

Using Multiple Exemplar Training to Increase Fitness to Stand Trial

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## **Abstract**

Fitness to stand trial refers to an individual's capacity to comprehend judicial proceedings related to a crime they have committed. There currently exists no legally codified or empirically validated procedures for training fitness in forensic inpatients with mental health diagnoses, developmental diagnoses, or dual diagnoses. The purpose of this study was to develop a teaching procedure based on multiple exemplar training (MET) that provides a procedural foundation for training fitness. Broadly, this study sought to yield the first objective teaching procedure and measurement system for improving fitness based on the principles of behaviour analysis. Specifically, MET was used to develop a variety of stimulus (questions) and response topographies, which were presented to participants and designed to increase acquisition of targets related to fitness. Results from one completed participant and three partial datasets provide preliminary to support MET as a procedure for increasing fitness, as indicated by an increase in correct responding across to all questions related to an individual's fitness to stand trial. This study has implications for both judicial system and hospital settings, as the empirical validation of a standardized approach to training fitness could serve to streamline service delivery and mitigate the common barriers experienced by individual with dual diagnoses during legal proceedings.

*Keywords:* fitness to stand trial, forensic behaviour analysis, multiple exemplar training, skill acquisition, mental health disorders, Canadian judicial system

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## **Using Multiple Exemplar Training to Increase Fitness to Stand Trial Canadian Criminal Justice System**

The Canadian Criminal Justice System (CCJS) has the objective of enforcing consequences for violations of law to ensure public order and safety (Department of Justice, 2017). There are a variety of interrelated components within the CCJS including, but not limited to, law enforcement and prosecution, defence services and legal aid, court proceedings and trial, victim services, correctional services, and social support programs (Department of Justice, 2017). Additionally, the CCJS is responsible for maintaining an accessible, equitable, and fair judicial system for all Canadians. In doing so, the CCJS is responsible for providing adequate support for vulnerable citizens who come into contact with the justice system, such as individuals with mental-health diagnoses (characterized by the Public Health Agency of Canada as alterations in thinking, mood, or behaviour associated with significant distress and impaired functioning), intellectual/developmental disability (characterized by neurodevelopmental deficits that produce impairments in personal, social, academic and occupational functioning), or dual diagnoses (the co-occurrence of a mental health problem and developmental disability; Government of Canada, 2022; Lunskey & Lake, 2019; Lunskey & Weiss, 2012).

### **Fitness to Stand Trial in Canada**

Adults with mental health disorders and dual diagnoses are disproportionately over-represented within the CCJS, as prevalence rates of incarceration are significantly greater within these populations as compared to the general population (Hensel et al., 2020). For example, a federal census concluded that over 34% of Canadians with mental health disorders or dual diagnoses have come into contact with police (Statistics Canada, 2012). Further, Matheson et al. (2022) determined that the prevalence of individuals with an intellectual or developmental



disability (I/DD) in an Ontario federal correction facility was 2.1%, but individuals with I/DD represented only 0.9% of the general population. In other words, despite only representing less than 1% of the general population, individual with I/DD represent over 2% of individuals within the prison population. In addition to increased likelihood of being in contact with the justice system, individuals diagnosed with a mental health or substance use disorder, a developmental disability, or both, are also vulnerable to the justice system's proceedings such that their ability to effectively appreciate and participate in legal proceedings is often impeded. As outlined by the John Howard Society (2013), contributing factors to increased vulnerability include risk of victimization, limitations in intellectual and adaptive functioning, presence of challenging behaviours, and limited capacity to understand the criminal justice system, among others. Social factors related to increased vulnerability include inadequate housing and occupational opportunities, and trauma (CAMH, 2013; Government of Canada, 2021). For these reasons, these individuals' ability to appropriately participate in typical legal proceedings (e.g., trial) is often compromised. The capacity to competently engage in judicial proceedings is referred to as an individual's fitness to stand trial.

While the Canadian Criminal Code does not provide a legal definition for fitness, it does define individuals who are deemed unfit to stand trial (UST) as "unable on account of mental disorder to conduct a defence at any stage of the trial, and in particular, unable on account of mental disorder to (a) understand the nature or object of the proceedings, (b) understand the possible consequences of the proceedings, or (c) communicate with counsel" (Criminal Code of Canada, 1991, p. 14). As recognized by the Supreme Court of Canada, a mental disorder includes 'any disorder, condition, or illness that impairs one's ability to function, including delirium

tremens (i.e., severe ethanol withdrawal), automatism (i.e., state of impaired consciousness with no voluntary control), and I/DD’.

Any Canadian judge may order a fitness assessment, known as a “Form 48 Assessment” in Ontario, if there are reasonable grounds to assume that the defendant meets any of the UST criteria. A fitness assessment may be ordered independently by the judge or at the request of either counsel (Legal Aid Ontario, 2022). A standard assessment order is five days in duration, however, if the defendant is found only somewhat unfit and there is rationale to assume the defendant could return to a state of fitness within a short duration, then the assessment order may be extended by thirty to sixty days within an inpatient hospital setting (Legal Aid Ontario, 2022). Provided the defendant is found UST, the prosecution (also known as Crown attorney) may request a treatment order. Under such orders, individuals found UST are remanded to the jurisdiction of the relevant provincial review board (e.g., Ontario Review Board) at a psychiatric forensic hospital such as The Centre for Addiction and Mental Health (CAMH) in Toronto, Ontario (Crown Prosecution Manual, 2021). As such, these individuals receive both pharmacological and psychiatric treatment under a team of healthcare providers, while being assessed periodically by a psychiatrist to determine if they could be deemed fit to stand trial. Upon their first court date (determined by the length of their treatment order), the judge ultimately determines whether the individual is fit or requires further treatment.

According to the Ontario Review Board (ORB, 2022), there are approximately 1,500 individuals currently under their jurisdiction, which increases by a rate of approximately 10% each year. Though the annual incidence of individuals under the ORB is continuously disproportionate to both arrest rates and general population rates, there is no legislation

specifically outlining protocol for assessing or establishing fitness as part of a treatment order (Ontario Review Board, 2022).

The precedent for fitness was set in the 1992 case *R. v. Taylor*, which promoted the broad acceptance of the Limited Cognitive Capacity (LCC) test in Canadian jurisprudence, also known as the “Taylor Decision” or “Taylor Test” (TT; O’Shaughnessy, 2007). The LCC test posits that individuals require only a rudimentary understanding of their rights, court procedures, and relevant legal consequences, while rejecting the concept of analytic capacity (i.e., the ability to make choices in one’s best interest), as acknowledged by the Supreme Court of Canada in the 1994 case *R. v. Whittle* (Davies & Sela, 2014).

The LCC test is solely a precedent and is not supported by any legally recognized psychometric measure or definition of fitness (Grisso et al., 2003; Chaimowitz et al., 2018). Hence, the implementation of this precedent in Canadian jurisprudence is limited by the paucity of empirical research evaluating the methodology and efficacy of an approach to assess, and more importantly, teach individuals diagnosed with developmental disabilities or dual diagnosis to meet the criteria of LCC. This is confounded by the significant criticism that the LCC standard is inadequate by legal scholars and psychiatrists (Schneider & Bloom, 1995; O’Shaughnessy, 2007). Specifically, it has been argued that the standard is unduly restrictive or narrow, and therefore, may not adequately assess fitness in all individuals (O’Shaughnessy, 2007). Nonetheless, the Taylor Decision remains the prominent authority for evaluating fitness in both provincial courts and the Supreme Court of Canada.

### **Application of the Limited Cognitive Capacity Test in Practice**

The LCC test is generally applied to determine if there is an issue of fitness based on the defendant’s ability to meaningfully participate in the criminal proceedings. To demonstrate this,

defendants should be able to appropriately provide responses to a series of questions relating to understanding their charges and their ability to conduct a proper defence (see Appendix A for a list of these questions as per Legal Aid Ontario, 2022).

In Canada, some psychometric assessment instruments have been established and empirically evaluated to meet the criteria of LCC, such as the Fitness Interview Test - Revised (FIT-R), originally developed by Roesch et al. (1984) and since revised by Newby and Faltin (2008). Specifically, the FIT-R is a structured interview procedure comprised of 16 items divided into the following three sections: “Understanding the Nature or Object of the Proceedings”, “Understanding the Possible Consequences of the Proceedings”, and “Communication with Counsel” (Cutler, 2008). The FIT-R includes some of the questions listed in Appendix A, as well as psychological measures of competence. Each item on the FIT-R is scored using a three-point-scale of impairment (none, possible/mild, definite/serious; Cutler, 2008). Research suggests that the FIT-R has robust construct validity, predictive efficiency, and high interrater reliability (McDonald et al., 1991; Zapf et al., 2001; Viljoen et al., 2002; Viljoen et al., 2006). However, it is important to note that the FIT-R most accurately represents competence or fitness of the individual only at the time of evaluation, and those deemed definitively or moderately unfit may require more thorough evaluation or more frequent assessment (Cutler, 2008). Despite its promise to assess fitness, the FIT-R has not been applied with individuals diagnosed with I/DD remanded to the ORB and there has been no empirical assessment of this tool in Canada for over a decade.

Another assessment developed to meet the criteria of LCC based in Alberta is the Basic Fitness for Trial Test (BFTT). Similar to the FIT-R, the BFTT is a semi-structured interview format in which defendants are first presented with a brochure outlining the basic requirements

for fitness (i.e., prior to being interviewed), such as their knowledge of the case, role of court members (e.g., judge), ability to participate in a defense, understanding sentencing, and courtroom behaviour (Newby & Faltin, 2008). The BFTT assessment has been recognized by the Alberta Board of Review given its utility in hundreds of fitness cases in the province (Newby & Faltin, 2008).

Prior research of LCC has primarily focused on evaluating the validity of assessment instruments such as the FIT-R and BFTT (Zapf & Roesch, 1997; Newby & Faltin, 2008). However, this research is limited in that there is a dearth of empirical literature supporting the implementation of these instruments. Additionally, of the existing literature, few studies have been published within the last decade, limiting the reliability and validity of these instruments in current judicial proceedings. Finally, there are no requirements regarding assessment tool use for fitness at a provincial or federal level, and therefore there is no standard implementation of assessment across Canada. For example, although the BFTT is recognized by the Alberta Review Board, it has yet to become a codified legal requirement associated with the assessment of fitness to stand trial (Alberta Civil Liberties Research Centre, 2016; Government of Canada, 2017).

Although there are some instruments that have been developed to assess momentary fitness, it is more important to recognize the dearth of research on procedures for training or teaching individuals how to acquire the requisite skills to establish fitness, such that they can appropriately participate in legal proceedings and perform well on given assessment tools. The absence of well-defined and empirically tested teaching procedures is likely because the dominant approach to fitness restoration is psychopharmacological intervention (Zapf et al., 2013; King et al., 2021). Psychotropic medication is often utilized as a means to improve fitness because a general correlation between medication stabilization and capacity is hypothesized to

exist (Heilbrun & King, 2017; Chaimowitz et al., 2018). While successful in some cases, there is little evidence surrounding the efficacy of psychopharmacological interventions within forensic inpatient settings (Howner et al., 2020), specifically as these therapies relate to fitness.

Furthermore, this approach fails to consider those individuals who may not respond to medication, have behavioural challenges or developmental disabilities which can exacerbate deficits in fitness, or generally lack capacity to participate adequately in their own defence.

Medical interventions fail to acknowledge that fitness is a skill that must be directly taught and is unlikely to appear through medication management alone (Ruben, 2019). Therefore, establishing fitness likely requires specific teaching procedures designed to address the criteria of the LCC.

### **The Application of Forensic Behaviour Analysis to Fitness**

While forensics is an emerging specialty application of applied behaviour analysis (ABA), there is opportunity to provide an invaluable objective framework from which to view and address capacity or fitness. Currently, the most common application of ABA within forensics is Positive Behavioural Support, which is utilized to both reduce challenging behaviours, as well as develop new skills and functional behaviours (Collins et al., 2021; Tolisano et al., 2017). This approach has a broad scope with the overarching goal of increasing one's well-being and quality of life (Anderson & Freeman, 2000). Similarly, the behaviour-analytic approach is transdiagnostic and can address a variety of mental health conditions to promote an increase in both functional abilities and reduction of challenging behaviours utilizing specific behavioural principles (Summers et al., 2021). Given that ABA is well grounded in principles of learning, behavioural interventions could be used to operationalize fitness to stand trial as an objective measure of accuracy, generalization, and durability of one's responding to questions relating to the nature of court proceedings, possible consequences of court

proceedings, and communication with counsel (as per the requirements outlined by the Canadian Criminal Code). Furthermore, methods based on ABA have successfully addressed limitations experienced by forensic inpatient populations, such as the reduction of problem behaviours, propensity for rote responding (i.e., responding that requires self-prompts, mnemonics, or other memory strategies, and lacks flexibility or variation), and comprehension deficits (Davies et al., 2018; Collins et al., 2021).

### **Multiple Exemplar Training**

One approach that has been successful in teaching novel and contextually appropriate responding is Multiple Exemplar Training (MET). Sometimes referred to as general case teaching, MET was first termed by Hughes and Rusch (1989) and refers to a procedure in which multiple stimulus exemplars are used in teaching to promote the acquisition of novel and generalized responding (Erhard et al., 2021). MET may involve response exemplars, stimulus exemplars, or both (Erhard et al., 2021). For example, with children with ASD, Garcia-Albea et al. (2014) provided three scripted response options (i.e., response exemplars) when presented with a toy: to identify the item, to provide a description of the item, or describe the function of the item. A script-fading procedure was implemented across thirteen different stimuli (toys) such that the last word from each script was removed at each phase, until there were no scripts associated with toy presentation (Garcia-Albea et al., 2014). The results indicated that presentation of multiple script exemplars in conjunction with fading was effective at increasing both scripted and novel (unscripted) generative responses to the stimuli. In contrast, Sprague and Horner (1984) demonstrated MET of stimulus exemplars, such that individuals with developmental disabilities were taught to use vending machines across three different conditions: training with a single machine, training with three machines, and training on three or more

machines that represented a variation of potential vending machine stimuli. The authors concluded that the condition which contained the greatest variability of stimulus examples (e.g., various machines that were all different and in different locations) resulted in the greatest generalization and maintenance across participants.

MET has shown to facilitate generative behaviours such that a wide variety of appropriate responses are emitted and maintained across settings (Greer et al., 2005; Erhard et al., 2021). Various studies have demonstrated the success of MET in teaching a variety of skills and generative responses, including but not limited to, conversational skills, responding to WH-questions, response variability, and social behaviour (Holth 2017; Schnell et al. 2018).

An analysis of several studies further demonstrates the potential for MET to inform practices to mitigate comprehension deficits and establish generalized novel verbal behaviour. Persicke et al. (2012) used MET to teach relational responding to children with autism spectrum disorder could understand and respond to metaphors. In baseline, participants were presented with several short stories (e.g., “I brought a cake to work last week. The cake had fluffy frosting, and it smelled really good”) and were scored on their ability to accurately respond to a subsequent metaphor (e.g., when presented with the question, “If you say the cake is perfume, what does that mean?”, a correct response would be, “It smelled really good”). Each training session consisted of teaching two novel stories and two learned stories from previous training sessions apart from the first training session in which there were no previously learned stories. Importantly, the authors demonstrated that all participants could be taught to generalize learned metaphors to untrained novel metaphors, indicating that the participants were not merely engaging in rote memorization, but rather developed a versatile, broadly applicable skill. Generalization was further supported as participants demonstrated improved accuracy on



metaphors from baseline to post-training even though these metaphors were never targeted during training (Persicke et al., 2012). LaFrance and Tarbox (2019) suggested that MET is unique from other procedures in producing generativity and that the combination of adequate stimulus and response exemplars is the most effective way to achieve the desired outcome of increasing novel verbal behaviour based in comprehension.

### **Translating Multiple Exemplar Training to Improve Fitness**

Currently, there exists no legally codified or empirically validated procedures for training fitness in forensic inpatients with mental health diagnoses, developmental diagnoses, or dual diagnoses. While guidelines such as those created by Legal Aid Ontario have provided the foundation for informal approaches to training fitness based on LCC (e.g., Taylor Test questions, see Appendix A), directly teaching a limited set of “correct responses” to only the nine LCC questions with minimal variation may result in rote responding. This approach fails to include comprehension of the judicial system, as originally intended in the *R v. Taylor* decision.

The development of a teaching procedure based on the principles of ABA that includes multiple exemplars of each LCC question could provide a procedural foundation for training fitness that does not exist in either the legal or academic literature. Establishing empirical evidence of a reliable and valid teaching procedure based on the principles of ABA may contribute to setting a legal precedent or standard regarding requirements for the services received by forensic inpatients in this setting. Specifically, this could ensure standardized delivery of fitness training to all individuals across the province and/or country. This will have inherent implications for both the judicial system and hospital settings, such that there would be less ambiguity surrounding the dispute of one’s understanding of the court proceedings and consequences. This could serve to streamline service delivery and increase the judicial system’s

capacity to try an individual within a reasonable time, as per the Canadian Charter of Rights and Freedoms (1982).

Furthermore, this approach has the potential to address cognitive and/or behavioural limitations associated with mental health conditions, developmental disabilities, or dual diagnoses. Specifically, individuals who have been remanded to a psychiatric facility as a result of being deemed UST present with many limitations associated with their ability to understand legal proceedings (i.e., respond correctly when questioned about their legal status or case). Considering the advantages associated with MET, including mediated generalization and the reduction of rote responding, it may be advantageous to translate the principles of MET to fitness training, such that the teaching procedures incorporate multiple exemplars (Davies et al., 2018; Collins et al., 2021; Erhard et al., 2021). Specifically, such a strategy could decrease the likelihood of rote responding and increase generative responding (listener and response skills) by way of enhancing individual comprehension of the legal proceedings, possible consequences, and appropriate ways to engage in one's own defense within a forensic inpatient population. Finally, this methodology has the potential to arbitrate the discrepancy between the courts, who only require limited capacity, and professional advocates who argue for more stringent procedures that ensure understanding or comprehension beyond a limited capacity (O'Shaughnessy, 2007).

### **Purpose of Current Study**

There currently exists no research on formal strategies to teach fitness in Canada for individuals deemed UST and have been remanded to a psychiatric facility under a Form 48 assessment. Given the absence of such teaching procedures, the purpose of this study was to design and empirically evaluate a comprehensive method to establish fitness among forensic

inpatients with mental health, I/DD, or dual diagnoses, using MET. Broadly, this research attempted to yield the first objective teaching procedure and measurement system for improving fitness based on principles of ABA. Specifically, this was accomplished by using MET to provide participants with a variety of stimulus (questions) and response topographies that were designed to increase acquisition of targets related to fitness (e.g., appropriate understanding of the judicial process; Erhard et al., 2021). As such, the hypothesis was that this strategy would allow participants to respond more effectively to novel, untrained stimuli, such as those that might be encountered throughout the judicial process, such as when a presiding judge presents the LCC questions to a defendant (Greer, 2005). By developing a method guided by MET, the intervention had the objective of achieving generalization of correct responding with participants and increasing the potential for producing permanent behaviour change regarding their fitness to stand trial. Additionally, this research has the ancillary benefit of advancing the role of ABA within an interdisciplinary forensic setting. Importantly, this study serves to address the substantial societal implications of fitness through a critical disability studies lens, such that it serves to highlight one prominent way in which individuals are systemically ‘dis-abled’ by flawed institutional systems, such as the judicial system.

## **Method**

### **Participant Inclusion**

Participants were recruited from the Forensic Brief Assessment Unit at CAMH. As per the requirements of their treatment order set forth by the ORB, all individuals remanded to the Forensic Brief Assessment Unit at CAMH undergo fitness training, regardless of their participation in the present study. The objective of their 30-to-60-day remand is to increase their fitness to stand trial, such that they can proceed through the judicial system. The current study

formalized and evaluated procedures that already occur on the unit as part of routine clinical practice during formal fitness assessment and training. Therefore, whether individuals chose to participate or not participate, they were required undergo fitness training as a requisite part of their treatment order at CAMH. However, only those individuals that chose to participate in the present study were subject to formal experimental evaluation.

Participants were included if they met the following inclusion criteria: (a) they were over the age of 18 years old, (b) they had been remanded to the Forensic Brief Assessment Unit at CAMH for fitness training, (c) they had a mental health diagnosis (e.g., schizophrenia), I/DD or a related neurodevelopmental diagnosis (e.g., autism spectrum disorder), or dual diagnosis (i.e., both mental health and developmental diagnoses), and (d) pharmacological stabilization was at an appropriate level based on a psychiatrist's independent evaluation. Psychotropic medication stabilization was prerequisite to fitness training to reduce the impact of changing medications (e.g., potential side effects, the recurrence of interfering behaviours) as a confound to teaching procedures. Specifically, pharmacological stabilization was determined by a unit psychiatrist, who informed the unit behaviour therapist and experimenters. The behaviour therapist subsequently made recommendations for participant inclusion based on this information.

In total, 11 individuals participated in the study, however, seven were excluded due to being discharged from CAMH and proceeding through the judicial system prior to completing an appropriate portion of the study. As such, results from four participants were included for the purpose of this study.

Rhea was a 46-year-old female diagnosed with Unspecified Schizophrenia Spectrum and other psychotic disorders. Her charges included attempted murder, aggravated assault, assault, and theft under \$5,000. She was remanded to the CAMH forensic unit on a treatment order.

Vincent was a 44-year-old male diagnosed with Schizophrenia. His charges included failure to comply, assaulting a peace officer, failure to attend court, weapons, and uttering threats. He was remanded to the CAMH forensic unit on an assessment order.

Graeme was a 54-year-old male diagnosed with Schizophrenia. His charge included assault with a weapon, and he was remanded to the CAMH forensic unit on an assessment order.

Paul was a 32-year-old male diagnosed with Schizophrenia and Cannabis Use Disorder. His charges included failure to comply, assault with a weapon, aggravated assault, and assault causing bodily harm. He was remanded to the unit on a treatment order.

### **Setting**

All sessions occurred in a 3 m x 4 m recreation room with a two chairs and table on the Forensic Brief Assessment Unit. Participants were confined to the room in which sessions were being conducted by closing the room door but were otherwise able to move around the room freely. Participants were also free to leave the session room if they indicated a desire to terminate research sessions or withdraw consent.

### **Materials**

Data was collected using a digitally using an Excel© spreadsheet to score correct and incorrect responses to questions (see Appendix B).

A visual aid was used in the MET phase. Each question was written on a coloured 12.7 cm x 20.32 cm laminated card. The colour of the card differed depending on the multiple exemplar question category (e.g., questions from the “Court Proceedings” category were presented on blue cards and questions from the “Charges, Rights, and Conduct” category were presented on red cards). All LCC questions were presented on plain white cards. The correct response was written on the reverse side of each card.

Participants were provided with ten points (i.e., conditioned reinforcers) for a token economy system contingent on participation in each intervention session. This procedure is consistent with the forensic unit's current behavioural programming designed to promote adaptive behaviour. Participants were eligible to redeem those tokens in the token economy/community store on the unit. The store includes personal hygiene products (e.g., shampoo), leisure items (e.g., books), clothing, and other preferred items. The value of each token was equivalent to approximately \$0.50 CAD. We elected to use the on-site token economy as the reinforcement for session participation given the empirical evidence supporting their implementation within forensic and psychiatric populations (Maley et al., 1973; Milan & McKee, 1976; Glowacki et al., 2016), and due to the functional appropriateness of such reinforcers on the unit.

### **Response Measurement & Target Behaviour**

Nine LCC questions were presented in the baseline and post-training phases and 27 multiple exemplar (ME) questions were presented in the training phase. A variety of exemplars of each LCC question were developed to mitigate rote responding in the presence of LCC questions and promote generalization during and following fitness training. ME questions were designed to promote generative responding as a result of increased exposure to different varieties of LCC questions. This approach is consistent with prior studies using MET (Erhard et al., 2021; Garcia-Albea et al., 2014; LaFrance & Tarbox, 2019). ME questions were developed in conjunction with the unit behaviour therapist and the supervising psychiatrist to ensure suitability and validity in accordance with questions the participants may be asked in a judicial setting.

LCC questions were first divided into three categories based on relatedness of questions (see Appendix C). These categories are (a) "Charges, Rights, and Conduct," (b) "The Role of

Jurists and Pleas,” and (c) “Court Proceedings”. Three subsequent ME questions were created for each target LCC question across categories (see Appendix D). ME questions consist of one synonym-replaced question (defined as questions where the main categorical word is replaced with a synonym) and two related questions (defined as contextually similar questions that evoke the same topographical answer). Questions presented in baseline and post-training were topographically different but functionally equivalent from questions presented in training.

Participant responses to LCC and ME questions were considered “correct” when delivered within 20 seconds of a question being presented and when structurally equivalent to the acceptable responses determined a priori (see Appendix E). Responses were considered “incorrect” if the participant provided no response, a response after 20 seconds, a structurally inequivalent response to those described in Appendix E, required prompting and/or assistance to facilitate a response, or required the experimenter to provide feedback in the form of error correction (i.e., providing the correct response).

Following each session, participant responses were converted into percentage correct and incorrect responding. Percentage correct responding was calculated by taking the number of questions for which a participant gave a correct response and dividing it by the total number of questions asked in the session. Percentage incorrect responding was calculated by taking the number of questions for which a participant gave an incorrect response and dividing it by the total number of questions asked in the session.

### **Interobserver Agreement**

A second independent observer independently and simultaneously scored participant responses as correct or incorrect across sessions in baseline, training, and post-training phases. The purpose of this data collection was to calculate interobserver agreement, which provides a

measure of reliability for observations made during the study. Total agreement was calculated by dividing the number of agreements by the sum of the agreements and disagreements.

Subsequently, agreement was converted to a percentage by multiplying by the resulting quotient by 100.

For Rhea, there was 92.5% agreement between observers across 30% of sessions. For Vincent, there was 94% agreement between observers across 20% of the sessions completed prior to them being discharged from the unit. For Graeme, there was 94% agreement between observers across 30% of the sessions completed prior to them being discharged from the unit. Finally, for Paul, there was 92.5% agreement across 25% of sessions.

### **Experimental Design**

A multiple probe design across question categories was used to evaluate the effect of the training procedure. The independent variable within each question category was the teaching procedure combined with the MEs for each LCC question (Appendix D). The dependent variable was the accuracy of responses in accordance with the “correct responses” described in Appendix E. Specifically, the study evaluated whether the use of ME questions in conjunction with the delivery of positive reinforcement and feedback increased accurate responding. Experimental control was demonstrated across responses to ME questions only as only these questions were intervened upon. Percentage correct responding to LCC questions followed a pre-post design.

Implementation of the training procedure was introduced for each category of ME questions individually. Participants continued training sessions within one category until they achieved 89% correct responding in one session. Subsequently, training began on either of the remaining categories. Every fifth session, all ME questions across each category were probed according to baseline procedures.



## Procedure

**Baseline (LCC Questions).** Prior to the implementation of the intervention, a probe of all nine LCC questions was conducted for each participant. LCC baseline sessions were approximately 10 minutes in duration and each question was posed to the participant once, successively, one at a time. Responses were acknowledged vocally (e.g., “okay”) or gesturally (e.g., head nod) and recorded by the experimenter. There were no programmed consequences for correct or incorrect responses.

**Baseline (ME Questions).** All 27 ME questions were probed in a manner consistent with the “Baseline (LCC Questions)” phase. There were programmed consequences for correct and incorrect responding. These sessions were re-administered every fifth session.

**Multiple Exemplar Training.** Each ME training session was approximately 5 to 10 minutes in duration. Participants were asked all 9 ME questions from a single question category (e.g., charges, rights, and conduct) in a randomized order. The experimenter vocally presented the first question while simultaneously presenting the question card as a visual prompt for the participant, which had the question written on it.

Contingent on a correct response, participants were provided with immediate in-session feedback by being shown the correct answer (on the back of the visual prompt card) accompanied by praise and statements of support by the experimenter (e.g., “That’s right!”). Contingent on an incorrect response, the experimenter immediately delivered vocal error correction in the form of saying “that’s not right” or “not quite” and providing the correct response.

Ten tokens from the unit’s existing token economy were provided at the end of each session contingent on complete session participation (e.g., responding or attempting to respond,

whether correctly or incorrectly, to all questions during the session). Participants were additionally provided with end-of-session feedback on the number of questions that were correct and incorrect. Participants were not provided information about which specific questions they responded to correctly or incorrectly in order to prevent inadvertently providing teaching trials outside of experimental sessions.

**Revision Criteria.** If, during probe sessions (conducted every fifth session), the participant did not maintain 100% correct responding on a previously mastered question category, an additional Multiple Exemplar Training Session within the erred question category was completed. These sessions were conducted immediately following the probe session. The participant was required to achieve 100% correct responding in the subsequent session. These sessions continued until mastery criteria was once again achieved.

**Post-Intervention (ME Questions).** Once mastery criterion was achieved for all ME questions across each of the three categories, or the participant was at the end of their treatment order, a probe of all 27 ME questions was conducted in a manner similar to the “Baseline (ME Questions)” phase.

**Post-Intervention (LCC Questions).** In a manner similar to that conducted in the “Baseline (LCC Questions)” phase, all nine LCC questions were presented by the experimenter.

### **Social Validity**

Following the completion of the intervention, participants were asked to respond to a social validity questionnaire (see Appendix F). This self-report measure served to assess how the procedure was perceived by participants, specifically to determine if the procedure was deemed beneficial by participants and increased their confidence going to trial. Participants were asked

questions regarding their comprehension of their charges and rights, their comfortability going to court, and their preference for the training sessions.

## Results

Results of Rhea's intervention evaluation are displayed in Figure 1. Responding toward the LCC questions during baseline for the question categories a) charges, rights, and conduct, b) role of jurists and pleas, and c) court proceedings, were 33%, 0%, and 0%, respectively. During the MET questions baseline, the percentage of correct responding for the same question categories were 0%, 11%, and 11%, respectively. In the MET intervention condition, correct responding during probes of the first question category (charges, rights, and conduct; top panel) throughout training had an average of 33%. Following the implementation of the intervention, percentage correct increased and Rhea met the mastery criteria of 89% (8/9 questions) correct responding in 18 sessions. Correct responding during the maintenance probe was 89%. In the second MET question category (role of jurists and pleas; middle panel), baseline probe data taken prior to training demonstrated a moderate increasing trend, with an average of 51.67% correct responding. When the intervention was introduced, mastery criteria (89%) was met in 3 sessions. Correct responding during the maintenance probe was 89%. In the final question category (charges, rights, and conduct; bottom panel), baseline probe data was variable, with a moderate increasing trend and an average of 41.25% correct responding. When the intervention was introduced, acquisition to mastery was met in 4 sessions. In the post-training condition, percentage correct toward the MET questions across the categories (court proceedings, role of jurists and pleas, charges rights and conduct) were 89%, 89%, 89%, respectively. For the LCC questions in post-training, percentage correct responding increased to 100%, 100%, and 67% for each question category, relative to the original baseline probe. On a Likert scale of 1 (strongly

disagree) to 5 (strongly agree), Rhea provided responses on the social validity questionnaire of 5 (strongly agree) for questions one, two, and four, and 1 (strongly disagree) to question three.

Results of Vincent's intervention evaluation are displayed in Figure 2. Vincent completed the baseline and intervention conditions for the first (court proceedings) and second (charges, rights, and conduct) question categories during the MET intervention condition. They completed the baseline and began the intervention condition in the final category of MET questions (role of jurists and pleas), prior to being discharged from the hospital. During baseline, percentage correct responding to the question categories a) court proceedings, b) charges, rights, and conduct, and c) the role of jurists and pleas for the LCC questions were 0%, 33%, and 33%, respectively. Percentage correct responding to the MET questions in baseline were 22%, 22%, and 56%, respectively. Within the first question category (court proceedings; top panel) following the introduction of training, mastery (89%) was achieved in 4 sessions, with an overall increasing trend across successive sessions. Correct responding during the maintenance probe was 89%. In the second MET category (charges, rights, and conduct; middle panel), the baseline probe conducted prior to training had an average of 44%. Following the implementation of the intervention, mastery was met in 4 sessions. Correct responding during the maintenance probe was 89%. In the final category of the intervention condition (the role of jurists and pleas; bottom panel), percentage correct averaged 59.67% prior to being discharged from the unit. Vincent was discharged from the hospital and was required to continue moving through the judicial process before the experiment was complete. Therefore, intervention data from the final category (role of jurists and pleas), as well as MET and LCC post-intervention data across all three question categories were unable to be collected.

Results of Graeme's intervention evaluation are displayed in Figure 3. Graeme completed the baseline condition, mastered the first question category for MET questions in the intervention condition (charges, rights, and conduct), and began acquisition in the second category (role of jurists and pleas) prior to being discharged from the hospital. Percentage correct responding in baseline toward the LCC questions for the question categories a) charges, rights, and conduct, b) the role of jurists and pleas, and c) court proceedings, were 33%, 0%, and 0%, respectively. Percentage responding to the MET questions in baseline for the above categories were 0%, 33%, and 33%, respectively. During the intervention condition for the first question category (charges, rights, and conduct; top panel), mastery criteria (89%) was met in 4 sessions. The single maintenance probe following training indicated that Graeme maintained mastery at 89% correct responding. In the second MET category (the role of jurists and pleas; middle panel), percentage correct responding across the single baseline probe was 33%. When the intervention was introduced, average percentage correct increased to 67% within two sessions prior to his discharge. In the final question category of the intervention condition (court proceedings; third panel), only baseline probe data were collected, which displays a decreasing trend in correct responding across 2 probes. Graeme was shortly thereafter discharged from the hospital and was required to continue moving through the judicial process before the experiment was complete. Therefore, the remainder of the intervention data from the second question category in acquisition (role of jurists and pleas) and the third untrained question category (court proceedings), as well as MET and LCC post-intervention data across all three question categories, were unable to be collected.

Results of Paul's intervention evaluation are displayed in Figure 4. Similar to the previous participant, Paul completed the baseline condition and mastered the first question

category during the MET intervention condition (charges, rights, and conduct), as well as completed the baseline condition and demonstrated acquisition in the second category of MET questions (role of jurists and pleas). Percentage correct responding in baseline toward the LCC questions for the question categories a) charges, rights, and conduct b) the role of jurists and pleas, and c) court proceedings, were 0%, 0%, and 33%, respectively. Percentage correct responding to the MET questions in baseline for the above categories were 11%, 22%, and 0%, respectively. During intervention of the first question category (court proceedings; top panel), responding was somewhat variable, however, mastery criteria (89%) was met in 9 sessions. Correct responding to the probe taken during intervention in this phase was 56%, while correct responding to the maintenance probe in this phase was 100%. During baseline probes of the second MET category (the role of jurists and pleas; middle panel), correct responding averaged 22% across two probes. Upon the implementation of the intervention, correct responding increased to an average of 72.5% within two sessions before Paul was discharged from the hospital. In the final question category of the MET intervention condition (court proceedings; bottom panel), only baseline probe data were collected, which indicted a modest increasing trend in correct responding across two sessions. Paul was shortly thereafter discharged from the hospital and was required to continue moving through the judicial process before the experiment was complete. Therefore, intervention data from the remainder of the second question category in acquisition (role of jurists and pleas) and the untrained third category (court proceedings), as well as MET and LCC post-intervention data across all three question categories were unable to be collected.

## Discussion

The current study sought to both design and systematically evaluate a methodology formalizing contemporary approaches to training fitness to stand trial in Ontario, Canada. The results provide preliminary evidence that an intervention consisting of multiple-exemplar training could be effective at increasing responding to exemplar questions regarding the judicial process, as evidenced by an increase in correct responding to the MET questions for all participants. Importantly, the results suggest that the intervention was successful in teaching correct responding to the LCC questions for Rhea despite receiving no direct training on these questions. That is, the results indicate that the MET intervention was robust for this participant given the generalized improvement in their ability to correctly respond to novel, untrained questions related to their fitness to stand trial (LCC questions) once they had received training for a standardized set of question exemplars (MET questions). It is possible that other participants may have shown similar improvements, however, this is not known. Therefore, the results of this study should be interpreted cautiously.

Although Vincent, Graeme, and Paul did not complete the full study, the results provide some support for the MET intervention, given that each participant demonstrated immediate increase in correct responding for question categories in which the intervention was introduced. That is, every implementation of MET produced an increase in correct responding to MET questions. For Vincent, mastery criteria were met in the first two question categories (court proceedings and charges, rights, & conduct) within four sessions across both categories. Training in the third category (jurists and pleas) indicated an increasing trend in acquisition of correct responding within the three sessions conducted prior to his discharge from the unit. Baseline probes conducted prior to intervention demonstrated a slight increasing trend in the second

question category, and a variable trend in the third question category, possibly as a result of incidental exposure to similar questions. The three probes collected post-training in the intervened question categories indicated that the participant's level of correct responding to the questions was maintained following the termination of training. Importantly, this suggests that the intervention was not only successful while being implemented, such that it resulted in an increase in correct responding during training, but also resulted in the ability for Vincent to maintain skills over time.

Graeme similarly demonstrated rapid acquisition to mastery following the implementation of the intervention in the first question category (charges, rights, and conduct). Correct responding in the second question category during intervention demonstrated an increasing trend in the two sessions conducted prior to his discharge from the unit. Baseline probes conducted prior to intervention indicated a stable trend in the second question category (role of jurists and pleas), while there was a decreasing trend in the third category prior to intervention (court proceedings). In the first question category for which mastery was met, Graeme maintained correct responding at the mastery criteria percentage (89%), indicating that the intervention was successful in teaching the correct responses even after intervention was terminated for that question category. Importantly, both Vincent and Graeme demonstrated mastery in their intervened categories within a very short time period, and the trend of acquisition in subsequent question categories tentatively suggests that they could have met the mastery and maintenance criteria in these question categories had they had the opportunity to continue in the study.

Paul demonstrated longer and more variable acquisition to mastery in the first and only question category in which intervention was implemented. This could have been due to



extraneous factors including individual participant comfortability in the experimental arrangement, experimenter-participant rapport, and pharmacological stabilization. As described in prior research, experimenter-participant rapport is an essential mechanism for determining the quality of participant engagement and responses (Horsfall et al., 2021). As such, higher quality rapport between the experimenter and participants, established via mutual attentiveness and positivity, results in more consistent and higher quality responses and greater participant engagement (Horsfall et al., 2021; Tickle-Degnen & Rosenthal, 1990). Furthermore, Anderson and Mayerl (2019) found that differential levels and quality of responding can occur when experimenters present desirable versus undesirable topics based on level of rapport. Given the context of the experimental questions in this study, it is likely that as rapport increased between the experimenter and Paul, consistent and accurate responding increased accordingly.

Importantly, complete pharmacological stabilization is often achieved after a prolonged period of four to six weeks, therefore, participants were likely still moving through the stabilization process during the experiment, which could explain some of the variability observed across participants (Brown et al., 2012; Deal et al., 2015; CAMH, 2023). For example, Rhea's responding in the first question category was somewhat variable, which could have been a function of medication stabilization, participant-experimenter rapport, or both. Regarding Paul's baseline probes, the data demonstrated a stable trend in the second question category (role of jurists and pleas), suggesting no acquisition prior to the intervention, while there was a slight increase in percentage correct responding in the third question category baseline probes (charges, rights, and conduct), possibly due to extraneous factors.

The totality of the evidence across all participants begins to support the hypothesis that MET could be an effective intervention for teaching questions related to an individual's fitness to

stand trial. However, given that only one participant was able to fully complete the study, these results must be interpreted cautiously. Considering the high social validity rating provided by Rhea at the study's conclusion, it is recommended that future studies are conducted to bolster the empirical evidence for this MET procedure.

### **Limitations**

Both contextual and methodological variables acted as limitations in this study and affected some participant's ability to fully complete the study. The primary contextual limitations were related to the participant population. All participants were individuals that had been found unfit to stand trial and were awaiting the imminent adjudication of their cases in court. As such, participants were remanded to the unit for an unpredictable and limited length of time, ranging from less than 30 to more than 60 days. Further, once individuals were legally deemed fit (as determined by a psychiatrist independent of this study's results), they proceeded through the judicial system with little to no prior notice and were consequently unable to continue as a participant. For instance, participants who were remanded to the hospital unit for 30 days, could have been discharged within 10 days if they were deemed fit. They would be removed from the hospital immediately or on the following day. These factors created a barrier based on time constraint that resulted in numerous participants being withdrawn before study completion. To address these limitations, future studies may consider creating a less stringent mastery criteria that would allow participants to proceed through the study at a quicker pace. A less strict criteria would more closely reflect the limited cognitive capacity standard that is currently utilized in Ontario, given that the law only requires individuals to possess a rudimentary understanding of the judicial system. Secondly, the literature suggests that 90% is

the most commonly utilized percentage for mastery criteria across research studies (Richling et al., 2019; McDougale et al., 2020).

The primary methodological limitation of this study was the number of multiple exemplar questions created for the training phase. This was problematic because it resulted in considerable amount of participation in a short period of time (e.g., 30 days). Unfortunately, this was required in order to create a robust experimental design (i.e., it was determined that a minimum of three multiple exemplars would be needed for each LCC question to provide enough diverse exemplars of the LCC questions). While this was essential from an experimental standpoint for demonstrating a strong effect of training, this was not a feasible option given the time constraint barriers within the judicial system. Furthermore, considering the current legal standard for fitness to stand trial is defined as a “rudimentary” understanding of the judicial process, fewer questions in such a study better align with the current standard for limited cognitive capacity. As such, future studies might attempt to reduce the number of questions used during MET, while still providing sufficient evidence of an experimental effect.

A final limitation of this study was possible incidental exposure to correct answers to LCC questions (which as a result could have generalized to correct responding toward the MET questions). For example, participants were still required to meet with their lawyer, attend judicial hearings, and attend scheduled sessions with their psychiatrist. Through each of these avenues, it is likely that participants encountered the questions, or variations of the questions, that were in the baseline phase (e.g., participant’s lawyers likely provided participants information about their crime and what to expect at court, which directly relates to the questions they were being trained on during the intervention). This may help provide some explanation for minor acquisition (i.e., increase in correct responding) across probes for untrained categories of questions for nearly all

participants. However, this may also be attributed to other factors discussed previously, such as continued pharmacological stabilization and increased rapport between the experimenter and participants.

The results of the current study highlight an alarming lack of comprehensive understanding of the judicial process within vulnerable populations, as evidenced by participants inability to correctly provide generative responses to novel questions regarding the judicial system in baseline. This is likely the result of the ambiguous and insubstantial criteria provided in Canadian law to assess and teach fitness within individuals. This has left the door open for subjective interpretation when determining who is and is not fit, as well as how to bring individuals to an acceptable level of fitness. The latter, improving level of fitness, often applies only to our most vulnerable populations, as those are the individuals that require some assistance in acquiring an understanding of the judicial system. This is a significant concern as there are no objective measurement or training procedures to ensure that vulnerable individuals possess a veritable comprehension of the judicial process that they are being subjected to. For example, while individuals may be able to provide a rote response to questions regarding the definition of a guilty verdict, this is not indicative of their ability to truly appreciate the consequences of such a verdict. As a result, the rights of these individuals to effectively consent to and participate in their own legal proceedings is infringed upon. While the CCJS requires individuals to be able to adequately participate in their legal proceedings, they provide no means of achieving this for individuals with disabilities. Ideally, the current study not only highlights this issue within Canadian jurisprudence but could also serve to begin a process of mitigating the issue by providing a systematic approach to teaching vulnerable individuals about the judicial process.

The CCJS further fails to provide a legal definition of fitness, let alone an objective measurement system with which to assess fitness. This was a primary concern that the researchers aimed to address through this study, as the current laws promote subjectivity in assessment, which results in an increased disadvantage to vulnerable populations. As such, a secondary goal of this intervention was to establish an objective measurement system with which to assess if an individual is fit or not. This will ideally serve to increase the accuracy with which to determine fitness, and importantly, reduce the number of individuals who are found fit or unfit subjectively (i.e., per the opinion of a psychiatrist). Unfortunately, individuals with mental health and dual diagnoses are often disproportionately found to be unfit, often due to symptoms unrelated to fitness, such as perseverative speech (Brown et al., 2022).

Given the issues discussed from a critical disability studies lens, future research should focus on furthering the application of multiple exemplar training in practice. Specifically, it is recommended that the current intervention is adapted to be feasible within the current limitations of LCC and time constraints within CCJS. Additionally, it would be pertinent to continue to develop and promote the use of an objective measurement system for determining an individual's fitness to stand trial, such as measuring percentage correct responding across a variety of questions related to ones understanding of the judicial system. With the development of a body of empirical research in this area, it is the hope that these methods will be able to be eventually codified into law, consequently benefiting the vulnerable populations that come into contact with our judicial system.

The development of future research in this area would further support the emerging field of forensic behaviour analysis. The application of an ABA within the field of forensics provides a framework from which to work with a wide range of populations, as well as address a variety

of skills across a range of diagnoses. At a fundamental level, empirical validation of ABA interventions, specifically regarding capacity for fitness, would significantly reduce the reliance on pharmacological approaches to fitness (the current primary method for addressing fitness to stand trial), which would in turn minimize length of stay and promote greater maintenance of acquired skills. At an institutional level, further implementation of ABA principles and interventions will be critical in introducing objective measures of behaviour within the field of forensics, specifically in the ability to operationally define and objectively measure an individual's level of fitness. Ideally, this would ultimately result in legal clarification regarding fitness, reducing the predominant subjectivity of this issue in law, reducing inaccurate determinations of fitness, and most importantly, ensuring that vulnerable populations have acquired the requisite skills to adequately participate in the legal process which they are being subjected to, thus aligning with their Canadian Charter Rights.

To our knowledge, this is the first attempt to develop an intervention based on applied behavioural analysis to address fitness to stand trial amongst vulnerable populations. While there have been other assessment tools produced and suggested, they more consistently align with the concept of LCC, or a rudimentary ability to understand one's interactions within the judicial system. The proposed intervention is one of the first to consider a more comprehensive and behavioural approach to training fitness in individuals, which acknowledges the obstacles this population may face when undergoing traditional psychiatric and pharmacological treatment for fitness. Further, this study provides some initial empirical evidence for an objective measurement system for assessing and determining fitness amongst individuals accused of crimes in Ontario. It is pertinent that future research is conducted to empirically validate this method and provide a

body of literature to which the judicial system can refer to when creating an objective definition of fitness for Canadians.

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ReportFile/1121/Wsipp\_Standardizing-Protocolsfor-Treatment- to-Restore-Competency-  
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Figure 1

Rhea's Graphed Intervention Data

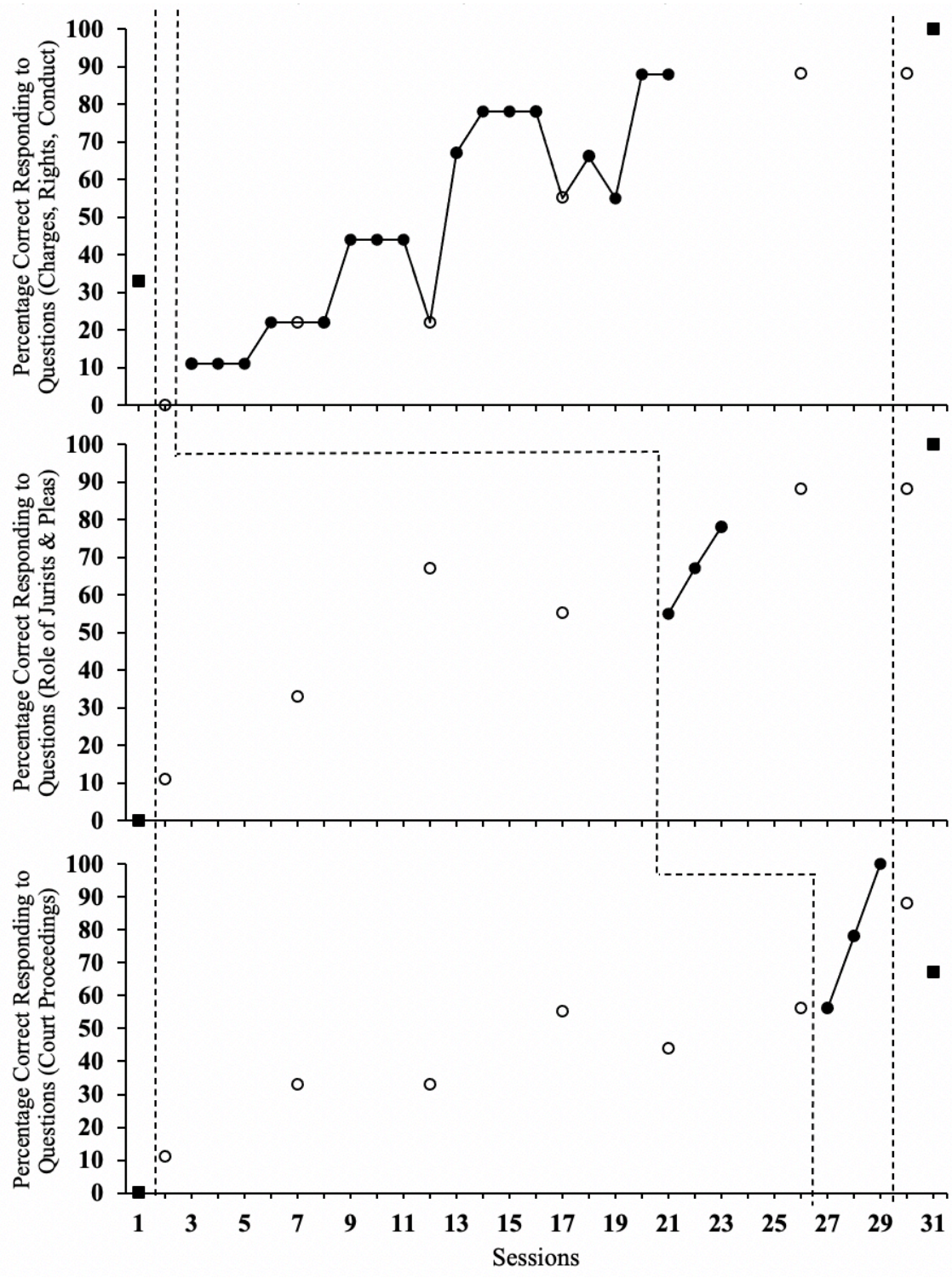


Figure 2

*Vincent's Graphed Intervention Data*

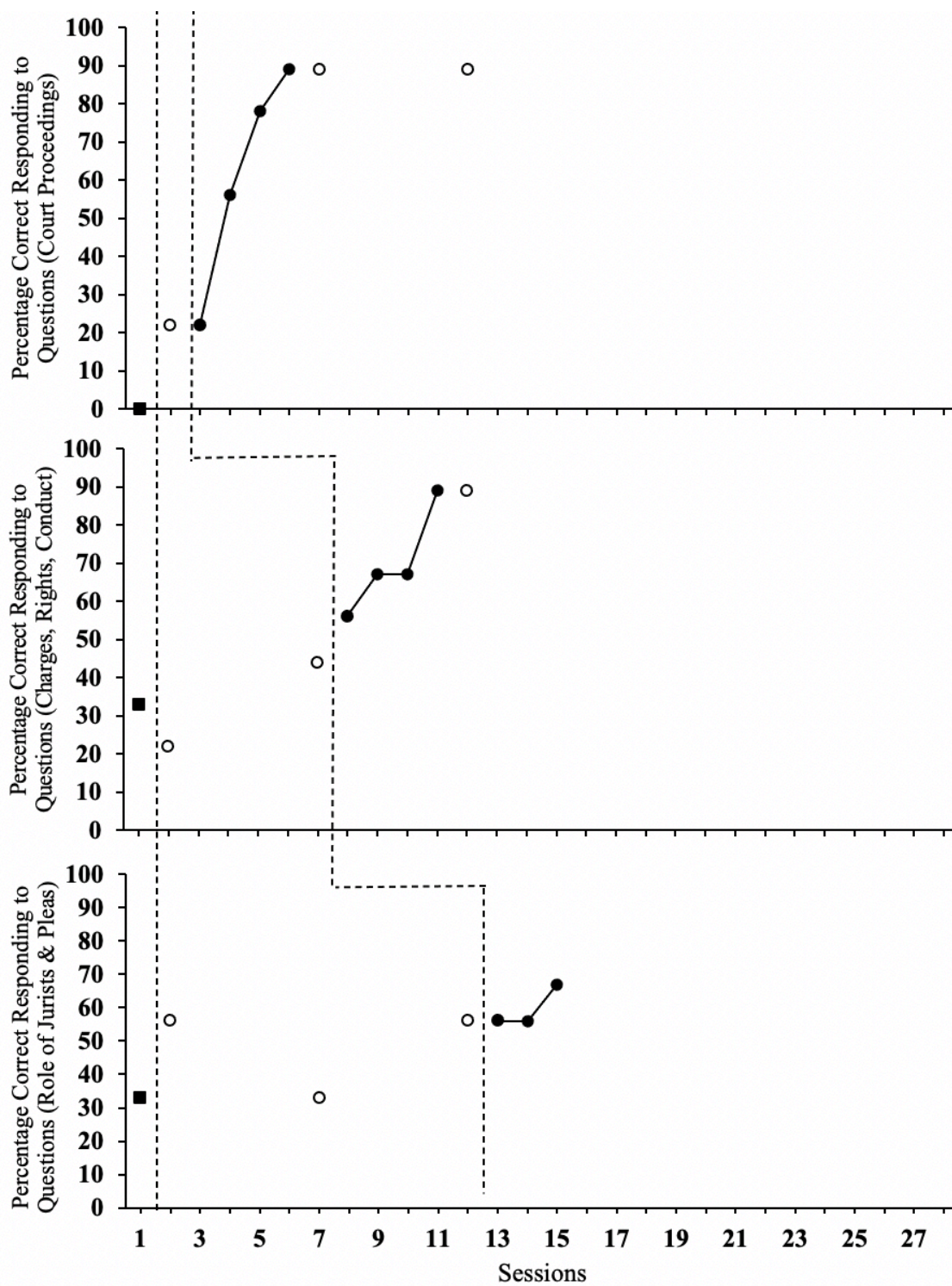


Figure 3

*Graeme's Graphed Intervention Data*

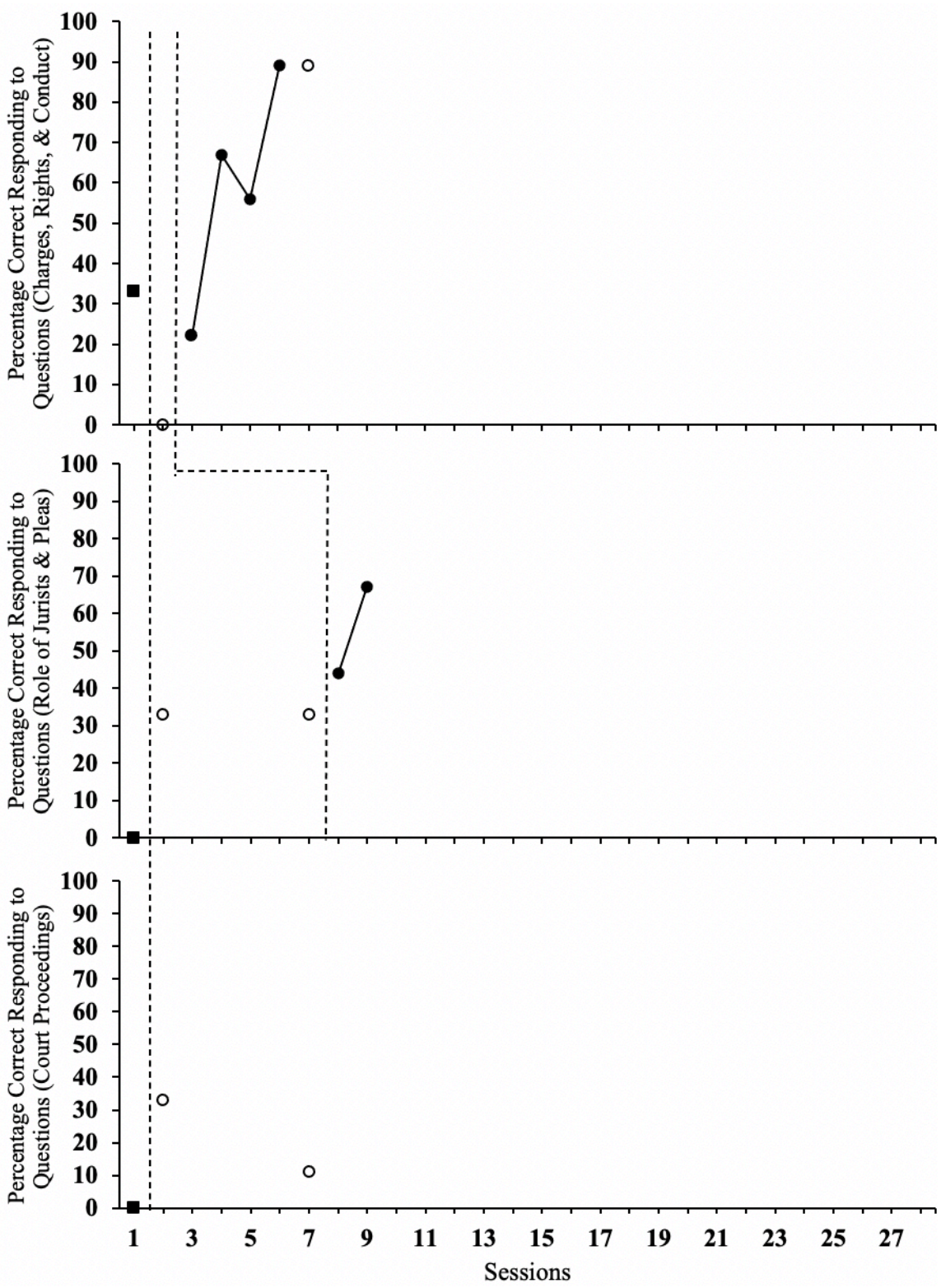
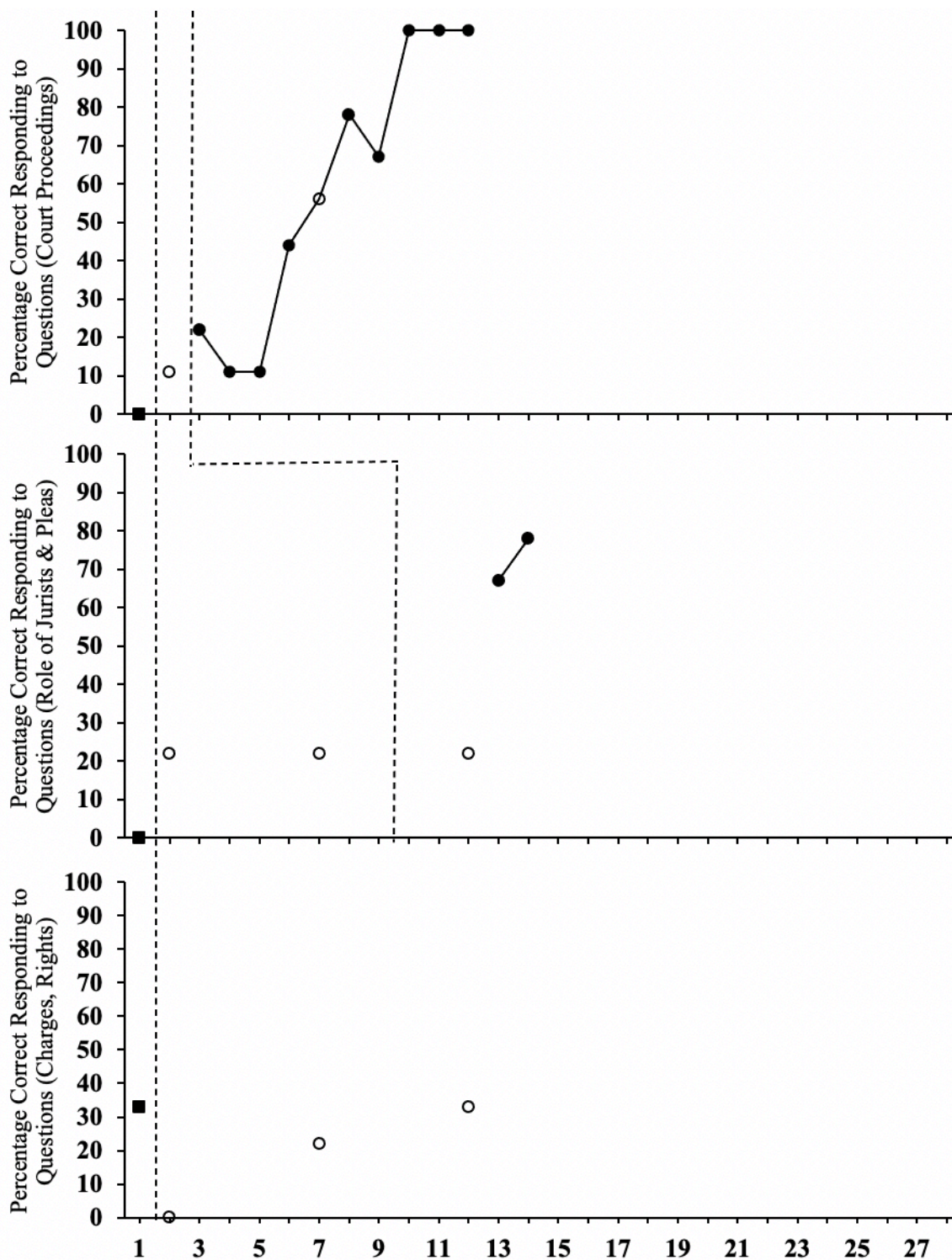


Figure 4

Paul's Graphed Intervention Data



## Appendices

### Appendix A

#### *Ontario Legal Aid Taylor Test Questions*

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#### **Taylor Test Questions**

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1. Do you know where you are?
  2. What is the role of the justice of the peace or the judge?
  3. What is the role of defence counsel?
  4. What is the role of the prosecutor or Crown Attorney?
  5. Do you know the charges against you?
  6. Do you understand them?
  7. Do you know the purpose of the trial?
  8. Do you know what pleas are available to you?
  9. Do you know the possible consequences of the pleas?
  10. Do you know the possible consequences of being found guilty/not guilty?
  11. Do you understand what it means to take an oath?
  12. Do you know the consequences of lying under oath?
-

## Appendix B

### *Data Collection Sheet*

Participant ID	Questions	Correct Response	Incorrect Response	No response
<b>XX1</b>	<b>LCC Questions</b>			
	1	What are your charges?		
	2	Do you have a lawyer?		
	3	How would you behave in the courtroom to make sure things go well?		
	4	What is the role of the crown attorney?		
	5	What does the judge do?		
	6	What are the pleas available to you?		
	7	What is an oath?		
	8	What are the consequences if you lie under oath?		
	9	What are the possible outcomes of your trial?		
	<b>ME Questions</b>			
	1	What does it mean to be charged? What were your criminal offenses? What does it mean to be charged with X (e.g., assault)?		
	2	What does your lawyer do? Do you have an attorney? Why do you need a lawyer?		
	3	What should you not do in the courtroom? How would you act at trial to make sure things go well? What are the rules of the courtroom?		
	4	What is the name for the lawyer against you? What is the role of the prosecutor? Why are there two lawyers?		
	5	Who decides if you are innocent or guilty? What does the judge decide?		

- What decision does the judge make?
- 6** What does it mean to plead guilty?  
What is it called when you do not admit to a crime?  
What does it mean to plead not guilty?
- 7** An oath is what?  
What is swearing to tell the truth in court?  
What do you say when you take an oath?
- 8** What is it called when you don't tell the truth in court?  
What are the consequences if you lie (commit perjury) in court?  
How do you commit perjury in court?
- 9** What happens if you are found guilty?  
What are the possible results of your trial?  
What happens if you are found not guilty?
-

## Appendix C

### *Limited Cognitive Capacity (LCC) Test Question Categories*

<b>Charges, Rights, &amp; Conduct</b>	<b>Role of Jurists and Pleas</b>	<b>Court Proceedings</b>
1. What are your charges? c 2. Do you have a lawyer? c 3. How would you behave in the courtroom to make sure things go well? c	4. What is the role of the crown attorney? c 5. What does the judge do? c 6. What are the pleas available to you? c	7. What is an oath? I 8. What are the consequences if you lie under oath? C 9. What are the possible outcomes of your trial? C



## Appendix D

### *Synonym-Replaced & Related Multiple Exemplar Questions for Each LCC Question*

Related Questions	Synonym-Replaced Questions	Related Questions
<i>Charges, Rights, &amp; Conduct</i>		
1. What does it mean to be charged?	What were your <i>criminal offenses</i> ?	What does it mean to be charged with X (e.g., assault)?
2. What does your lawyer do?	Do you have an <i>attorney</i> ?	Why do you need a lawyer/attorney?
3. What should you not do in the courtroom?	How would you act at <i>trial</i> to make sure things go well?	What are the rules of the courtroom?
<i>Role of Jurists and Pleas</i>		
4. What is the name for the lawyer against you?	What is the role of the <i>prosecutor/crown attorney</i> ?	Why are there two lawyers in court?
5. Who decides if you are innocent or guilty?	What does the judge <i>decide</i> ?	What decision does the judge make?
6. What does it mean to plead guilty?	What is it called when you do not admit to a crime?	What does it mean to plead not guilty?
<i>Court Proceedings</i>		
7. An oath is what?	What is <i>swearing</i> to tell the <i>truth in court</i> ?	What do you say when you take an oath?
8. What is it called when you don't tell the truth in court?	What are the consequences if you lie (commit perjury) in <i>court</i> ?	How do you commit perjury in court?
9. What happens if you are found guilty?	What are the possible <i>results</i> of your trial?	What happens if you are found not guilty?

*Note.* Synonym-replaced words italicized.

## Appendix E

*LCC & ME Questions: Correct Responses*

	Related Question Responses	Synonym-Replaced Question Responses	Related Question Responses
<i>Charges, Rights, &amp; Conduct</i>			
1.	You have been formally accused of a committing a crime <i>Keywords: committed felony/offense, go to court/trial</i>	My charges are... (e.g., assault) <i>Keywords: case dependent*</i>	Threatening to or using force against someone else <i>Keywords: case dependent*</i>
2.	My lawyer defends me in court <i>Keywords: help me, talk for me, trial</i>	Yes I have an attorney <i>Keywords: lawyer</i>	To give legal advice and protect my rights <i>Keywords: court, defend, legal help</i>
3.	Be disruptive, disrespectful, loud <i>Keywords: sit still, nice, don't speak</i>	Sit and listen, stay quiet, be respectful, and don't yell <i>Keywords: sit still, nice, don't speak</i>	Sit and listen, stay quiet, be respectful, and don't yell <i>Keywords: sit still, nice, don't speak</i>
<i>Role of Jurists and Jury</i>			
4.	The prosecutor, the lawyer against me, the crown <i>Keywords: crown attorney, crown counsel</i>	The lawyer against me <i>Keywords: defend, victim, other</i>	To argue if I am guilty <i>Keywords: against me, responsible, to blame</i>
5.	The judge <i>Keywords: Justice of Peace</i>	If I am guilty or not guilty <i>Keywords: innocent</i>	The judge who decides if I am guilty or not guilty <i>Keywords: innocent</i>
6.	Admitting that you committed the crime you are charged with <i>Keywords: specify they did a specific crime</i>	To plead not guilty <i>Keywords: N/A</i>	To deny you committed any crime <i>Keywords: offence</i>
<i>Court Proceedings</i>			
7.	Swearing to tell the truth in court <i>Keywords: promise, not to lie</i>	An oath <i>Keywords: N/A</i>	I swear to tell the truth, the whole truth, and nothing but the truth <i>Keywords: N/A</i>
8.	Perjury <i>Keywords: N/A</i>	You can be fined or go to jail <i>Keywords: get in trouble</i>	Lie in court <i>Keywords: not telling the truth in court</i>
9.	You may be sent to jail, put on probation, required to pay a fine, or sent to the hospital for treatment <i>Keywords: N/A</i>	To be found guilty or not guilty <i>Keywords: innocent</i>	You are free <i>Keywords: do not go to jail, let go, case is over, released</i>

*Note.* Responses provided are representative of those that will appear on the ME cards. Italicized keywords represent alternative acceptable responses.

## Appendix F

### Social Validity Questionnaire for Participants

Please read the statements below and place a check mark in the box best indicating how you feel about the fitness to stand trial training you received.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The training helped me to understand my charges and rights					
I feel more confident going to trial now					
I did not like going to training sessions					
I liked going to training sessions					