficulties in prison and the inability for them to identify the prevalence of people with intellectual disability in the prison system. The authors identified that inmates with intellectual disabilities identified their issues such as problems with peers, being isolated, inappropriate sexual behavior, difficulties in daily living activities and behavioral issues (Tort, Dueñas, Vicens, et. al. 2016). Programs that are focused on the general prison population do not meet the needs of the inmates that have been diagnosed with intellectual or developmental disabilities. Additionally, many inmates have not been assessed and have not been diagnosed with intellectual disabilities leaving it as a clinical impression rather than a diagnosis (Tort, Dueñas, Vicens, et. al. 2016).

The results of this study reflected that out of the 708 interviewed inmates, 3.77% had an I.Q. of 70 or below. The five main issues found in the study included the inaccurate number of offenders with intellectual disabilities, a deficiency in identifying intellectual disabilities among prisoners, professionals that are not educated in intellectual disabilities, limited alternative placements and a lack of services. Additional information gleaned from this study includes the amount of risk for the inmate with

intellectual disabilities. Inmates with intellectual disabilities are less likely to be aware of their own health or mental needs resulting in the progression of these issues due to them not having the capability to report their symptoms (Tort, Dueñas, Vicens, et. al. 2016). This lack of self-awareness has the effect of making them more susceptible to illnesses and untreated psychiatric needs. 30% to 40% of people with intellectual disabilities have a behavioral or psychological disorder (Davis, 2009). Inmates with intellectual disabilities are also more likely to be victimized and exploited which creates behavioral issues and results in disciplinary actions (Klimar, 2006). The recommendations provided in this study include the training of professionals of all levels of the criminal justice system and including alternative sentencing measures.

Programming and habilitation

Frazel, Xenitidis, and Powel (2008) reflects the number of offenders that have intellectual disabilities in the general prison population. It is intended for policy makers, as well as professionals within the prison health care services to identify the need for improvements to be made that increase the success rate of habilitation and meet the needs of this vulnerable population in the prison systems (Frazel, Xenitidis, & Powel 2008).

By utilizing information from ten separate surveys that consisted of 12,000 offenders from 1966 to 2004, the authors reflected the prevalence of intellectual disabilities among the prison population. There is not a universal testing tool used to identify intellectual disabilities (Frazel, Xenitidis, & Powel 2008). The lack of a standardized assessment tool results in the need to use caution when analyzing the prevalence of intellectual disabilities among prisoners in other countries (Frazel, Xenitidis, & Powel

2008). This reflects the need to educate legal professionals as well as put into place policies in the prison health system to meet the needs of inmates who have intellectual or developmental disabilities. Policy makers have the opportunities to consider a different system for dealing with, providing services for, adding treatment programs and finding alternatives to prison for adults with intellectual disabilities (Frazel, Xenitidis, & Powel 2008).

Hayman, Hiltonsmith, Ursprung, and Dross (1982) Discusses the importance of rehabilitation programs for offenders with intellectual disabilities. The authors identify four barriers to rehabilitation. The first discusses the vulnerability of this specific population with the increased probability of victimization among other inmates. The second barrier includes a lack of adequacy of the system due to the fact that offenders with intellectual disabilities are more likely to be incarcerated without meeting the guidelines for parole or once these offenders are granted a release, they are unable to meet the guidelines for probation due to a lack of resources or their own inadequate understanding of the requirements of their probation and they then restart the cycle with a return to prison. The third barrier identified was a lack of development, implementation and preservation of programs designed for providing educational, vocational, social and recreational rehabilitation skills are not designed to meet the more complex and specific needs of offenders with intellectual disabilities. The final barrier that is identified is that the prison system does not have the ability to meet the specific needs of this population. Factors that add to this barrier include prisons being understaffed with professionals such psychologist or psychiatrists, speech, physical and occupational therapists and professionals that are qualified to create individual

habilitation plans to meet the rehabilitation goals (Hayman, Hiltonsmith, Ursprung, and Dross 1982).

Hayman, Hiltonsmith, Ursprung, and Dross (1982) identified two specific areas to compare. The first area that they observed was the services that are provided to offenders with intellectual disabilities. The second area that was observed was the needs and barriers to overcome in the rehabilitation programs for adults with intellectual or developmental disabilities in the prison system. The authors identified issues that need to be presented as well as recommendations that can be utilized and implemented to reduce recidivism in the prison population of offenders with intellectual disabilities. Implementation of the recommendations will provide programs that will increase habilitation and rehabilitation aspects of programming for these offenders.

Singh, Lancioni, and Winton (2008 & 2011) introduce a mindfulness based anger and aggression therapy identified as meditation on the soles of the feet in two separate studies. This meditation therapy provides skills to offenders with mild intellectual or developmental disabilities to redirect anger and aggression to the soles of their feet, a neutral point on their body (Singh, Lancioni, Winton, Singh, Adkins, & Singh, 2008). Verbal and physical aggression decreased after utilizing the meditation process. The authors also found that once this type of therapy is learned then peers can assist other offenders with intellectual or developmental disabilities to decrease aggression and anger with this technique (Singh, et. al 2011). Once an offender with intellectual or developmental disabilities had learned to redirect anger and aggression with this therapy, they continue to utilize it and it resulted in a long term solution to decreasing their aggression and anger. Decreasing behaviors that would interrupt

habilitation programs increases the usefulness of the program and does not increase spending (Singh, et. al., 2011).

Problems

Close and Walker (2010) discuss the current ways in which an offender with developmental or intellectual disabilities is treated, the problems that occur in dealing with offenders, questioning and incarcerating adults with developmental disabilities and vulnerability and negative outcomes with inmates that have intellectual or developmental disabilities. The authors analyzed specific case studies that reflect the lack of critical knowledge in criminal justice professionals which directly results in an escalating number of offenders with intellectual or developmental disabilities being needlessly and wrongly placed in the correctional systems (Close & Walker, 2010). Research reflects that an adults with intellectual or developmental disabilities are more likely to provide a false confession which usually results in undeniable incarceration and usually without the benefit of a trial due to a plea bargain (The Arc, 2014). Adults with intellectual disabilities are unable to accurately perceive the seriousness of the situation and often provide false answers due to their tendency to respond to the cues that they receive during questioning, thereby rendering them incapable of reliably participating in the interrogation process (Close & Walker, 2010).

Specific strategies can be used to more adequately communicate the more intricate aspects of the offender's case. In most situations a Forensic Special Educator is trained to have a more defined understanding of the specific behavioral characteristics and needs that an offender with intellectual or developmental disabilities may have (Close & Walker, 2010). These Forensic Special Educators can be utilized to assist the

council in questioning. The Forensic Special Educator has the responsibility to train members of the judiciary, legal defense and prosecution team and develop the specific communication strategies to be used during the course of the various phases of the judicial process. This article reflects the need for an additional amount of Forensic Special Educators within the Criminal Justice System.

Talbot and Riley (2007) illustrates the uncertainty about the number of individuals with intellectual or developmental disabilities that have altercations with police officers, are in the criminal justice system and the process for determining these statistics. Additional information in this article includes the events that happen when an individual with intellectual disabilities is arrested for participating in criminal behavior.

The authors utilized a questionnaire that was completed by prison staff with the intention to obtain the opinion of prison staff in regards to how intellectual disabilities were identified and supported in a prison setting. They also conducted interviews with individuals with intellectual disabilities that had a history of criminal interaction with the police with the intent to find information pertaining to interaction with police, behavior during and the perception of court proceedings, and prison experiences. The authors found that accurately assessing and determining intellectual disabilities in the prison system varied by opinion and was also varied based on status of employment. The higher management correctional staffing were more likely to state that the system for assessing and identifying inmates with intellectual disabilities had effectively determined intellectual disabilities in their prison. The interviews found that offenders felt that they were treated by police officers with disrespect and at times with excess force due to their disability. When participating in the court process, the interviewees

felt that they could not understand what was being said, what was happening and did not understand the consequences or sentencing that they were given. In the prison setting, the offenders that were interviewed stated that they were bullied by prisoners and staff.

Ericson and Perlman (2001) focused on determining the extent of understanding the offenders with intellectual disabilities have during their legal proceedings. The criteria for this study incorporated cases in which the offender had met the American Psychiatric Association (APA, 1994) standards for intellectual disabilities by having an IQ of 70 or below, having weaknesses in daily living skills such as social, communication or life skills and the date of onset of their intellectual or developmental disability was before the age of 18 (Ericson & Perlman, 2001). The second and final criteria for this study included those cases that involved offenders who functioned in the high moderate and high mild range of intellectual disabilities. The authors state that 40 % of the interviewees had been directly involved in a court proceeding and only 8 of the 34 legal terms were understood by the group with intellectual disabilities. The overall conclusion of this study is the overwhelming need for assistance, advocacy and education in court proceedings for adults with intellectual and developmental disabilities.

Response to Intervention

Ardion, Witt, Connell, and Koenig (2005) demonstrated the design of the response to intervention (RTI) model and examined the accuracy of the three-phase RTI model. This study was performed in three separate phases. The first phase was conducted to identify the need for instructional intervention. The second phase was

intended to identify reasons for low academic performance by implementing a class wide intervention, and phase three put into place an intense intervention for students who did not respond satisfactorily to the second phase of this screening. The authors analyzed fourteen elementary school students. Phase one reflected a skills deficit among those students, creating cause for phase two. Phase two of this study found that 5 students required additional intervention which created cause for phase three. Finally, phase three was conducted using peer tutoring and cover copy compare instruction where one student did not show improvement. The authors concluded that there was adequate evidence that the RTI model successfully identified one student that was in need of special education classes. This student had been screened in the past for special education and did not show evidence of a severe discrepancy. The inaccuracy of the previous screenings resulted in this child not receiving the educational programming that she needed to progress academically and socially among her peers.

Chapter 3: Analysis

Introduction

The previous chapter reviewed literature that pertains to specific aspects of this project. Topics that have been reviewed include the common levels of intellectual disabilities among offenders found in the criminal justice system, characteristics and types of crime committed by these inmates, the risk factors faced by this population, the programs that are intended to assist in the habilitation of these offenders, the services that have been provided to work with this population and recommended changes in the criminal justice system for inmates with intellectual disabilities. This chapter will illustrate an analysis that was formed by information gleaned from the empirical literature that will reflect issues found in the criminal justice system regarding offenders and suspects with intellectual or developmental disabilities during the research process. These issues include the overrepresentation of inmates with intellectual disabilities, lack of accurately assessing offenders for these types of disabilities, lack of standardized testing for the various levels of intellectual or developmental disabilities, a deficit in training and educational programs for criminal justice professionals that relates to the characteristics and needs of people with intellectual disabilities, the lack of understanding and inability to comprehend court proceedings for the offender with intellectual disabilities, lack of services in the penal system for offenders with disabilities and insufficiency of habilitation programs for inmates that have been diagnosed with intellectual disabilities and the reasons for these offenders to be at risk of reentry to the criminal justice system.

The issues

The empirical literature reflects that people with intellectual or developmental disabilities are relatively overrepresented in the criminal justice system. The current correctional system is unable to accurately assess or screen offenders for intellectual disabilities, resulting in an insufficient amount of data to substantiate a tangible statistical census of inmates with intellectual disabilities. This failure to adequately assess and identify an intellectual disability within the penal system is partly due to the fact that there is not a federal standard to determine the presence of intellectual disabilities nor is there a universal tool that can be utilized to determine the level of the disability. Officers are not given the training needed to identify when a subject of an investigation has intellectual or developmental disabilities or interpret the tendencies associated with their diagnosis, and these officers are then required to use their own judgment as to why the perpetrator is exhibiting behavior that seems irrational, spastic or threatening. Because of the lack of education provided to these first responders, they are unable to deescalate situations involving people with intellectual disabilities and run the risk of creating a danger by responding inappropriately. Once a person with intellectual disabilities has been detained as a suspect, the police investigators and detectives are not equipped with the knowledge to effectively question the suspect without eliciting responses that are typically false. The absence of training for officials on the characteristics and how to effectively deescalate situations dealing with suspects and offenders with intellectual disabilities, has been consistently demonstrated through literature. Increasing training and education for the criminal justice professionals will increase the probability that a suspected offender with intellectual disabilities will

receive treatment that is moral and just within the criminal justice system. Offenders with intellectual disabilities do not have the cognitive ability to understand legal terminology or proceedings in the court system. They lack the ability to comprehend the gravity of the situation that they are in and they tend to exhibit behaviors throughout the process which results in negative and sometimes fatal repercussions that include providing false confessions, unjust prosecution, and sentencing that can be especially cruel and has even resulted in unlawful execution. The inmates that have been identified as having intellectual or developmental disabilities do not receive services or programs that are specialized to meet their habilitation or restorative needs (Finn, 1989). Current programs are designed for offenders with addiction or lack of education and these programs can even teach career skills to the offender that has the cognitive ability to learn and rationalize the need for these skills. This kind of training is not beneficial for an offender with intellectual or developmental disabilities. Once an adult with intellectual disabilities has served in the criminal justice system there are limited resources for reentry into society and they are discharged from the correctional facility without any skills that they will need to become successful in the community, find adequate services or care and to prevent reoffending.

Overrepresentation

A perpetual stream of research has been pouring out for decades in regards to how many offenders with intellectual or developmental disabilities are in the criminal justice system, yet none of this research can provide any functional totals or a reliable census of these inmates. This inability to determine a reasonable acceptable number of these inmates is in part, due to the lack of a standardized tool that can be

used to diagnose intellectual and developmental disabilities. Raymond Brown, the Director of the National Institute of Corrections states that the number of inmates with intellectual disabilities is unknown although studies have reflected that there is a significant percentage of the inmate population who are considered special needs (Brown, 2012). It is impossible to determine how many offenders in the judicial system have intellectual or developmental disabilities. Pieces of research have reflected that at least 9% and at the most 40% of offenders that are currently in the criminal justice system is believed to have an intellectual disability (The Arc, 2014).

Empirical literature reflects that women offenders have a higher prevalence of intellectual disabilities than men offenders (Bronson & Berzofsky 2015.) In 1982 it was believed that there were approximately 135, 000 offenders with intellectual disabilities in the criminal justice system (Haymen, Hiltonsmith, et. al. 1982). With the increasing inmate population, it can reasonably be assumed that the number of inmates with intellectual or developmental disabilities is vast and will continue to grow alongside the growth of inmate populations in general. Although each correctional agency is required to establish a screening procedure, many of them do not assess inmates unless it is believed that they have intellectual disabilities (Nichols, Morlok, Liston, & Bench, 2003). While this requirement may be well intended, it in itself contributes to the vagueness surrounding the exact numbers of inmates with intellectual disabilities. If a prison or other correctional institution is given the freedom to establish their own screening procedure, and we know now that these officials have not been trained in the characteristics of people with these disabilities, we know that we cannot rely on the results of such a screening. As stated earlier, offenders who

possess a higher level of functioning or present with only a mild intellectual disability usually have the ability to hide their disability. People who have these types of intellectual disabilities have learned to mimic the behavior of others in order to fit in with their peers. This skill in mimicry and ability to mask the more obvious signals of intellectual disabilities makes it less likely that they will be screened for a deficiency in cognition.

Assessing and testing problems of practice

In 2002 the U.S. Supreme Court ruled that executing an offender with intellectual disabilities is considered cruel and unusual punishment. The *Atkins* criterion was implemented to protect offenders with intellectual or developmental disabilities from being sentenced with the death penalty. “However the court left it up to the individual states to decide how to implement the *Atkins* criteria (Reardon, 2014, p. 2).” Each state has been mandated with the obligation to assess offenders for intellectual or developmental disabilities. All states are given the freedom to perform this screening with any tool that they choose and are allowed to establish their own criterion for when an offender should be screened, by whom they are screened and the depth of the screening. State correctional are not mandated to use a universal screening process to detect the presence of intellectual disabilities or the level of disability that is present because there is no federal standardized test to assess for intellectual and developmental disabilities . A wide variety of intellectual quotient tools are utilized across the nation to determine the level of intellectual disabilities that

a person has. When the results of these diagnostic tools are compared with each other, they do not average the same I.Q scores and show differing levels of functioning in the areas that are assessed. States have diverse cut off scores when measuring for intellectual disabilities (Cheung, 2013). This results in situations where a single offender could be diagnosed with an I.Q below 60 in one state and adjudicated as incompetent to stand trial or face execution, but be assessed to possess an I.Q. of 70 in another state and face lethal injection.

Courts are expected to use professional and reliable data collection procedures to determine if a person has intellectual or developmental disabilities as well as the level of disability that is present. In *Moore v. Texas*, the court utilized out of date assessment tools to evaluate Moore's intellectual quotient and the level of any intellectual disability. Supreme Court Judge Roberts stated that clinicians, not judges, should determine clinical standards (*Moore v. Texas*, No. 15-797, 581 U.S. ____ (2017), slip op. at 19). For the most part, states typically define intellectual disabilities as a condition in which a person possesses an I.Q. of 70 or below and verification of that the disability was present before the age of 18 (The Arc). The wide diversity in assessment tools utilized, who determines the presence and level of intellectual disabilities and the cut off scores for diagnosing those intellectual and developmental disabilities has resulted in unlawful executions of persons who were not competent to stand trial. Extensive training and education is needed among all levels of professionals in the criminal justice system to ensure that the offenders with intellectual disabilities rights are being protected. This training is also necessary in order to provide quality

habilitation programs and services that people with intellectual disabilities require for effectively reentering society and preventing future offenses.

Training professionals

Professionals that specialize in or even have experience in working with offenders with intellectual or developmental disabilities in the criminal justice system are remarkably scarce. Education and training programs that teach these professionals how to interpret the behaviors of and how to effectively communicate with offenders with intellectual or developmental disabilities is essential for establishing a functional system in the future for these types of offenders. Individuals with intellectual disabilities are an extremely vulnerable population by standard and increased risk is involved when they are placed in the criminal justice system (The Arc 2014). Officers can be educated in identifying characteristics and typical behaviors of people with intellectual and developmental disabilities that will assist the officer in recognizing the disability and knowing how to deescalate a situation concerning an offender with intellectual disabilities. Characteristics that are associated with a suspect plausibly having intellectual or developmental disabilities include unusual speech patterns, may avoid eye contact, rocking back and forth, hand flapping, repetition of words or inappropriate facial expressions or laughing at the wrong moments in conversation (The Arc 2014). These behaviors could easily be mistaken as a sign of mental illness, violent behavior or drug abuse. Misinterpretation of the behavioral characteristics of intellectual and developmental disabilities can easily result in unnecessary detainment of the subject, rapid escalation of the situation and possibly injury or death. Special consideration has been taken into account when dealing with offenders with intellectual

disabilities since 1989 (Close & Walker, 2010), yet even now, there are still cases that arise where the legal counsel, judges and prosecutors do not take into account that the offender may have intellectual disabilities and subsequently the human rights of the offender with a disability that all Americans are entitled to, are violated.

Health professionals such as psychiatrists and psychologists are utilized to determine if an intellectual or developmental disability is present as well as assess the level of the disability, the areas of functionality that are affected by the disability and the intelligence quotient of the subject in question. As in most professions, there are a number of these professionals that are more proficient in working with and understanding the characteristics of people with intellectual disabilities and not all professionals are adept in recognizing when a person with a mild intellectual disability is using mimicry to mask the behavioral tendencies of their disability. In the Oklahoma case of *Murphy v. Oklahoma*, the licensed psychologist testified that *Murphy* had an I.Q. of 67 which would place him within the range of having a mild intellectual disability. Unfortunately, the test was incomplete and the State of Oklahoma found that *Murphy* was not considered as intellectually disabled and he was denied application for post conviction relief. *Murphy* was sentenced to death. Utilizing a professional that is proficient in working with and assessing intellectual or developmental disabilities would allow for accurate and complete testing for intellectual disabilities and prevent the unlawful execution of these offenders. A Forensic Special Educator is a professional that can advocate for an offender and is educated in assessments, can communicate with the offender as well as educate the judicial team. A Forensic Special Educator can be utilized by the court systems to provide the necessary training and education to the legal

team, prosecution, judge and other participating parties during a trial. These Forensic Special Educators are also capable of providing accurate testing, advocacy and plan implementation for the intellectually or developmentally disabled offender that has been placed in the criminal justice system (Close & Walker, 2010).

Lack of understanding and unlawful execution

The actual number of inmates with intellectual disabilities that have been executed is undetermined. This inaccuracy of statistical data is largely due to the diversity in diagnostic procedures from state to state that are used in determining and diagnosing intellectual and developmental disabilities.

Other factors that can be associated with unnecessary arrests and unlawful executions include socio-emotional impairments, false confessions, misunderstanding of proceedings, inability to describe an incident in sequence and extreme irritability of being detained. When a suspect with intellectual disabilities responds to officers, they may inadvertently react with misinterpreted actions that can increase the probability of arrest (Weiss, 2013.) Officers that have not been provided adequate training in the behavioral characteristics of people with intellectual disabilities can easily misinterpret their actions and the officer may react to what they view as violence when the behavior may be nothing more than a repetitious action, such as rapid rocking or hand flailing that a person with these disabilities performs as an act of self-soothing in stressful situations. In addition to behaviors that may be exhibited, this population may possess features that can result in prosecution for an offender with intellectual disabilities including a lack of empathy, lack of awareness, impulsivity, and misunderstanding of social and interactional conventions and rules (Burdon & Dickens 2009). When a

suspect is unable to empathize with the victim in the case being investigated or changes the subject to something considered off topic, petty or irrelevant, this may be interpreted as a sign of guilt in the eyes of the interrogator because the suspect seems to not care about the victim or the gravity of the situation.

Offenders with intellectual disabilities have demonstrated that they are more likely to give false confessions than their counter population without intellectual disabilities (Close & Walker 2010). The information obtained from a suspect with intellectual disabilities during an investigation is typically unreliable because these suspects are eager to provide the answer that most pleases the authoritative figure that is asking the questions. They are more likely to be mimicking behavior that they believe to be appropriate than to offer solid details and facts concerning the situation. If they are socializing with other people who demonstrate delinquent behavior, the offender with intellectual disabilities will mimic that behavior and will falsely confess to crimes that they haven't committed because their peers show approval of criminal behavior. When officers question a suspect that is believed to have intellectual disabilities, they should take into consideration that the confession may not be factual (Klimar 2006). In a study concerning offenders with intellectual disabilities Fenn found that 75% of the offenders had given a confession resulting in being found guilty (Finn 1989). The fact that a confession is often the only form of evidence needed for a conviction adds to the probability of having a large number of inmates with intellectual or developmental disabilities incarcerated under false pretenses.

In many cases an offender that has been found to have a diagnosis such as autism does not meet the judicial criteria of intentionally, knowingly, and purposefully

committing a crime (Mays, 2016). People with Autism often act out of impulse and do not understand that their action is harmful or criminal. Their behaviors derive from an instinctual response with the only intention being to meet a personal need. They will often perform acts that they are incapable of controlling because these acts serve as a means to self-soothe. A person with autism may have the need to escape a situation due to their inability to process surrounding stimuli such as noise. This intense need may result in the person screaming, running into buildings or houses, flailing their arms or possibly self-injurious behavior. As a consequence of the diagnosis, the offender with intellectual disabilities may have the inability to resist the unlawful action removing responsibility of the action (Freckelton, 2013).

Services and programming for offenders with intellectual disabilities

Offenders with intellectual disabilities are a problematic population when creating and implementing programs and services to meet their unique and diverse needs within the criminal justice system. People with these disabilities learn appropriate behavior in a different manner than people without intellectual disabilities. They need to be taught appropriate behaviors with consistent rewards, deprivation of the rewards and by having people in their surroundings who model the desired behavior. They must work slowly toward an end result which means that each new skill or behavior must be broken down into steps that the person with intellectual disabilities can understand. The current educational, vocational, social and recreational rehabilitation programs are progressive, in-depth, fast paced and not designed to meet specific needs of offenders with intellectual disabilities and are structured in a way that these offenders cannot understand or be successful in. Correctional officers could be taught the basics of these

techniques and implement the programming during their regular interactions with inmates with intellectual or developmental disabilities. Additional professionals that could be utilized in program and service development and implementation include occupational therapists, speech therapists, physical therapists, psychiatrists, psychologists and case managers. Overcrowding, a growing inmate population and poor economic backing for the correctional system has created a deficit in staffing that includes the amount of time available for training correctional officers and a lack of professionals that would be needed to provide adequate programming and habilitation training for inmates with intellectual or developmental disabilities.

The empirical literature reflects that there are programs that have had successful outcomes when working with inmates with intellectual disabilities. “To be effective, habilitative services in correctional institutions must vary in accordance with individual needs and circumstances of the offenders, and must be supported by the entire staff, not just counselors and treatment personnel (Davis 2009, p.3)”. Inmates with intellectual disabilities are not a homogenous population and this has to be taken into account when creating a services and programming opportunities.

There are programs that have reflected success when working with inmates with intellectual disabilities and these programs can be looked upon as a passageway for other programs to be established (Brown, 2012). In 2012 the Oklahoma department of corrections employed seventy three teachers twelve of which were certified in special education teaching. In 2012, 120 inmates participated in the Oklahoma department of corrections special education program and only fifteen completed the program to receive their GED (Franklin, 2013). Habilitation programs for inmates with intellectual

disabilities require more than education alone. Mindfulness training has had success in reducing verbal and physical aggression in inmates with intellectual disabilities. (Singh, & et. al., 2007). Utilized as a cognitive-behavioral intervention, Meditation on the soles of the feet has assisted in decreasing negative behavior as well as a reduction in cost (Singh, & et. al, 2008).

Behavioral intervention is one of the first steps to decreasing negative behavior; however, the cause of the behavior needs to be addressed. Issues that can create aggressive behavior include physical, medical, psychological or social factors (Deb et al. 2007). In some cases a medication plan is needed to improve the quality of life for the inmate as well as provide the opportunity for other programming opportunities to be effective. A team needs to be constructed of local social agents and the judicial professionals in order to create a plan that would benefit the inmate as well as reduce recidivism (Hutchison et. al. 2013). An advocate such as a Forensic Special Educator or a Court Appointed Special Advocate (CASA) would be the first step in providing assistance for intellectually disabled suspects. An intellectually disabled professional would be required to case manage in order to provide habilitation plans that included daily living skills as well as vocational skills.

Programs for offenders with intellectual or developmental disabilities in the correctional system are lacking the required elements to succeed because they tend to focus on special education programs rather than habilitation plans to deal with the specific need of this population

(Davis, 1996). Inmates who portray a reading deficiency are more likely to be excluded from vocational programs (Hayman et. al. 1982). Individuals with borderline or mild

intellectual or developmental disabilities are capable of gaining vocational skills and maintaining employment in unskilled jobs (Finn, 1989). Each plan that is created should include daily living skills that consist of monetary skills, vocational skills, medication education or therapy, and personal grooming or hygiene skills (Hayman et. al. 1982). A comprehensive functional habilitation plan that is created specifically to meet the needs of offenders with intellectual disabilities can increase success and reentry and reduce recidivism.

Reentry

Reentry into the community for inmates with intellectual or developmental disabilities has many components. The Oklahoma Department of Correction's reentry plan for inmates with intellectual or developmental disabilities includes a screening process six to nine months prior to release in order to establish eligibility for benefits such as Medicaid or social security (Bond, 2017). Individuals with intellectual disabilities in Oklahoma that do not have the ability to live independently and do not live with their family, live in an Interment Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or in a Department of Human Services group home. ICF/IID regulations do not allow them to do an admission that includes an individual with a criminal record. This creates a very difficult situation for reentry.

Donna Bond the Coordinator of Mental Health Services for the Oklahoma Department of Corrections expressed that it is difficult to find proper placement to reenter offenders with intellectual disabilities into the community. Reentry barriers increase recidivism in inmates with intellectual or developmental disabilities. Inmates with intellectual or developmental disabilities have a higher recidivism rate than non

disabilities offenders (Tort, 2016). Proper programming that includes vocational skills increases the success of reentry and decreases recidivism (Brown, 2012).

Chapter 4: Recommendations

Introduction

Individuals with intellectual or developmental disabilities possess an enormous amount of vulnerability, increased suggestibility and the drive to be accepted by the people around them or any group of people that will welcome them into their clique. These characteristics greatly increase the probability that they will be involved in criminal behavior. These individuals are more likely to be misunderstood and misdiagnosed within the criminal justice system because of their refusal to admit that they have a disability and because the physical characteristics of their disability are rarely apparent. While there is no agreement nationally, in Oklahoma we could implement increased education to criminal justice professionals about the characteristics, typical behavior and the recommended forms of communication for the defendant with intellectual disabilities can assist the offender as well as the court system in understanding the legal proceedings when the offender has intellectual or developmental disabilities. Additionally, utilizing specialty courts that consist of legal professionals that have specialized training and experience in working with people with intellectual or developmental disabilities would assist to find treatment, services, habilitation programs, therapeutic placement or alternative sentencing for these types of offenders.

Advocacy in the form of a court appointed advocate or forensic special educator would insure that the offender with intellectual or developmental disabilities has the opportunity to understand legal procedures and to participate in their own defense. Allowing the accused person with intellectual disabilities to practice their right to

participate in their own defense and to have knowledge and understanding of the proceedings will also prevent costly appeals and ensure appropriate processes during the preliminary phases and fair sentencing for the offender. Assessing for intellectual disabilities in the group response to intervention test can be utilized to identify if farther testing is needed. Adaptive behavior testing is essential in identifying intellectual disabilities because the I.Q. score is not an adequate indicator for these disabilities when used alone to determine the presence of an intellectual disability. A person may have a deficit in adaptive skills, social interaction skills, communication skills or interpersonal relations. When a person scores in a high 70's range on the I.Q assessment they are not considered intellectually disabled but when that score is averaged with low scores in the adaptive behavior areas, their overall I.Q score will dip dramatically and the person can easily be determined as intellectually or developmentally disabled. A team of professionals who are equipped with the necessary training and skills to meet the needs of these types of offenders should be established to provide appropriate planning for programming and services for an offender with intellectual or developmental disabilities. A comprehensive habilitation plan that identifies the strengths of the offender and addresses their needs in areas of appropriate behavior, social skills and daily living skills such as money management and vocational training can be implemented to insure active treatment is in place during the programming and thereby increase reentry success.

A behavior strategy plan that identifies targeted behaviors that must be eliminated, the antecedents to these behaviors and the consequences for these behaviors as well as rewards for not exhibiting the targeted behaviors can be put into place and

will be instrumental in the decrease of the undesirable behaviors as well as increase quality of life for the offender. When an offender with intellectual disabilities is released they must have community resources readily available at the moment of release such as a case worker, social worker or probation officer that is familiar with the comprehensive habilitation plan, the behavior strategy plan and the types of services needed by offender to insure the reentry process is achieved and is successful for a sustained amount of time.

Training

“Law enforcement officers and court personnel often have little or no understanding about what intellectual disabilities are or why it’s even important to learn about it (The Arc, 2006)”. The law enforcement agencies are the first ones within the criminal justice system to have contact with individuals with intellectual or developmental disabilities. Providing training and education to identify, communicate, and skills to understand the behaviors of individuals with intellectual or developmental disabilities can assist in the prevention of avoidable detainments, apprehensions, convictions and even unlawful executions.

It is important for law enforcement officers to know how to identify an individual with intellectual or developmental disabilities in order to prevent escalation of the situation and to assure the safety of all people involved including the suspect. Some of the physical characteristics that may be noticed are repetitive speech, tapping fingers, rocking and repeating what is told or asked by the officer. Physical characteristics of people who have a lower functioning ability and a higher level of intellectual or developmental disabilities are much easier to identify than the physical

characteristics found in people who have a higher functioning ability and a lower level of intellectual or developmental disabilities. If a law enforcement officer cannot identify if an individual has an intellectual or developmental disability by observing the physical characteristics of the individual or by the behaviors that the person is exhibiting, the officer needs to be trained in utilizing communication and observation techniques that can be used to identify the disability.

Communication skills are extremely valuable when working with a suspect that is believed to have intellectual disabilities. People with intellectual and developmental disabilities are very adept in reading both verbal and nonverbal communication and will respond to communicative cues often times before they respond to the words that are spoken to them. Verbal communication includes tone of voice, breath patterns, volume and speed. One of the most important parts of learning the communication skills needed to effectively interrogate, question or deescalate a person who has intellectual disabilities is to utilize people first language. People first language is a form of addressing the person rather than the disability. Avoid using verbiage that labels someone as retarded, a mongoloid or disabled. In proper People First Language, one would refer to the person as an adult who has intellectual disabilities or he or she has Down syndrome instead of saying, “the disabled person” or “that Autistic man.” The next step of communicating with an adult believed to have intellectual disabilities is to have an understanding of the fact that this population is very subjectable and will state that they have done, seen or have knowledge of things that they did not. This behavior stems from their desire to obtain the approval of the person that is asking the questions. When they say that they have details about the crime and the officer shows interest, the

suspect with intellectual disabilities is emotionally rewarded by the officer's interest in them. They are attempting to get a positive response from the authority figure without considering the implications of their statements.

The suspect with intellectual disabilities may not have the cognitive ability to state circumstances in a chronological order or may change their story several times during questioning. If the questioner shows nonverbal cues of disbelief or disappointment such as sighing, rolling their eyes or slumping back in their chair, the suspect with intellectual disabilities will rearrange their story, fabricate a new dramatic detail or change their statement completely in order to regain the approval of the interrogator. The officer doing the questioning may need to use strategies to determine if the responses are truthful such as repeating a detail that the suspect had previously given and alter it somewhat. If the detail originally given to the officer was correct, the suspect with intellectual disabilities is likely to correct the officer but if the original detail was false, the suspect will likely not remember and will agree with the altered version that the officer has repeated. Individuals with intellectual or developmental disabilities have much shorter attention spans and require additional time during questioning. A law enforcement officer may need to provide questioning in intervals with several breaks in between. These breaks should include activity like walking, getting a snack or drink or any other activity that will allow their thoughts to roam freely. This type of distraction from the intensity of the interrogation will encourage the suspect with intellectual or developmental disabilities to stay focused longer during the next questioning session without becoming agitated or restless because they have had time to release pent up energy.

When the law enforcement officer is questioning an individual that is believed to have intellectual or developmental disabilities he or she needs to be trained in techniques that are specialized for questioning individuals with intellectual disabilities. Body language and tone of voice need to be calm and respectful during the entire questioning process. The commonly used techniques of intimidation or angry responses will only elicit false statements, aggressive behavior or complete shutdown in communication from the suspect with these disabilities. Using short and simple sentences that are direct in delivery will assist in assuring that the individual understands the questions that are being asked. The officer must be able to identify body language in the suspect that may indicate that they are unsure of what they are being asked because people with mild intellectual disabilities will pretend to know what is being asked of them in order to mask their disability. Descriptive questions that are an attempt to elicit a certain response or are too wordy in their delivery can result in a false confession.

When questioning a suspect that is believed to have intellectual disabilities the officer should call them by their name and make eye contact to ensure that they have their attention. This demand for eye contact will likely need to be repeated often due to the probability that the suspect with intellectual disabilities has a short attention span and their mind is wandering away from the questioning. The officer that is conducting the questions should check for the suspect's understanding of the questions throughout the session and have knowledge that a nod from the suspect or the suspect saying that they understand does not actually mean that they have an understanding what is being asked. One technique to assure that the suspect with intellectual disabilities has

understood the question or statement is to ask them to repeat it in their own words and carefully listen to their response.

Verbal communication is a small part of communication and is only necessary for providing detail and clarity. Nonverbal communication is the most important aspect of communication when working with a suspect that may have intellectual disabilities. Nonverbal communication includes facial expressions, gestures and body language. Nonverbal communication influences the entire tone of the interrogation and can guide a person with intellectual disabilities easily into a false confession or a false accusation. While an officer's ability to control their own nonverbal communication is immensely important, it is absolutely crucial for that officer to also be able to read the nonverbal communication of a person with intellectual or developmental disabilities. An example of nonverbal communication would be if a suspect that is believed to have intellectual disabilities begins to set at the edge of their seat wringing their hands over and over, an officer should take that as an indication that the person may need a break because they are beginning to get agitated. The same nonverbal communication of wringing hands while at the edge of their seat would be rightly viewed as an indication of worry if these actions are exhibited by a person without intellectual or developmental disabilities.

Adults with intellectual disabilities do not have the cognitive ability to deal with life's stressors in most cases. Specific diagnosis such as autism can increase over stimulation and create additional aggressive behaviors. Situations where a person with autism is subjected to a lot of different noises at once or where there are too many people around can become overwhelming for them and they will instinctually react by trying to escape the situation. Many people including those with autism have a

hypersensitivity to touch because their sensory processing is impaired. A law enforcement officer needs to have training to understand that if intellectual disabilities are suspected then the officer should not touch or grab the individual unless they absolutely have to. Some individuals with intellectual disabilities have increased physical aggression when they are touched or grabbed because their bodies cannot interpret the feeling of touch and they go into a panic.

Redirecting techniques can be utilized to deescalate a situation when behaviors have been identified. Redirecting may be as simple as changing the subject for a moment or talking about something that has been identified as an interest to the individual. Other redirecting techniques may include going on a walk with them or getting them something to drink. Asking them to quit or knock it off is not a form of redirecting and is not effective because the person is not always aware of the inappropriateness of their behavior or action. In most cases when working with individuals with intellectual or developmental disabilities the redirecting technique is one of the only ways to deescalate the situation. It may take several attempts to succeed in redirection if the officer is unfamiliar with the person whom they are redirecting, but once a subject is found that interests the person with intellectual disabilities the behavior or aggression can usually be redirected with minimal effort.

Specialty courts

Reflecting on the structure of current Specialty or Problem solving Courts, a model can be created to provide an ethical system that will protect the constitutional rights as well as provide a better structure for dealing with offenders that have intellectual or developmental disabilities. The Specialty court model focuses on court-

supervised treatment by concentrating on the main reasons of the criminal behavior.

Specialty courts focus on the specific need of the offender rather than the laws that were broken and the crimes that were committed. Specialty courts focus on making right the cause of the offense by implementing programs that assist in the habilitation programming and replacing the cause of the offense or the aggressive behavior with an alternative behavior.

Specialty courts use a selected judicial, legal and treatment team to deflect those found in need of an alternative judicial system away from the criminal justice system into community based treatment in the place of conventional legal procedures. Specialty courts should be utilized for non violent offenders with intellectual disabilities to assist in community placement, habilitation and counseling needs. By providing an alternative to correctional placement, specialty courts allow the offender with intellectual disabilities to be placed in a community home without a criminal record. These community homes provide ongoing active treatment twenty-four hours a day for people with intellectual and developmental disabilities. The services provided in these types of settings allow the non-violent offender with intellectual disabilities the structure and support needed to successfully gain skills for a more productive life within the community. When a person with intellectual disabilities is faced with incarceration, it would benefit the offender, the overcrowded correctional facilities and the community if a special court convened to determine if the crime was committed out of malice or because of a lack of resources for the offender. Many times these offenders are arrested for crimes such as theft because they are hungry or because they are without a family or support system. Being imprisoned prevents these individuals from ever being able to

live in a community home where they can learn the skills they need to keep from committing crimes.

Advocacy

The Arc (2012) states that individuals with intellectual or developmental disabilities are more likely to be arrested, convicted, sentenced to prison and victimized in prison as well as to not receive probation or parole. An advocate is needed for each step of the legal system to assist the offender that has intellectual or developmental disabilities. An advocate is someone that speaks for, provides communication and assistance for some one who lacks the ability to advocate for themselves. An advocate can be utilized with each phase of the criminal justice system. An advocate can assist in the police procedures such as explaining the individual's specific deficits to the officers and detectives involved, assisting in making sure that the individual has an understanding of what is being asked during the questioning process and understands their Miranda rights. During the interrogation and arrest procedures an advocate can assist in finding an attorney that has an understanding of intellectual and developmental disabilities, provide emotional support for the offender and to assist in alternative placement if able.

In cases that involve children, a Court Appointed Special Advocate (CASA) is provided to assist in the legations. The CASA is a volunteer program and does not increase court costs. An advocate such as a CASA should be utilized in cases that deal with offenders with intellectual or developmental disabilities. "CASA volunteers serve as investigators, legal representative, case monitors, mediators, and information and resource brokers (Weisz, 2003)". Providing the court with an objective and official

investigative report, the CASA volunteer assists the individual by allowing the courts to have a better understanding of the circumstances in which the offender committed the crime as well as any disability characteristics that may be imperative.

A Forensic Special Educator is not specifically an advocate they are impartial and are there to provide a service to the court as well as to educate the defendant; however the assistance that they provide to the court is comparatively equivalent to what an advocate would be needed for during the legality of the court proceedings. The forensic special educator is an expert that has the experience and education to understand the offender's disabilities and work with assisting the legal team during the judicial process. "The Forensic Special Educator is competent in the administration of standardized assessments, interviewing techniques, report writing, communication with legal professionals, advising police interrogators, and problem-solving strategies that can be effectively used with persons having developmental disabilities (Close & Walker, 2010, p.7)". The Forensic Special Educator is responsible for learning the characteristics of the offender with intellectual disabilities as well familiarizing themselves with the case and the legal proceedings. It is the responsibility of the Forensic Special Educator to assist the prosecution and the defense to educate about any deficits, how to question and what level the offender understands the legal procedures. A Forensic Special Educator can also be utilized to identify intellectual or developmental disabilities in an individual that is suspected to have a deficit. This type of professional is able to conduct assessments that would identify intellectual and developmental disabilities and to perform or to obtain an appropriate assessment to

determine the level of disability and in which areas the accused person with intellectual disabilities has decreased functioning.

Assessing

Law enforcement officers face various issues surrounding the topic of identifying individuals with intellectual or developmental disabilities within the criminal justice system. The individual may try to hide their disability to be accepted, they refuse to accept that they have a disability or because they are embarrassed of their deficits and do not want to be referred to as intellectually disabled. Proper diagnosing is essential for the criminal justice system to provide proper habilitation programs for offenders with intellectual disabilities. When an offender has been sentenced in a court procedure they should be assessed at intake to determine the prevalence of intellectual or developmental disabilities. Utilizing the Response to Intervention (RTI) model in a group assessment, correctional facilities can better determine which offenders may require further testing to assess for intellectual disabilities. There are three areas of criteria that are used to identify intellectual disabilities which are, I.Q., adaptive behavior and the disability had to have happened before the age of 18. The intellectual quotient will not specifically diagnose intellectual disabilities. The professional that is conducting the assessments to identify intellectual or developmental disabilities should be familiar with the testing procedures as well as have an understanding of the causes and characteristics of intellectual disabilities. It is essential that these professionals are well trained and have experience in working with people with intellectual disabilities.

The Response to Intervention (RTI) model is a three tiered prevention and intervention testing system that has been developed and proven successful in identifying

the presence of intellectual disabilities. The purpose of this core instructional testing is to identify if the person being tested has any significant deficits in the basic academic skills that they should have developed during their specific level of education. By resourcing these evidence based teaching practices, this three tier system can be the first step in identifying if further testing is needed for offenders that are believed to have intellectual disabilities. The RTI model has successfully been implemented in special education programs for children and adolescents with intellectual and developmental disabilities and could easily be used for testing groups of inmates during the intake process. Tier one of the RTI model is a testing system that includes the core subjects such as basic reading and mathematical component. This portion of the test module is given to the entire group as a whole whether there is a suspicion of the presence of an intellectual disability or not. If no deficit is found, the RTI testing is complete but if a significant deficit in the basic academic skills is found, the testing continues. The second tier of the RTI is a series of observations and active guidance that is provided for the smaller groups of students or inmates that were identified by the first tier of testing to have deficits in the core curricula. This process involves increased monitoring of behaviors and the use of suggestive direction to assist in the prevention of further difficulties that may arise from underlying or misdiagnosed disabilities. When there are still behavioral, adaptive, social or intellectual deficiencies found in the subjects' daily living activities, then the third tier of the RTI program is implemented for this group of inmates. Tier three is a process of interventions designed to meet the inmate's specific needs that were identified during the testing phase of tier one and the adaptive functioning needs identified during the observation processes in tier two. These

interventions are developed as a way to assist the inmate in learning new coping skills and to assist the inmate in achieving a level of functioning and increase skills in the areas where deficits were identified. When an offender has not met the standards for all three tiers of this model and no progress has been made after utilizing the intervention program, they will be required to participate in further assessment processes to diagnose the type of disability that is present and to identify what level of intellectual or developmental disabilities the inmate has.

There are several assessment tools that are utilized by professionals to rate the I.Q. scores for individuals with intellectual and developmental disabilities. The most utilized assessment tool to rate the full scale I.Q. is the Wechsler Abbreviated Scale of Intelligence (WASI). Other assessment tools can be utilized along with the WASI to measure adaptive behavior as well as resourcing any medical and school records such as the person's participation in a special education program and the extent of the education plan needed to achieve academic success. Each correctional facility should have the same mandated testing that consists of the same assessment tools used to identify and diagnose an intellectual disability and the level of disability that is present. All diagnostic tools used for this purpose should be performed by a professional that is educated in working with individuals with intellectual disabilities. It is imperative that these testing methods are uniform for all correctional facilities and are accepted by professionals in the field and recognized by the courts. This uniformity in testing will eliminate the possibility of illegal executions and unnecessary incarcerations. When the needs of a person with intellectual disability are known, the implementation of programs to address those needs can begin.

Building the team

Each offender that has been sentenced in the correctional system should be provided an Interdisciplinary Team (IDT). This team should be built of professionals that meet all habilitation needs. The function of implementing an IDT is to provide a comprehensive habilitation plan based on specific needs of each offender that has been diagnosed as having intellectual disabilities. The team should consist of a psychologist, any medical staff that is required such as a doctor or nurse, speech, physical, and occupational therapists, and a Qualified Intellectual Disability Professional (QIDP). The QIDP is the team leader and should communicate with any other professionals that will be providing information. The QIDP is also responsible for assuring that any assessments that are needed or would be beneficial in the planning of the inmate's programming are being completed and those results are available to the entire team for review and consideration..

The Qualified Intellectual Disability Professional should have no less than two years working with individuals with intellectual and developmental disabilities and have obtained at least a Bachelor's degree in a related field such as social sciences, nursing or psychology from an accredited university. The QIDP is responsible for compiling all assessment recommendations and providing a comprehensive functional assessment that summarizes those recommendations, the inmate's needs and the inmate's achievements or strengths to the team. This assessment allows the interdisciplinary team to review all of the identified needs, prioritize those needs and to use all of the gathered data to implement an active treatment plan that is individualized for that inmate and insure

habilitation is being provided in a way that optimizes the possibility of successful reentry for the inmate.

It is the responsibility of each team member to observe and assess the inmate within the scope of their expertise and then provide the team with recommendations that would improve the inmates training. These recommendations are necessary in order for the QIDP to implement an Individual Habilitation Plan (IHP) within the first thirty days of intake that is effective in providing quality programming and that documents the behavioral characteristics and needs of the inmate. Documentation is completed and monitored monthly to measure the effectiveness of the training and to ensure program success. The IHP is then reviewed annually along with all behavioral data and documentation that shows the inmates progress during the year of consistent training or it may be reviewed and amended as needed if a change of condition is found that would warrant the need to reconsider previously implemented habilitation strategies.

Active treatment programming

Active treatment programming is designed to increase responsible behavior by implementing repetitious tasks and providing support when the appropriate behavior is not displayed and recognition when the desired behavior is exhibited. For active treatment to be successful, the person with the intellectual disability must be able to participate in the program. Telling a person that they are supposed to shower at 1:00pm is not active treatment unless it is actually 1:00pm at the time and the person needs to be preparing for the shower. Active treatment happens at a time that makes sense for the task, is a level of training that is consistent with the person's needs and requires the person with disabilities to engage in activity that enhances the learning process.

Active treatment must be continuous in formal and informal settings and does not take place only in a class room or during specified schedule training sessions. Active treatment is crucial in all aspects of daily life for offenders with intellectual or developmental disabilities because this kind of treatment allows for consistent participation from the individual and the skills are taught during real life activities. The inmate with intellectual disabilities will become habilitated through active treatment easily because active treatment creates a habit of appropriate behavior and responses to everyday situations. Habilitation programming is essential and must be included in all aspects of the inmate's time in the correctional system.

A person with intellectual or developmental disabilities could easily excel while they are in the correctional system because of the routine structure of the system itself, therefore it is crucial to infuse their habilitation plan with opportunities for active treatment. The most common environmental factors that attribute to the probability that an individual will participate in criminal behavior are a lack of education, the absence of vocational skills and an undesirable economic status. While these factors may cause the person with disabilities to commit an initial offense and land them in a penal institution, it is possible to prevent future offenses by implementing training that assures that education, life skills and vocational abilities are taught according to the learning ability of the inmate. A habilitation program that is tailored for people with learning disabilities and intellectual or developmental disabilities will provide these individuals with a person centered programming plan that will allow them to gain skills in these areas that lead to criminal behavior which will in turn decrease recidivism and assist with the reentry process.

The Individual Habilitation Plan should address each recommendation gleaned from the comprehensive functional assessment by implementing training for each need in the form of goals with objectives, incidental teaching and service objectives. These three forms of training are very different from each other in delivery style but all of them have the outcome of providing the inmate with necessary life skills. Training in the form of a goal is the most aggressive type of training in the IHP. Goals are implemented for the recommendations that are the most crucial for the quality of life for the inmate and they require that the inmate perform tasks related to the goals on a regular basis with consistent success and these tasks are often completed at a scheduled time (such as personal hygiene or vocational training). When considering the goals that will be included in the IHP, the team must prioritize the needs that have been identified and determine which of those needs are most important to the safety and success of the inmate. Each goal should have measurable, meaningful and obtainable objectives. The objectives that are used for accomplishing the goal should start with the areas that are just above the current abilities of the inmate with intellectual disabilities and a timeframe should be given for when the objective should be reached. With the completion of the objective, the next objective will commence. Each objective thereafter will become slightly more difficult until the goal itself has been obtained. The second form of training addressed in the Individual Habilitation Plan is Incidental Teaching (IT). Incidental teaching is a training process that cannot be scheduled because for it to be effective, it must take place in a setting that is natural to the task that you are attempting to teach. This form of training is used for teaching skills that are needed, but are not used on a regular basis.

When the interdisciplinary team has identified that an inmate with intellectual disabilities has a need to develop a certain skill, but that skill is much lower on the priority list, incidental teaching is typically used as a way to initiate that training slowly. This type of incidental teaching is implemented with the possibility that when a current goal is achieved then the skill being introduced through incidental teaching will be less foreign to the individual and can be moved to a goal that can be successfully obtained. Some of the skills that are learned through incidental teaching may include tasks such as wearing their glasses everyday or learning to fold their laundry. Service objectives are the final process in the IHP training and they address services that the IDT will be providing that help insure the success of the program and also may include ways to give training for skills that are considered low priority. Some service objectives include health needs that are specific to the inmate such as specific blood testing or providing a special diet. A good example of this aspect of the IHP would be giving reminders to an inmate with intellectual disabilities who also has diabetes to follow a low sugar diet and this service of reminders could be provided each time the inmate goes to the canteen and wants to purchase candy bars and soda. Another example of a service objective would be providing a more isolated area for an inmate with autism to have their meals. This would be a service objective that would be critical to the success of their programming because many people with autism cannot handle the stimulation of large crowds and noise and providing this service would prevent the inmate from exhibiting behaviors that they cannot control.

All identifying information that is relevant to the inmate including preferences, personal and medical history, strengths and weaknesses should be included in the

individual habilitation plan in order to provide imperative information about the abilities of the inmate and the possible causes of their behavior to the correctional staff and IDT. Areas of training that the individual habilitation plan will need to include are monetary skills, medication education, vocational skills and daily living skills. Other areas will be included in the habilitation plan based on the inmate's individual needs, deficits and abilities.

Behavior Strategy Plan

Inmates with intellectual or developmental disabilities have a difficult time adjusting to any change in environment and especially to the confinement of prison. Most situations and events that occur in correctional facilities are not indicative to the norms within society and the inmate with these types of disabilities will likely develop behavior that is much worse than the behavior that that was exhibited before incarceration. People with intellectual or developmental disabilities can often learn to control undesirable behaviors but they must be taught how to control them and they must be given a consistent system of reward versus punishment. The behaviors learned by people with intellectual disabilities that are considered inappropriate, aggressive or otherwise undesirable are called maladaptive behaviors and they are learned behaviors. It is important to understand that appropriate behavior can be learned as well and these types of positive behaviors that are taught are known as adaptive behavior. In order to alter a learned maladaptive behavior, a Behavior Strategy Plan must be developed and consistently followed.

Maladaptive behaviors can increase the probability of disciplinary actions being imposed on the inmate and the success of habilitation programming becomes much less

likely. A behavior strategy plan is implemented to provide correctional staff with information that includes targeted behaviors, what causes the behaviors to occur, how to praise or reward the inmate when the inmate reacts appropriately and intervention techniques that will be effective in deescalating a behavior. The behavior plan also assists the offender by providing them with strategies and relaxation techniques that help them deal with live stressors.

Monitoring for the maladaptive behaviors provides information on the increase or decrease of behaviors and can provide the IDT information for early detection of any medication needs. If medications are required to assist with decreasing negative behavior then a medication reduction plan should be included in the behavior strategy plan. Medication to decrease behaviors should only be utilized if the results outweigh the risks. Medication should not be utilized as a restraint and is intended to increase the quality of life for the offender with intellectual or developmental disabilities and allow the offender the opportunity to learn the techniques written in the plan by eliminating uncontrollable outbursts.

Reentry

A successful habilitation plan can assist the offender with intellectual or developmental disabilities with a successful reentry plan. Reentry is very difficult for an offender with intellectual disabilities and the QIDP should work closely and communicate all programming needs to a community social worker and probation officer that will be working with the offender during reentry. These professionals should be contacted at least six months prior to release so that all needed services can be sought out and obtained. With assistance from the Department of Human Services, an

inmate could be assessed for vocational placement and have employment possibilities even before release so that reentry is a productive process for the offender.

Offenders with intellectual or developmental disabilities will need continued supports that provide active treatment and a long term advocate to assist in acquiring services to reduce recidivism. All parties involved in the release and reentry process should be aware that an offender with intellectual disabilities may not be able to live independently. Providing a residential setting such as a half-way house would assist with gradual integration into the community and prevent a person with intellectual disabilities from going through the emotional shock of a drastic environment change. Proper placement will provide continued active treatment and supports to assist in housing, vocational, social and daily living needs

Conclusion

The recommendations provided in this chapter include seven aspects that need to be addressed when an individual with intellectual or developmental disabilities find themselves in the criminal justice system. The first recommendation included a training plan for local law enforcement. The second recommendation addressed the need for specialty courts. The third recommendation addressed the need for advocacy when an individual with intellectual or developmental disabilities are going through the court process. The fourth recommendation includes an implementation to insure detection of intellectual disabilities in inmates as well as a standardized assessment tool to insure consistency in testing. The fifth recommendation emphasizes the purpose and importance of implementing an interdisciplinary team. The sixth recommendation describes the

active treatment plan with an emphasis on the individual habilitation plan. The final recommendation discusses reentry needs to reduce recidivism.

The implementation of each of these recommendations will insure proper treatment, protection of rights and assist in the understanding during the judicial processes. Other implications of these recommendations include habilitation programming while serving the sentence to increase skills and insure reentry.

Chapter 5: Conclusion

In an era of deinstitutionalization, individuals with intellectual disabilities are more included in social culture than ever before. The inclusion in the community has reduced supervision and increased personal choices for adults with intellectual disabilities. Low educational skills and reduced economic status increases the probability of criminal behavior and the lack of cognitive understanding among individuals with intellectual disabilities makes them easy targets for criminal activity. The past segregation of individuals with intellectual disabilities has assisted in negative public perception and stigmas regarding people with intellectual disabilities. “The often stigmatized identity of individuals with intellectual disability offers the potential for members of the public to view them as ‘abnormal’ and to try to maintain a social distance from them (Ouellette-Kuntz, Burge, Brown, & Arsenault, 2010. P2).” The public perception as viewing individuals with intellectual disabilities as abnormal creates a perspective of separation. This separation results in a ‘them and us’ frame of mind making the issues within the criminal justice system seem to be less important.

Moral implications concerning individuals with intellectual disabilities in the criminal justice system are obvious; however, there are several legal aspects that criminal justice professionals and policy makers must acknowledge. Offenders with intellectual or developmental disabilities have the same legal rights as offenders without disabilities. These rights include the right to be informed of the nature and cause of the accusation and the right to assist the counsel in their defense and the right to be free from cruel and unusual punishment. Information must be provided in a way that the offender with intellectual or developmental disabilities are able to comprehend. An

advocate or an attorney that specializes in offenders with intellectual disabilities can assist the offender in assisting the counsel in their defense and protecting the rights of the offender. Although there are no national legalities found that insures proper habilitation for inmates with intellectual or developmental disabilities, the *Youngberg v. Romeo*, (1982) case declared that inmates with intellectual disabilities should be provided enough habilitation to prevent undue restraints (Davis, 1996).

In 1992, Oklahoma's prison population estimated to be approximately 13,000 inmates and out of that 780 were reported to have intellectual or developmental disabilities (Davis, 1996). In 2013, Oklahoma's prison population estimated to be approximately 1,574,700 inmates (Carson, 2014) and the amount of inmates with intellectual or developmental disabilities are unknown due to the fact that the reception center no longer provides cognitive testing. It can be assumed that with the increase of Oklahoma's prison population along with the decrease of institutionalization of individuals with intellectual disabilities that there is a significant amount of inmates in the Oklahoma prison system that has intellectual or developmental disabilities.

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Appendix A: Communication

**SPECIALIZED
TRAINING PROGRAM**

APPLIED COMMUNICATION SKILLS

TRAINING TOPIC:

APPLIED COMMUNICATION SKILLS

LENGTH: 1 HOURCOMPETENCY MEASURE 85%

GOAL: To learn and apply effective communication skills for successful interactions with individuals with developmental disabilities and sensory impairments.

OBJECTIVES: After completing this section, participants will be able to:

- Identify the elements of the communication process, and understand the percentage and value of each in applied communication
- Apply strategies that enable better communication with the individuals they work with.
- Understand and define aphasia, as it relates to communication barriers, as well as paralanguage communication
- Be familiar with adaptive / augmentive communication systems

The communication process

definition

Webster’s New Universal Unabridged Dictionary defines communication as the act of imparting, conferring, or delivering, from one to another, knowledge, opinions or facts. The process requires a message, sender and receiver.

It is appropriate to consider communication as an art and a science.

It is an “art” in the sense that the way one communicates includes many variables, and the usage of the variables by the one imparting a message can either have positive or negative effect on the recipient. What “image” are you creating? One that is beautiful or obscene? Helpful or useless?

Communication as a “science”, for our purposes in this course, is to learn how to arrange the variables of communication and incorporate useful skills in order to more effectively communicate with developmentally disabled and sensory-impaired persons.

1. Verbal Communication makes up only 38% of communication, and includes one’s tone of voice, pitch, resonance, breath, speed and volume. The actual words one uses constitutes only 7% of overall communication.

- a) **I** did not say you took the money.
- b) I **did not** say you took the money.
- c) I did not **say** you took the money.
- d) I did not say **you** took the money.
- e) I did not say you **took** the money.
- f) I did not say you took **the** money.
- g) I did not say you took the **money**

2. Non-Verbal Communication makes up 55% of communication. Non-verbal communication includes one’s physical presence, appearance, facial expression, gestures, movement and overall body language.

3. For both sides, this is a great clue giver as to the general attitude toward the communication encounter and what else you might want to do to counteract what you see. These are the areas to look at:

- **How They Sit**

- Forward on the edge of the seat = tension, anxiety
- Lounging back = not necessarily relaxed. Sometimes this is an attempt to *look* relaxed. Need other clues to verify this.
- Changing positions = too much movement means they literally can’t find a comfortable place; it’s hard to settle down. Sometimes the result of the adrenals overflowing at the beginning of a meeting.

Or --- it could mean they’re getting impatient.....

- **Hands**

- Clasped = perhaps tense, but notice *how* tightly they're clasped. Do they open and close their fingers? Another sign of tension and nervousness. For some people, clasped hands are a sign of orderliness and doing things correctly, like in school, remember?
- Open and relaxed = a good indicator that this person is feeling in control.
- Fiddling with objects = unsure; needs tangible touching to feel comforted. Also signifies highly charged overflow of physical energy.
- Clutching chair arms = holding onto reality. Needs an anchor. Another sign of tension.

- **Eye Contact**

- How and/or *if* we make eye contact is a most eloquent source of information
- Steady gaze = calm interior; sense of security and strength about oneself.
- Shifting glances = obviously unable to stand his/her ground; to confront you.
- Looking over your head or down = solo monologue; not taking the listener into account.

Look for Anger, Impatience, Hostility

Throughout the communication encounter, stay tuned into the other's accepting you and your perhaps your body language.

VERBAL VS. NON-VERBAL COMMUNICATION

Picture this scene.

You are walking through the mall and see your friend George coming toward you:

YOU: (*walking up to him, smiling*): "Hi, George, haven't seen you in a while. How's everything going?"

GEORGE: (*backs away slightly, avoiding eye contact*): "Fine, fine."

YOU: ‘What’s up? Are you doing OK?’

GEORGE: (*dropping his packages, scrambling for them, getting up, and quickly looking past you as he shifts from one foot to the other*): “Yeah sure, I’m fine. Doing great.”

YOU: “Gee, you seem a little stressed..... Well, It sure is good to see ya.”

GEORGE: (*stepping back, finally looking at you*): “No, no—believe me, I’m okay (*heaving a sigh*). Everything’s – just – uh—great..... (*looking off*) Yeah, just great Good to see you too.”

Do you believe George? Would you accept what he says about everything being fine? What do you think is really going on. Just lost his job? Been ill? Having financial problems? How do you know? What clues do you use to give you the answers?

We all share a primary human need not just to accept what is communicated to us, but to evaluate it. Go back to that scene with George.

Information noticed from non-verbal language:

- ✓ Body Language: George shifts his feet (can’t hold his ground). He twitches, gestures, nervously drops his packages, scrambles for them (can’t stop moving seems uncoordinated in a simple task)
- ✓ Eye Contact: George can’t look at you; he looks off, thinking. (is he avoiding me – hiding something?)
- ✓ Space Relationship: You get closer – he backs away (avoids me?)
- ✓ Speech Rhythm: George speaks with pauses (is he reflecting ? making up answers? Something on his mind?) – sighs as he speaks – (inner feeling expression – disappointment? Sadness? Tired?)

As Paul Harvey would say --- the rest of the story:

Cindy: (*walking up to you and George smiling*): “Hi honey, who’s your friend?”

George: (*handing the packages to Cindy*) “I want you to meet my new wife, Cindy”

ELEMENTS OF GOOD COMMUNICATION

The transaction is two-way. The message is clear, specific and honest.

The message issues rather than attacks, blames or judges.

Both try to understand the other’s position and feelings.

Both listen to the other without interrupting.

Non-verbal behavior matches verbal behavior.

WORDS VERSUS MOVEMENT

Words may be the basic currency, but non-verbal communication (body language) is the other dictionary we use. Each is powerful and eloquent in different ways, but non-verbals have a much more direct effect on how we process information and your feelings about the sender’s message.

WORDS	MOVEMENT
Words are cerebral. They are symbols, requiring us to translate those symbols mentally into meaning.	Body Language is visceral. We absorb its meaning instinctively, through the ‘gut feeling’. We feel – we do not think about what it means
Words are self-edited – controlled – Through training we pick what we say – filtering our choices - verbalize only what seems fitting – safe to say	Body Language is not edited. Posture, gesture, movement are unconscious. Spontaneous.
Words are specific – explain concrete ideas and facts	Body Language needs interpretation. Movement, posture, gesture, space relationships are unique and individualized.
Words are extravagant, can eventually describe and tell, but you need to use many to get depth of feelings across	Body Language – shows feelings much more economically, more directly – evokes feeling responses in receiver very quickly (hugs – smiles – thumbs up – on the negative side – hand gestures of the rude kind – etc.)
Words separate. Not only the difference between foreign languages and our own, but vocabulary, pronunciation define class –	Body Language can unify. Because life is essentially a series of universal common experiences – birth – death, marriage, children, happy, sad, hungry, fearful – we can understand each other

generations –

through physical expression. Whether it is tears in Tibet or a welcoming smile at a business meeting in Boston.

Words and movement together comprise a dual dialogue. If they match and are consistent with each other, they strengthen and underscore meaning. If they are inconsistent, saying two different things – the receiver disregards the words --- the verbal --- and believes the Body Language --- the non-verbal. It is vital that BOTH – verbal and non-verbal - are conveying the same message for effective and consistent communication

4. GENERAL GUIDELINES FOR COMMUNICATION

- a) Be considerate, always treating the individual with dignity and respect
- b) Show (don't fake) genuine interest in what the individual is saying / attempting to say
- c) Respect the person's privacy / right to confidentiality
- d) Do not approach / touch someone unexpectedly
- e) Be factual
- f) Please be **tactful** when discussing sensitive issues to help the person "save face" and to avoid embarrassment
- g) Always introduce yourself and explain purpose (what you will talk about / why you are there)
- h) Attempt to eliminate / reduce outside distractions

5. APPLICATION OF EFFECTIVE COMMUNICATION TECHNIQUES

The skillful **application** of effective communication techniques is the key to communicating with the individuals served by our facility. Often, staff must "tailor" the communication to the individual. Individuals with sensory impairment or mental retardation sometimes require an adjustment of one's normal communication style.

Sensory Impairment includes those with auditory and/or visual impairment, as well as disoriented or mentally ill individual , or individuals with aphasia or dementia.

6. COMMUNICATION WITH THE HEARING IMPAIRED

a) When communicating with hearing impaired, one should follow the proceeding protocol:

- Walk into line of sight, and get their attention
- Reduce ‘barriers’ of communication. (Example: Assure that they have an unobstructed view – if signing or lip

KEY THING TO REMEMBER: Any given individual may have more than one diagnosis, so the tips under assorted headings may be interchangeable / may

- Check if hearing aid is on – speak towards ‘good ear’
- Do not chew gum or cover your mouth
- Follow “General Guidelines” as well as tips (below)

TIPS: Always speak slowly, distinctly, and naturally: keep voice pitch low: reduce environmental distraction; begin with key word or phrase; avoid shouting, exaggerating words or speaking **too** slowly, as this may lend to confusion or difficulty in understanding; Augement speech with body language and gestures to assist message. Repeat words or phrases when necessary – lower the voice tone while raising the volume. Demonstrate sincere concern without becoming patronizing.

COMMUNICATION WITH MENTALLY PERSONS WITH A DEVELOPMENTAL DISABILITY

Mental Retardation may or may not affect an individual’s communication skills; Indeed, the individual may not require the adjustment of a staff person’s communication style at all, and may actually be strong in both **receptive** and **expressive** language / communication skills. Just because an individual is mentally retarded does mean there are **necessarily** communication barriers, even though developmental delays / disabilities may definitely affect the communication domain of a mentally retarded individual.

However, there are those with MR who may be strong in **receptive** language skills but weak in **expressive** skills or ability. In other words, and for example, they may totally understand what you are saying, but not be able to express or articulate an understandable response. The opposite could also be true.

TIPS:

- a) Keep surrounding environment free from distractions
- b) Allow individual to see the pace
- c) Speak clearly
- d) Use concrete terms avoid abstractions
- e) Do not rush a response
- f) Ask politely for individual to repeat themselves, as many times as necessary, if you do not understand a word or phrase
- g) Follow “General Guidelines”

DEFINITION: PARALANGUAGE – Paralanguage is defined as noises made by the vocal tract which carry meaning but are not ordinarily studied as language. Non-word sounds which carry meaning. [Source: *Paralanguage: A First Approximation. Studies in Linguistics*]

Some individuals may augment their expressive communication with noises or grunts or non-word sounds. These may indicate feelings of happiness, sadness, give emphasis or merely be a vocal means of self-stimulation.

7. INDIVIDUALS WITH APHASIA

DEFINITION: APHASIA – A loss or impairment of language due to some type of brain injury. [Source: *Aphasia Handbook for Adults and Children*]

FIVE DOMAINS WHICH MAY BE AFFECTED BY APHASIA:

Aphasia can impair one’s:

- 1) Math
- 2) Reading
- 3) Writing

- 4) Expressive language skills
- 5) Receptive language skills

An individual with aphasia may, for example, think of wanting ice cream, and know what the word means, yet their lips, tongue and teeth do not get the message from the brain to pronounce it. A word may also sound foreign or seem unknown. One may also exhibit their aphasia by being able to see and recognize an object (like the ice cream cone), but not be able to recall the word. This is like knowing a familiar person by name, but for the life of you, not being able to recall the name.

TIPS:

- a) Do not hurry an aphasic person, as they tend to do better at a relaxed pace
- b) Use of “yes/no” questions are often assistive and avoid frustration
- c) Keep conversation focused
- d) Follow “General Guidelines”
- e) Note body language and facial expression, as well as paralinguistic “cues”

8. COMMUNICATION WITH VISUALLY IMPAIRED

Prior to initiating conversation or communicating with the visually impaired individual, use the following protocol:

- 1) Be sure to address by name prior to making physical contact (touching the person) --- “Hi, Sarah!”
- 2) Introduce yourself – let them know who you are “it’s me, Ritchie”
- 3) Announce departure – “Sarah, I need to go, see you later”

TIPS:

- a) Always give specific directions
- b) Be tactful when addressing sensitive issue (i.e. – mismatched clothing, perhaps food on their chin, or messy hair – remember they can not look into the mirror)

9. COMMUNICATION WITH A DISORIENTED PERSON

Begin the conversation by identifying yourself and maintaining eye-contact at eye level, and maintain a pleasant facial expression. It is best to use short sentences and common words, and do not rush the individual or make them feel rushed. Be concrete and avoid abstractions.

TIPS:

- a) Follow “General Guidelines”

10. INDIVIDUALS WITH DEMENTIA

Use pictures, point, touch or hand things to the individuals. Illustrate what you are communicating to them via demonstration (i.e., - “Do this, like this”

However, communicating with individuals’ with dementia is not too unlike communicating with those with MR, Dementia occurs after the age of 18, but is similar to a developmental disability (mental retardation).

11. THE COGNITIVELY IMPAIRED

TIPS:

- a) Follow “General Guidelines”
- b) Use simple sentences, being clear and concise
- c) Eliminate distractions
- d) Be concrete, not abstract
- e) BE PATIENT

12. COMMUNICATING WITH THE MENTALLY ILL

- a) Avoid excitement
- b) Address the respectfully
- c) Do not rush onto the scene, assessing it first
- d) Follow “General Guidelines”

Techniques To Improve Listening

- Put your own thoughts aside – do not worry or rehearse what you are going to say
- Get curious – since you already know what you think about it ask yourself “what’s his idea?”
- Listen openly – suspend your judgment
- Listen actively (anticipate where the speaker is going – listen to the supporting evidence – keep reviewing and summarizing what is being said – sort out evidence and fact – categorize: ‘this relates to that’
- Listen to all of it – wait until the very end --- before ---- you ---- speak
- Look at the speaker – remember non-verbal signal are often even more truth-telling
- Build on – When it is time for you to have input – use what was just said as a point for your statement
- Take notes – if you have lots of trouble listening – you might try taking a few notes as others speak- this forces you to

COMMON ADAPTIVE / AUGMENTIVE COMMUNICATION SYSTEMS

- A. SIGN LANGUAGE
- B. PICTURE BOARDS
- C. AUGMENTIVE COMMUNICATION BOARDS
- D. HEARING AIDS
- E. TTY/TTD (SPECIAL PHONE SYSTEM FOR HEARING IMPAIRED)

Appendix B: CFA example

COMPREHENSIVE FUNCTIONAL ASSESSMENT

cfr 483 440(c)(3)

February 5, 2015

Developed by representatives from the following departments: Dental, Dietary, Education, Hearing, Medical Services, Nursing Service, Occupational Therapy, Physical Therapy, Psychology, Speech, and Social Service.

The Interdisciplinary Team has identified through formal and informal assessments the individual's presenting problems and disabilities and, when possible the causes, specific developmental strengths, specific developmental and behavioral management needs, and need for services.

NAME: Inmate Inmate

SEX: F

ADMISSION #: XXXXXX

RACE: W

BIRTH DATE: XX/X/XXXX

HEIGHT: 5'1

AGE: 30

WEIGHT: 120

RESIDENCE: Sierra House

DIAGNOSIS: Mental retardation, cerebral palsy

NEEDS

Seizure Status: No seizure activity

Allergies: Latex, pineapple

General Health: Good

Menses: None takes Depo-Provera

Activity Interest Survey: Completed by Program Coordinator on November 15, 2013;
No Recommendations at this time.

ADL: Completed by Staff 1/30/15: New shoes and possible therapy for ambulation, practice putting on her bra.

Audiological: Completed 2/8/10/15 by Hearing Aid Center INC. Normal hearing both ears with mild loss at high frequencies, normal middle ear function.

Comprehensive Functional Assessment: Completed 2/5/15;; QIDP

Dental: Completed 4/21/15 by Dental. **Recommendations;** no treatment needed.

Eye Exam: Completed 11/15/14, No recommendations, glasses obtained.

Nutrition: 1/13/15; continue with current POC and orders. Notify physician of weights.

Nursing: completed 8/1/14; quarterly by DON

OT: Completed 5/30/15 by Rehab. **Recommendations:** Receiving OT 2x week for 8 weeks. Current goals are to independently take on and off orthopedic and up standing balance to fifteen minutes.

Pharmacy: Completed 11/2014 by D. PH. **Recommendations:** No recommendations at this time.

PT: Completed 5/28/15 by Rehab Care. **Recommendations:** PT providing treatment. Goals are : 1. Increase safe ambulation to 250 ft. 2. Compensate with gait deviations. 3. Become independent with exercise program and ambulation. 4. Increase muscle strength. 5. Increase independence with transfers.

Physical: Completed 1/27/15 by Dr.. **Recommendations: Congestion (Amoxicillin, flonase ordered, drink fluids, cont meds, activites as tolerated and light work).**

Psychological Eval: Completed 10/20/05 **Recommendations/** Speech/ Language evaluation. Consider communication device PT/OT evaluation.

Self Evaluation: Completed by QIDP 6/26/13.

Social Evaluation: Completed 4/1/13 by Community. **Recommendations:** Discharged from counseling. Recommended continue to verbalize wants and needs.

Speech: Completed 4/21/15; by Rehab Care. **Recommendations:** Discharged from SLP treatment. Met SLP goal of increasing communication accuracy to 75% .

Vocational: Completed by SFP QIDP. **Inmate is currently employed through**

Dexterity: Fair with right hand, poor with left hand.

Ambulation: Left upper body in flexor position, hips add, initial contact on right is on toe, left slightly on toe; step length within normal limits. Has an unsteady gait.

Laterality: Inability to use left side effectively

Medications: Routine medications: Nutrisource fiber powder, Depo-Provera, Tab-A-Vite with iron, Loratadine- D 10mg, Akne- Mycin 2%. **PRN medications:** Ibuprofen, Loperamide, Promethazine, A-Tussin DM, Refresh tears, Norco 5mg/325mg, and Proair.

INTELLECTUAL:

MA: 6 years, 11 months

IQ: 51

LEVEL: Moderate

Educational Summary: Completed the 12th Grade, attending special education classes

EMOTIONAL (BEHAVIORAL CHARACTERISTICS)

Inmate is able to communicate her wants, needs and desires verbally. Although Inmate understands most of what is being said to her, it is difficult to understand her due to her cerebral palsy. She has severe verbal articulation difficulties, her expressive communication is very poor and most words she says are unintelligible. When asked what she likes to do, she stated that her favorite thing to do is “work”. She is able to read words but doesn’t read well. She can also write, but it is not easy for her because she can’t spell many words. Inmate can utilize the telephone to contact family and friends. Inmate is encouraged to express her wants, needs, and desires on a daily basis. She is encouraged to express satisfaction/dissatisfaction and to discuss problems with staff.

Social Service Summary:

Inmate is a 30 year old, ambulatory, Caucasian Female, born on 00/00/0000. She attended special education classes in Putnam City Schools. She graduated from Heights High School in 0000. She attended Dale Rodgers Center while she was in school. Inmate was born in San Diego, CA. at the Naval Hospital there. She has lived in Oklahoma City most of her life. She lived with her grandmother in Michigan for 17 months in 2006-2007. Inmate lived at New ICF-MR. Inmate and her mother chose Place in November of 2007. She currently has no legal court appointed guardian.

The Interdisciplinary Team feels ICF-MR admission is the best available plan for this individual.

DATE: 11/7/07

PHYSICAL FUNCTIONING: Inmate has right hand dominance. Inmate has an unsteady gait and sometimes falls. She tends to drag her right foot and walk on her toes with her right foot. It is difficult for her to climb steps. Her left hand is constricted and she tends to hold her thumb in on her right hand. She has fair motor control of her right hand. Inmate has some difficulty with clothing fasteners but she can dress herself.

PERSONAL MANAGEMENT: Inmate can drink from glass / cup. She feeds herself and can pour liquids. She can eat without excessive messiness. She needs help cutting her meat. Inmate eats at an appropriate pace and does not take over exaggerated portions into her mouth at one time. Inmate has the ability to remove her own clothing and can dress herself in appropriate clothing. Inmate is able to wash/dry hands. She can bath/shower although, she needs help shampooing her hair and shaving her underarms.

Inmate can brush her teeth independently. Inmate needs assistance with nail care. She needs assistance with medication. Inmate does not independently obtain medical/dental treatments as needed without assistance from nursing staff.

Inmate operates electronic entertainment equipment such as her radio. She plays table games. She engages in craft activities. Inmate enjoys going bowling, going to the movies, going walking and other community based activities.

C. HOME MANAGEMENT: Inmate independently follows a sequence of daily activities. She tells time to the hour/half hour/minute, using a digital watch. She discriminates between weekdays and weekends. Inmate knows the names of the week and the months of the year in correct sequence when prompted. She discriminates among yesterday / today / tomorrow.

Inmate helps with house hold tasks. She keeps personal living area tidy with prompting. Inmate doesn't perform minor household maintenance / repairs. She knows to evacuate the home in case of fire, and how to use electrical appliances properly.

Inmate clears dishes from table, washes table and counters, when prompted. She is glad to help. Inmate can independently maintain her own laundry.

D. COMMUNITY LIVING: Inmate does not use public transportation. She does not utilize community recreational facilities independently. Inmate will participate in community leisure activities preferring staff supervision. She does not participate in community government. Inmate can read a little, however it is hard for her to write because she can only spell a few words. She prints her name for signature. Inmate does not fill out forms. She can identify person to contact in case of emergency and is able to report age/ date of birth/ when prompted. Inmate does not answer the telephone; however she does talk to family on the phone.. Inmate can use the phone independently. Inmate gets along with the other residents and with the staff. She is cooperative and relatively compliant. She is polite and mannerly. Usually Inmate is outgoing and friendly.

E. MONEY MANAGEMENT: Inmate does understand the function of money. She does recognize currency and coins. She does not lose money or leave it lying around. She might give money away if asked by someone she trusts, causing her to be exploited by others. She does not understand the need to pay for services (e.g. food, utilities, rent). Inmate is able to make simple purchases of goods, but is not capable of maintaining a checking or savings account or managing her financial affairs without assistance. She is to be provided training to learn the skills necessary to use a checking account system to meet her needs, to manage her personal income received from gainful employment.

F. LANGUAGE: Inmate is difficult to understand and may need reminders to over articulate words or oral exercises. She communicates through the use of natural body gestures and vocalizing. Inmate is encouraged to express her wants, needs, and desires on a daily basis. She is encouraged to express satisfaction/dissatisfaction and to discuss problems with staff. She sometimes comments on whatever is going on in the house but rarely engages in conversations with staff and peers unless spoken to first. Inmate is very friendly to everyone. She is very responsive. She seems happy and pleasant to be around.

G. WORK HABITS AND BEHAVIORS: Inmate has had some experience with work, when she lived in Michigan she worked part-time for an oral surgeon, helping in his office. She worked at the sheltered workshop at New ICF-MR. Inmate is currently employed at _____ the Janitorial crew.

She has stated that she likes to work and earn her own money.

H. MENTAL STATUS: Inmate has no diagnosis of mental illness nor any mental health needs.

I. SOCIAL EMOTIONAL MATURITY: Inmate is very outgoing and enjoys being around people. She seems to really enjoy spending time with the staff and her house mates. Inmate is able to carry on conversations; however, is difficult to understand at times. She is able to write her name, letters and read some. Inmate can utilize the telephone to contact family and friends. Inmate is encouraged to express her wants, needs, and desires on a daily basis. She is encouraged to express satisfaction/dissatisfaction and to discuss problems with staff.

J. AGGRESSIVE/MALADAPTIVE BEHAVIOR: Inmate has no maladaptive behaviors and is pleasant and cooperative with peers and staff.

K. LEISURE/RETIREMENT CONSIDERATIONS: Inmate likes to work and has not considered retirement. She does have personal interests and personal hobbies. Inmate is independently able to choose leisure activities that she enjoys.

L. CIVIL/LEGAL: Inmate does not make reasonable civil / legal decisions. She cannot make treatment decisions. Inmate demonstrates an understanding of treatment goals. She does not understand alternatives to treatment or the risk associated with treatment unless explained in very simple terms. She usually demonstrates an understanding of consequences of refusing treatment. Inmate has no court appointed legal guardian at this time.

M. FAMILY INVOLVEMENT: Inmate demonstrates meaningful family relationships.

Appendix C: Resources for adults with intellectual disabilities

1. American Association on Intellectual and Developmental Disabilities (AAIDD)
501 3rd Street NW suit 200
Washington D.C. 20001
www.aaid.org
Phone: (202)387-1968

2. The Arc
1825 K Street NW suit 1200
Washington D.C. 20006
www.thearc.org
Phone: 1-800-433-5255

3. Disability Measures
Mathew Meanner, PhD
Email: maenner@gmail.com
www.disabilitymeasures.org

4. National Association of Councils on Developmental Disabilities (NACDD)
1825 K Street NW, suite 600
Washington, D.C. 20006
Phone: (202)506-5813
Email: info@nacdd.org
www.nacdd.org

5. People First
4405 NW 4th Street suit 138
Oklahoma City, Ok. 73107
Phone: (405)602-2704