

DEVELOPMENTAL DISABILITIES

JUSTICE TOOLKIT



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ACKNOWLEDGEMENTS

INTRODUCTION:

WHAT IS THE DEVELOPMENTAL DISABILITY JUSTICE TOOLKIT?



This toolkit is designed for criminal justice professionals to increase awareness, provide information and practical tips for interacting with individuals with developmental disability. It is intended for use by police, corrections, probation and parole officers, crown attorneys, duty counsel, Victim Witness Assistance Program, judiciary, youth justice staff and mental health court workers.

How is the Toolkit Organized?

The toolkit is organized into four (4) sections:

- 1. How to identify an individual with a developmental disability**
- 2. Tips for interacting with an individual with a developmental disability**
- 3. Special considerations**
- 4. Fact sheets**

The web-based kit is flexible, allowing you to read as much information as you want. Within each of the four sections are links to various sub-sections related to that topic. Within sub-sections, the reader can choose to read deeper within the content by clicking on sub-topics. Sub-sections and sub-topics can be downloaded and printed as required.

Quick Reference Guides are provided for on-the-job use. Also a training video and Resource Guide are included in the Toolkit package as well as a Glossary of Terms.

How was the Toolkit Written?

The materials in the toolkit and video are based on an extensive review of the literature and developed in consultation with experts in the field, as well as the Provincial Human Services and Justice Committee. Reference and resource information (where available), is included within each sub-section and sub-topic.

The video was developed to meet police training standards and is consistent with materials currently being used for training purposes by police services.

The Resource Guide is organized regionally, and was compiled by the Community Networks of Specialized Care.

For a complete list of individuals and groups who provided input to the material, refer to the Acknowledgement page.

Key Messages:

1. Research has not established a link between developmental disability and a predisposition for criminal behaviour.
2. Early identification of victims, witnesses, suspects or offenders who may have a developmental disability is the most significant issue for justice and law enforcement professionals.
3. Adaptation of communication and interviewing approaches by criminal justice professionals can lead to more options for diversion and more opportunities for the individual with a developmental disability to effectively participate in the process with appropriate supports and services from the point of first encounter, and through to arrest, court, admission to a criminal justice facility and community supervision.

SECTION 1.1:

COMMON CHARACTERISTICS



Common Characteristics



SECTION 1.1:

COMMON CHARACTERISTICS



The tips and strategies below provide some helpful general guidelines for identifying that an individual may have a [developmental disability](#). However, the characteristics listed below are not exhaustive and there is no unique set of characteristics that apply to everyone.

Common Characteristics

1. Generalization and abstraction:

The person is unable to take the information that he/she has already learned in one situation and apply and/or adapt it to another situation. For example, they may know that hitting a friend or sibling is not appropriate, but they may not know that hitting a stranger is not appropriate or has different consequences.

2. Communication difficulties:

- The person finds it hard to understand someone through hearing.
- The person has limited vocabulary.
- The person has difficulty understanding long sentences or abstract words.

3. Concrete and absolute thinking:

- Situations are viewed as 'black or white'. Gray areas such as range of emotions are harder to understand

- Immediate, in the 'here and now' thinking. As a result they have limited ability to integrate past experiences or understand the difference between/or concept of present, past or future.

4. Difficulties coping:

- Insecurity and a high level of dependency on others.
- As a result of repeated experiences of rejection, they may become anxious in a new situation or feel unsafe particularly when physically separated from who or what they know. They may also become defensive and protective about their feelings, not wanting to reveal information about themselves.
- Low tolerance of stress or change

Any of the above may lead to argumentative or reactive behaviours. Developing and maintaining personal relationships may also be difficult for the individual with a developmental disability.¹

¹ Dual Diagnosis: Justice Issues Information, Revised Edition (2013). North East Human Services and Justice Coordinating Committee. p.7.
<http://www.hsjcc.on.ca/north-east-regional-hsjcc/our-work/hsjcc-document-library/220-dual-diagnosis-justice-information-booklet-2014-04/file>
(accessed October 2, 2017)

SECTION 1.2:

IDENTIFICATION



Identification

Identification Checklist

Resources



SECTION 1.1:

COMMON CHARACTERISTICS



Identification

The earlier a person is identified as possibly having a developmental disability, the more proactive and effective the response by the criminal justice system can be. For example, if the police, lawyer, judge, probation officer, detention centre or youth justice staff are aware of the possibility of a developmental disability then those involved with the person will be aware to simplify their language, contact caregiver(s) as soon as possible, gather back ground information/history, or adjust bail/probation orders so that they are tailored as appropriate to reduce the likelihood of a breach.

Some individuals with developmental disability may carry a wallet card that will include their address, the phone number of a key contact person(s) and suggestions for how to interact with them when they are in a crisis. Emergency responders can ask if the person is carrying this card. If not already in use, recommend to caregivers that an identification and/or information card be developed for the person to carry with them. Recommending registration with the local [Vulnerable Persons Registry](#), if available, is also helpful.

Note: as per the [Accessibility for Ontarians with Disabilities Act \(AODA\)](#), public sector services are required to accommodate the person and their disabilities. This includes individuals with developmental disability.

ASD Tips

Individuals with [Autism Spectrum Disorder \(ASD\)](#) are not easily recognized in day-to-day interactions. It is important to be aware that because of the core characteristics of ASD, these individuals “live in a constant state of anxiety”, thus becoming involved with the criminal justice system may lead to additional anxiety.¹

The following is adapted from the Guide for Criminal Justice Professionals, National Autism Society (2011) and the Autism and Criminal Justice System Guide (Autism West Midlands).^{2 3} For more detailed information see the [Resource Guide](#).

Characteristics that may suggest the presence of ASD include:

1. Behaviour

Individuals with ASD may:

- Not recognize police or emergency services’ uniforms or vehicles, or understand what is expected of them. Alternatively, they may associate emergency responders with uniforms and will not understand a plain clothes police situation.
- Cover their ears or eyes, constantly stare or look down or away.

- Walk on tiptoe or in an unusual manner.
- React to stressful situations with extreme anxiety. This could include pacing, flapping or twirling hands, self-harming, screaming or groaning, shouting and loss of control. These are responses of fear, confusion and frustration and are an effort to stop the stimuli and retreat into a calm state.
- Seek sensory stimulation such as heavy physical pressure (e.g., physical hold).
- Respond unusually to lights and sounds.
- Be fascinated with shiny objects and reflections.
- Appear to be insensitive or have a high tolerance for pain.
- Invade the personal space of others or may need more personal space for themselves than the average person.

2. Speech

Individuals with ASD may:

- Speak in a monotone voice and/or with unusual pronunciation.

¹ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet, p. 9). http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 2, 2017)

² National Autistic Society (2011). Autism: A guide for criminal justice professionals, Revised Edition. <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 3, 2017)

³ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p 9).

SECTION 1.1:

COMMON CHARACTERISTICS



- Appear to have average or higher language skills, which may mask their actual level of understanding verbal interchange.
- Repeatedly ask the same questions or copy/repeat the last phrase they heard.
- Not respond to questions or instructions.
- Communicate non-verbally (25% of the ASD population).
- Become noisy or agitated if required to deviate from their regular routine.
- Speak obsessively about a topic of particular interest to them but may not have apparent relevance to the current situation.

SECTION 1.2:

IDENTIFICATION



Identification Checklist

The following information is used with permission from the Law Courts Education Society of British Columbia and Kindale Developmental Association¹. Three methods that are helpful to [identify](#) if someone may have a developmental disability include:

1. Observing Appearance and Behaviour
2. Gathering Information
3. Conducting Task Performance

1. Observing Appearance and Behavior

There is no unique set of characteristics that apply to all individuals with developmental disability, therefore appearance should be considered with caution e.g., a person with slow, fragmented speech could have a developmental disability, be intoxicated, or be experiencing an acute medical episode.

Considerations:

- a. **Physical appearance** – may include unusual body posture, style of dress (velcro sneakers), mannerisms (hitting self, tendency to fidget). Down Syndrome is the most well-known observable developmental disability due to obvious facial features. Most individuals with a developmental disability cannot be identified by physical appearance, or if there

are physical features, they can be very subtle. For example, the facial features that are sometimes observable in individuals with FASD, can become less evident as a person ages.

- b. **Speech and/or language** – unusual way of speaking e.g., different pace of speech or unclear speech may suggest hearing and articulation difficulties that are associated with the developmental disability. The words used may be simple short sentences with concrete literal responses, or the person may have difficulty expressing themselves, understanding or responding to questions. The use of more sophisticated language can be associated with a higher level of functioning, such as those at the higher end of the autism spectrum, however comprehension and insight may be lacking.
- c. **Social behaviour** – may be inappropriate to the context e.g., talking very loud, social timing is off, difficulties respecting physical space, conversation topics seem odd or quite limited (e.g. train schedules, sport statistics), or appear to lack empathy. The person may also seem confused within their current environment or have difficulty with the attention that is being drawn to them. They may appear overfamiliar or excessively nervous to the environmental context.

2. Gather Information

Additional information regarding the person's education, employment, social circumstances and medication may further be suggestive of a developmental disability. In Ontario, individuals with developmental disability often attend special education classes until the age of 21. They may work full or part time, or volunteer, and likely have a job coach. They may attend a day program where they participate in vocational or social activities, or community activities with their peers. Individuals with developmental disability will rarely hold a driver's license. Often they live with their families or in group home situation, or more independently with staff visiting on a daily or weekly basis. Many individuals are prescribed psychotropic medications to manage '[behaviours that challenge](#)'. Individuals who live more independently, with fewer supports may also have a history of previous involvement in the criminal justice system.

Justice and law enforcement professionals will encounter individuals with developmental disability at different points in the process.

¹ Law Courts Education Society of BC & Kindale Developmental Association. (2003) Developmental Disabilities and the Justice System: A Training Package, Facilitator's Guide. P. 56 - 58.

SECTION 1.2:

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Suggested questions for gathering information include:

- a. **Education:** Did you attend special education classes? Did you have an Educational Assistant (EA) in your class? How old were you when you finished school?
- b. **Work:** What do you do during the day? Do you work? Do you volunteer? Do you have a job coach? Do you attend a Day Program? Do you drive to work?
- c. **Medical Concerns:** Do you take medication to control your behavior, for anxiety, depression or anger? Do you have a psychiatrist? Have you been to or stayed in the hospital for your behavior?
- d. **Supports:** Do you receive ODSP? Do you live with your family? Do you live in a group home? Do you live by yourself with help from a support worker? Do you travel on the bus by yourself? Who do you ask for help from when in trouble? Do you receive services from “name” of local agency?
- e. **Previous criminal involvement:** Have you ever been involved with the police before? Have you been to a police station? Have you had a lawyer? Have you ever met a Judge?

3. Conduct Task Performance

Asking a person to complete short simple tasks can provide a quick sense of their cognitive level of functioning and ability to understand concepts. For example, they may read a newspaper or watch TV but identify the comics or a children’s TV program as their favorite. Individuals with developmental disability tend to be concrete thinkers and can easily become confused when performing tasks. For example, they may only understand the concept of “today” rather than yesterday or tomorrow. They may find it difficult to concentrate or have poor listening skills. They may become argumentative, angry or agitated in response to questions, possibly because they do not understand the nature of the question, the current situation, or may not be comfortable disclosing their disability. They may not keep a calendar of appointments and therefore will miss appointments such as court dates.

Tasks should involve simple requests of 3-5 words.
Suggested task related questions could be:

- a. **Orientation:** Ask the day, date and where they are e.g., location, city.
- b. **Numbers and time:** Ask the person to identify the money in their pockets, the cost of a coke and a bag of potato chips, a car or house, or if they look

after their own money (e.g., pay bills, which bills, by cheque or bank machine?) Ask them a question in relation to the passage of time e.g., how long ago did you finish school?

- c. **Reading and writing:** Can you read the newspaper? What sections do you like the best? Do they have a favorite TV program? Ask them to write their name on a piece of paper.
- d. **Memory:** What is your home address or phone number? Do you know the phone number of your support staff/case manager/job coach? (They may have this information on a card)
- e. **General knowledge:** Ask who is the prime minister? Name 3 countries?
- f. **Judgement:** Tell a joke, or ‘lost letter’ scenario – what would you do if you found a letter on the street with an address and stamp?

SECTION 1.2:

IDENTIFICATION



Resources

Vulnerable Person Registry

A Vulnerable Person Registry is available in some regions of Ontario. The Registry allows responding officers and emergency service workers to have immediate access to information such as the person's specific special needs, how to approach and interact with the person, as well as a photo. To determine if this is available in your area, contact the local police force or put Vulnerable Persons Registry into the search engine of your choice. (Google: Vulnerable Persons Registry, accessed October 3, 2017)

The Vulnerable Adults Program in Central West Region, Ontario

Information regarding how to collaborate between developmental service agencies, local police, Victim services and/or local crisis services when responding to a situation of potential abuse involving an adult with a developmental disability at <http://www.vulnerableadultscwr.org> (accessed October 3, 2017)

Asperger Autism Network, Sample Wallet Card

http://www.aane.org/docs/resources_aane_wallet_card.pdf
(accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder and Justice

<http://www.fasdjustice.ca>

See Screening Tools and Strategies for Stop, Look and Listen and ALARM:

<http://www.fasdjustice.ca/recognizing-fasd/screening-tools-and-strategies.html>

(accessed October 3, 2017)

SECTION 2.1:

WHAT DO I DO WHEN IT APPEARS AN INDIVIDUAL HAS A DEVELOPMENTAL DISABILITY?



Communication

ASD Tips

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SECTION 2.1:

WHAT DO I DO WHEN IT APPEARS AN INDIVIDUAL HAS A DEVELOPMENTAL DISABILITY?



Communication

The level of a person's **intellectual functioning** will determine their ability to express themselves and/or to communicate with others. The following approximate age equivalents provide a general reference for understanding the levels of intellectual and **adaptive functioning** among individuals with developmental disability:

- Mild: 9-12 years, up to Grade 6
- Moderate: 6-9 years, up to Grade 2
- Severe: 3-6 years, up to Grade 1
- Profound: 0-3 years¹

In general, individuals with moderate developmental disability may be less likely to become involved with the justice system but are nonetheless vulnerable to victimization.² Individuals with severe or profound disability are rarely involved with the justice system as perpetrators, instead they are vulnerable to becoming victims of a crime.

An IQ score is generally helpful in determining mental age, however does not on its own necessarily reflect the person's capacity to understand legal procedures or their ability to tell the truth.

Common Communication Challenges

Here are some common challenges that people functioning within the mild and moderate level of intellectual ability may face. Being aware of these challenges will inform how you may adjust your communication.

A person may:

1. Be very respectful of 'persons in authority' or totally indiscriminate due to lack of insight
2. Display a "**Cloak of Competence**", a concept referring to how an individual's strengths and abilities in certain areas can serve to hide or mask lesser abilities in other areas.

This may be exhibited by:

- Superior verbal ability
- 'Superficial social script' – a lot of knowledge on particular topics
- Apparent daily social survival skills including good at small talk, and,
- Perceived as adequate social skills

These superficial skills enable a person to socially 'pass' and often leads to an overestimation of their abilities and skills. For example, a person may be able to carry on a complex conversation on the make and model of a car or features on a cell phone. However this is not always an indication of their level of understanding in general.

Sometimes their responses mimic others or are learned responses that make sense in terms of the conversation, but the individual does not really understand the true meaning of their words.

3. Acquiesce to others, particularly those assumed to be more powerful or in positions of authority. They will:
 - a. Tend to give an affirmative response more often than not / regardless of the situation
 - b. Limit responses in an effort of self-preservation rather than show lack of knowledge, and/or
 - c. Display unconditional trust toward persons in authority
4. Be easily suggestible:
 - a. Can be swayed and open to suggestion
 - b. May make up facts to 'fill in the blanks'.
5. Not disclose a disability or not want to seem different
6. Confess and plead guilty more often
7. Change answers because they are unsure or have trouble remembering; and
8. Have limited understanding of rights and responsibilities.³

As a result of these challenges, the person with a developmental disability may be labeled as defiant when in fact the issue may be related to communication and/or difficulties understanding an interaction.

¹ Edwards, B., Temple, V., and Dunn, L. (2011). Adaptive Functioning & Communication Associated with Different Levels of Developmental Disabilities (DD). In: *Tools for the primary care of people with developmental disabilities*. Available from: <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

² Jones, J. (2007) Persons with intellectual disabilities in the criminal justice system: review of issues. *International Journal of Offender Therapy and Comparative Criminology*, 51: 723.

³ Jessica Jones, D.Clin.Psy., C.Psych. Clinical and Forensic Psychologist, Associate Professor of Psychiatry & Psychology, Co-Chair, Division of Developmental Disabilities, Department of Psychiatry, Queens University. Intellectual Disabilities and the Law: Identification, Interaction and Communication LEAD Training PowerPoint Presentation, October 23, 2014, Lanark County (For further information email: jonesj@queensu.ca).

SECTION 2.1:

WHAT DO I DO WHEN IT APPEARS AN INDIVIDUAL HAS A DEVELOPMENTAL DISABILITY?



ASD Tips

Communication difficulties are common among individuals with ASD. These may include:

- A monotone voice and appearance of a “flat” emotional presence, even during the most serious situations.
- Discomfort with direct eye contact and gaze aversion that can give the impression of ignoring others.
- Conversation that lacks the usual exchange between people, literal interpretation of words, use of idiomatic speech and repetitive thoughts and interests.
- Lacking words to describe emotions can result in sudden outbursts of extreme emotion due to an inability to communicate how they feel, while also becoming overwhelmed with their feelings.
- Confusion due to unclear or vague instructions ^{4,5}

Resources

Communication Disabilities Access Canada - Access to Justice
<http://www.access-to-justice.org/access-to-justice/>
(accessed October 10, 2017)

Roster of intermediaries - Speech-Language Pathologists who are trained to work in legal and justice situations.
<http://www.access-to-justice.org/communication-intermediaries/roster/>
(accessed October 10, 2017)

⁴ Bradley, E., Loh, A., Grier, E., & Korossy, M. (2014). Health Watch Table – Autism Spectrum Disorder (ASD)
http://www.surreyplace.on.ca/documents/Primary%20Care/HWT_AS_D.pdf (accessed October 3, 2017)

⁵ Autism Speaks Canada (2015). <http://www.autismspeaks.ca/about-autism/what-is-autism/> (accessed October 3, 2017)

SECTION 2.2:

INTERVIEWING STRATEGIES



Interviewing Strategies

Quick Reference Guide of Communication Tips

Five Strategies for Optimizing Interviews

Resources



SECTION 2.2:

INTERVIEWING STRATEGIES



Interviewing Strategies

Justice and law enforcement professionals will interact with individuals with a developmental disability in different locations (e.g., in the community - hallway of an apartment building, basement of a house, in a park or store; at a police station or probation/parole office; or in a court, or youth/justice facility). Contact will also occur as a result of different situations (e.g., an emergency, an investigation, probation meeting, or preparation for a court appearance). The reason for the interaction may also determine the degree to which each strategy can be applied.

These strategies are offered as a guide, they may not apply in all situations and/or will require adaptation to the realities of the circumstances and the policies and procedures that govern particular circumstances.

Sometimes a creative and simple change may make all the difference. For example, sitting beside, rather than standing over the person may help with developing a rapport. It generally requires more time to effectively communicate with a person with a developmental disability.

Quick Reference Guide of Communication Tips:

- a. **SIMPLIFY** language; concrete and literal
- b. **SLOW** speech for information processing
- c. **PAUSE** between requests '3 SECOND RULE'
- d. **LENGTH** of sentences '4-6 WORDS MAX'
- e. **VISUAL** cues to supplement questions; pictures
- f. **DESCRIBE** a movie that the individual is familiar with to explain event and facts
- g. **GESTURES** to supplement questions
- h. **REPEAT** requests; question/demand checks, give physical space to comply
- i. **REVIEW** understanding; comprehension checks: "What do you think it means?" or "Tell me in your own words" or "Give me an example"
- j. **OFFER** support; enquire about worker/caregiver 'that helps you'.¹

¹ Jessica Jones, D.Clin.Psy., C.Psych. Clinical and Forensic Psychologist, Associate Professor of Psychiatry & Psychology, Co-Chair, Division of Developmental Disabilities, Department of Psychiatry, Queens University. Intellectual Disabilities and the Law: Identification, Interaction and Communication LEAD Training PowerPoint Presentation, October 23, 2014, Lanark County (For further information email: jonesj@queensu.ca)

SECTION 2.2:

INTERVIEWING STRATEGIES



Five Strategies for Optimizing Interviews:

The material in this section is used with permission from the Law Courts Education Society of British Columbia and Kindale Developmental Association.

Five strategies to use for [optimizing encounters](#):²

- Structure the environment
- Communication supports
- Your communication
- How to ask questions
- Communicate with colleagues and community

1. Structure the environment

- When possible, plan ahead, by choosing a quieter space, use the same interview room for repeat interviews, adjust the physical layout of the room to allow for quick exit by the interviewer when necessary, consider options for transport, orient the person to the court environment.
- When possible, reduce distractions such as by removing the person from the immediate chaotic environment, or finding a meeting area where there is less sound, movement, people, or items on a wall. Turn down the volume on the phone, turn the person's back to distractions, or sit in front of, rather than behind a desk that has a lot of material on it.

- Offer breaks and follow the person's direction with regards to special needs e.g., respect their preference for standing, persona space, or need for pacing during the interview"
- Reduce their physical or emotional discomfort where possible. The person may be experiencing fear, excitement, nervousness, or worry that they have something else they want or need to do. Suggestions:
 - » Build rapport
 - Plainly explain who you are and what your role is.
 - Provide reassurances when appropriate such as: "you are safe now", or "your answers are helpful".
 - Be aware of what is on the person's mind and, if possible deal with that before turning to your own agenda.
 - Address any fears the person may have (but that they may not have expressed, and provide reassurance regarding the process.
 - Regard the person as able, not disabled. Always focus on the person and maintain eye contact.

- » Explain what to expect. Let the person know that:
 - If they know the answer, you expect an answer.
 - When they do not know the answer it is ok to say "I don't understand", "I don't know", or "I don't remember".
 - It's ok to take time to think before answering.
 - It's ok to give the same answer more than once; if someone repeats a question, it does not mean that the first answer was wrong.
- » Once a rapport has been established, the person will appreciate knowing if you will continue to see them.

Using [communication supports](#) and being aware of [verbal and non-verbal](#) communication will also help to optimize interactions.

Do Not:

- Assume the person knows you or remembers who you are.
- Assume the person remembers previous conversations or the rules and your expectations.

² Law Courts Education Society of BC & Kindale Developmental Association. Developmental Disabilities and the Justice System: A Training Package, (2003). Chapter 5, Communication Strategies.

SECTION 2.2:

INTERVIEWING STRATEGIES



2. Have communication supports in place

Generally, individuals with a developmental disability have difficulties understanding or verbally expressing their internal feelings, such as fear or anxiety. As victims or witnesses, they may also not be able to easily re-tell a scene without additional prompting. This can create some challenges in the criminal justice environment. Some suggestions:

- Clarify if the person uses a communication aid (hearing aid, sign language, IPAD for pictures or [Books Beyond Words](#)) and if it is available.
- Use non-verbal communication aids, supports and visuals as needed. For example, you can draw pictures, write lists or use gestures.
- Include a support person familiar to the individual when possible. It is best that the support person is independent of the incident/offence.
- Ensure that you continue to speak directly to the person rather than through the support person. The role of the support person is one of 'interpreter,' providing assistance to the interviewer and the person in understanding one another. This may include clarifying what words mean, how the person expresses themselves, how to make them feel more comfortable in the environment, and how to use visual cues to improve understanding. Preparing the

support person prior to the interview is equally important in regard to any dos or don'ts, such as refraining from leading or influencing a person's response.

- Audio or video recordings of interviews or in preparation for court proceedings can be very useful for the person to review in preparation for various events including transport, transfer or court appearances.
- Use closed-circuit television or screen to provide testimony.

Do Not:

- Allow a power struggle to occur. For example, this may happen when others at a scene or present in an interview appear to interfere with procedures. When possible it is advisable to speak separately to the other(s) present rather than in front of the individual with the developmental disability.

3. Structure your communication

Individuals with developmental disability may have difficulties with understanding verbal information, instructions or direction. They often rely on non-verbal communication such as tone of voice, and visual information such as hand gestures or body language to help them understand the verbal information. However some individuals with a developmental disability

are more [adept at understanding words](#) but not as able to appreciate the non-verbal message that is part of the communication. Therefore awareness of both the verbal and non-verbal messages communicated by the "interviewee" can support more effective interactions.

In the context of the criminal justice system, speaking loudly or shouting in confrontations during emergency or crisis situations may not be avoidable. In these circumstances the individual with a developmental disability may become more fearful, anxious, sometimes triggering an increase in behaviours such as decreased responsiveness, increased resistance, aggression, self-injury, or running away. The individuals with a developmental disability may not appreciate the consequences of their actions, that their safety or that of others is a concern, or the relationship between their behaviour and the response by justice or law enforcement professionals.

The non-verbal and verbal suggestions that follow will be most effective when used to prevent and/or prior to the [escalation](#) of a situation.

SECTION 2.2:

INTERVIEWING STRATEGIES



Non-Verbal

- Use your body language to communicate with the person by maintaining a calm and neutral voice, relaxed body posture, point to yourself when repeating your name, sit or stand at eye level.
- Be aware of your body language – a person with a developmental disability may be particularly sensitive to facial expressions, body language, voice tone variations, or emotions. They may respond more to non-verbal rather than verbal cues. For example, they may agree because they sense this is what you want, rather than because they actually understand or agree with what you have said.

Verbal

- Be empathetic.
- Talk in a calm natural voice, using simple and clear language.
- Be sympathetic in that they may have limited or no control over lives.
- Provide positive feedback, particularly if the situation is escalating. For example provide positive reinforcement for what they are doing well.
- You may need to summarize or repeat information or instruction.
- Avoid using abstract phrases, jargon or acronyms.
- Use pronouns sparingly.
- Use what you know about the person's interests and circumstances to help explain jargon and the legal system.
- Encourage the person to use their own words/terminology.
- Allow enough time for the person to respond (3 seconds).
- After a request is made, and when possible, give the person physical space, as this may improve compliance.

- If the person is [non-responsive](#), clarify the reasons. For example, they may need more time to formulate the answer, they may be having difficulty understanding the words, they may be unable to answer, or they may have become confused, unsure, physically uncomfortable or emotionally unsafe.
- Validate – go over the disclosure.

Do Not:

- Demand a person look at you – for example, eye contact is very uncomfortable for individuals with Autism Spectrum Disorder and demanding it will disrupt the interaction.
- Assume that you both have the same understanding of the meaning of words.
- Speak as if speaking to a child.
- Exaggerate facial expressions or tone of voice such as shouting as this may be misinterpreted.
- Engage in a power struggle. This may occur when an individual tries to draw you in to a disagreement. Slow down the situation, take your time, try to engage on a more positive topic, and provide reassurance.

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4. How to ask questions

- Start questions or instructions by using the person's name to obtain their attention
- Use their words/terminology where possible
- Regularly check for understanding of specific words, instructions, or descriptions: *"What do you think it means?"* or *"Tell me in your own words"* or *"Give me an example."*
- Be very clear when you are about to change topics, by saying *"Now let's talk about something else..."*.
- Repeating questions to check for truthfulness may result in a different answer because the respondent may assume that their first answer was wrong. If a question must be repeated, ask it in a different way and/or provide a reason that does not suggest the first answer was incorrect (e.g., *"I am going to ask you this again to make sure I don't make a mistake"*).
- Whenever possible, the following sequence of questions is recommended:
 1. Begin with free-recall, such as, *"How are you feeling?"* or *"What happened?"*

2. General questions, such as *"Who were you with?"* or *"What were you doing?"*
3. Structured and specific questions, such as *"What did you do next?"* or *"Who did you see when you walked up to the counter?"*

Do Not:

- Use too many words – this will confuse the message.
- Ask: *"Do you understand?"* – the response most often will be *"Yes"*.
- Ask leading questions as the response may reflect acquiescence/agreement rather than the truth (or use only as a last resort).
- Ask questions that give a forced choice (e.g., yes/no), as the response may appear to be correct but is actually based on what the person thinks might be expected, or will consistently select the last choice. (Forced choice questions may have to be used, but are recommended as a last resort.)
- Suggest possible scenarios of what might have happened.

5. Communicate with colleagues and the community

- a. Use established procedures between police, court, probation and criminal justice facilities (e.g., protocols, and reports including Crown Briefing Note, Police Occurrence, Pre-sentence, Transfer Summary, Discharge reports, Canadian Police Information Centre (CPIC) and Offender Tracking Information System (OTIS) alerts) to pass on information regarding:
 - i. the possibility or confirmation of a developmental disability,
 - ii. the specific approaches that have been successful for communicating with the person, and
 - iii. community supports and key contacts.
- b. Liaise regularly (as legally appropriate) with key support persons, agencies and professionals in addition to the person.

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ASD Tips

The National Autistic Society recommends the following for justice and law enforcement professionals when interviewing an individual with ASD:

- Use the person's name at the beginning of each question
- Using gestures may be a distraction. If they are necessary, accompany them with an unambiguous statement or questions to clarify meaning, e.g., pointing to an object.
- Where possible, conduct the interview in a familiar or quiet location, explain the situation that they are in, the questions that will be asked, what will happen next and approximately how long it will take.
- Prepare the person for instructions or questions such as "John, I am now going to ask you a question".
- Give clear, step-by-step directions, for example "John, sit here".
- Use visual aids such as drawings, photographs or gestures to back up questions as people with autism often understand visual information better than words. Or ask them to draw and write down what happened if they are able.

- Avoid using irony, sarcasm or metaphors as people with autism are literal in their understanding of language. Examples include: "has the cat caught your tongue?", "you're pulling my leg," or "have you changed your mind?"
- If the person responds by repeating the question, this does not mean insolence. Ask if the question was clear enough, or rephrase the question in a simpler manner where possible.

Do Not:

- Do not attempt to interfere with or stop repetitive movements. These may be a way for the person to calm themselves.
- Do not remove a favorite object that they carry (if it does not pose a risk to the person or others), such as a crush toy. It may be a way for the person to calm themselves and removing it may cause further distress.
- Try not to exaggerate facial expressions.³

FASD Tips

The RCMP FASD Guidebook for Police Officers recommends the following when interviewing an individual with FASD:⁴

- Be aware of the limited capacities and special needs of someone with FASD and make all necessary adjustments.
- Keep interviews as short as possible.
- Ensure that all interviews/statements are videotaped or audio taped; FASD individuals may have severe memory impairments (e.g., a victim may not remember details of the incident by the time the case goes to trial).
- Be prepared that they may not be able to tell you what happened in a logical or chronological order.
- Do not encourage a free narrative or ask open-ended questions.
- Ensure that the Crown Attorney is aware that you suspect the client may have FASD.

³ National Autistic Society (2011). Autism: A guide for criminal justice professionals, Revised Edition. p 18-23
<https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 3, 2017)

⁴ Laporte, A., Lisakowski, Z., Chudley, A.E., Conry, J. (2002). FASD Guidebook for Police Officers. Royal Canadian Mounted Police, Ottawa, Ontario. Includes sections on Conducting Interviews and Taking Statements, Re-planning Your Investigation, and an Investigation Checklist.
http://www.asantecentre.org/_Library/docs/latestfasguide.pdf (accessed October 2, 2017).

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<http://www.villamanta.org.au/>

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SECTION 2.3:

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Challenging Behaviours

Definition

Causes

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Stage A - Prevention

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The term “challenging behaviour” (also referred to as “behaviours that challenge”) is one that is defined in Ontario Regulation 299/10 Quality Assurance Measures under Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14.¹

Within this toolkit the term “behaviours that challenge” is used interchangeably with “challenging behaviour” to emphasize that behaviour is best understood in terms of the functional or communicative purpose it serves. In many situations the behaviour that is challenging to caregivers or appears to be inconsistent with social norms is not necessarily deliberate or intended to upset or harm others.

Definition

The Ministry of Community and Social Services Quality Assurance Regulations define challenging behaviour as:

“behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or learn new skills or that is any combination of them.”²

These behaviours can take many forms, including:

- verbal or physical aggression
- self-injury
- property damage
- behaviour that places a person at risk such as running away

These behaviours usually begin in childhood or young adulthood.³ The prevalence of behaviours that challenge in adults with developmental disability is estimated at 22.5%.⁴

¹ Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, <http://www.ontario.ca/laws/> (accessed October 3, 2017)

² Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, Ontario Regulation 299/10 Quality Assurance Measures <http://www.ontario.ca/laws/regulation/100299#BK16> (accessed October 3, 2017)

³ Ensuring Quality Services: Core principles for the commissioning of services, for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges (2014). Challenging Behaviour Foundation, Local Government Association, UK, <http://www.challengingbehaviour.org.uk/> (accessed October 3, 2017)

⁴ Lunskey, Y., & Weiss, J. (2012). Dual diagnosis: An information guide. The Centre for Addiction and Mental Health, p.4. <https://www.porticonetwork.ca/documents/21686/0/Dual+diagnosis+information+guide/e3745a9a-b206-4662-93cb-122ef260c1d2> (accessed September 19, 2015)

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CHALLENGING BEHAVIOURS



Causes

Behaviours that challenge in individuals with a developmental disability are generally understood to have a functional or communicative purpose. For example, in order to cope with complicated emotions, or to try and exercise some control over a stressful situation, sometimes a person with developmental disability may express their agitation through verbal or physical aggression. Difficult behaviour may also be a communication of physical pain, or feelings about an earlier [personal experience](#) that is not related to the immediate circumstance. It may also be due to an underlying psychiatric disorder.

Behaviours that challenge are influenced by a variety of factors including:

- the needs and abilities of the person who displays the behaviour
- previous life events and/or traumatic experiences
- the hardships that a person may have been exposed to such as poverty or school failure
- various environments that persons live and function within.⁵

Unusual, uncooperative or extreme/life threatening responses may represent:

- A symptom of a health-related disorder (e.g., due to physical pain)
- A trigger / symptom of emotional pain, psychiatric disorder and/or previous traumatic event
- A response to external stimuli and context rather than an internal state
- Lack of understanding, inability to do what is being asked, or not wanting to participate
- Other concerns such as insufficient support.⁶

Behaviours that challenge are NOT:

- Necessarily deliberate or intended to upset or harm others
- Necessarily a direct response to justice or law enforcement professionals as a result of the immediate circumstance
- A diagnosis, mental health or physical health condition. However, mental and physical health conditions can be contributing and maintaining factors

⁵ Ensuring Quality Services: Core principles for the commissioning of services, for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges (2014). Challenging Behaviour Foundation, Local Government Association, UK, <http://www.challengingbehaviour.org.uk/> (accessed October 3, 2017)

⁶ Ensuring Quality Services: Core principles for the commissioning of services, for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges (2014) p.10.

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Tips

Paying attention to what may be underlying the behavior is the key to preventing and managing behavior difficulties (e.g., is the person feeling unsafe, are they not understanding what is occurring, are they in pain?). Management of behaviours may be different in the general population than with the individual with developmental disability. The individual with developmental disability may behave atypically or unpredictably, (e.g., attempts to de-escalate a situation using verbal interventions or a gentle touch may worsen the person's agitation).

1. Some individuals with developmental disability may carry a wallet card that will include their address, the phone number of a key contact person(s) and suggestions for how to interact with them when they are in a crisis. ([See Resource Section](#))
2. Agencies funded by the Ministry of Community and Social Services will often have developed an individual Behaviour Support Plan for individuals that they support who have challenging behaviours. These plans outline an individualized approach and alternative strategies for preventing and de-escalating behaviours that challenge, using positive methods such as by talking with the person, and encouraging the use of self-soothing strategies that have been previously identified.

A 911 call from a family member or care provider may be the result of the unsuccessful implementation of the behaviour support plan and/or unanticipated events or consequences, leading to an unsafe situation. Ideally the person who places the 911 call will identify that the concern is in regard to an individual with a developmental disability. This might help to avoid unnecessary force.

3. In addition to Behaviour Support Plans, some individuals may also have a Crisis Plan. Families and care providers are increasingly aware of the vulnerabilities and risks associated with an individual with developmental disability becoming involved in the criminal justice system. Development of a Crisis Plan is recommended when a pattern of escalation is noted, such as when there have been repeat calls to 911 or visits to hospital emergency departments.

The purpose of the Crisis Plan is to outline the protocol for family, staff and emergency responders to follow during a crisis. It may include indications for when 911 is to be called, or transfer to an emergency department is appropriate, as well as suggested interventions. The contact information for various support team members is also included.

Many service providers in the developmental disability and mental health sectors are familiar with how to write such a plan. It is customary for Community Liaison Officers and representatives from emergency departments to be invited to a pre-planning meeting with the individual and/or their family and care provider(s) to establish procedures and responsibilities during a crisis. As part of the pre-planning, some of this information may be appropriate to add to the Vulnerable Persons Registry where available, the Canadian Police Information Centre (CPIC) and/or Offender Tracking Information System (OTIS) alerts.

In some situations the Crisis Plan may be used along with the Behaviour Support Plan to guide interventions. In other situations the Crisis Plan may include [de-escalation strategies](#).

4. Upon arrival, and when circumstances permit, emergency responders should ask for the Behaviour Support Plan and/or the Crisis Plan.

When circumstances permit talk with a lead person present to obtain information as to what has occurred, the preventative or de-escalation strategies used, and effective or ineffective approaches used in the past that may be helpful. This may include information on possible

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triggers, the best way to communicate, and sensory issues (touch, noise, lights, textures, personal space), reactions to uniformed personnel, and calming strategies.

It is equally important to also ask the individual for their advice as to what may be helpful or what has worked from them in the past. All of this information might help to avoid unnecessary force.

The presence of an emergency responder may also be enough to warrant a re-attempt of the strategies in the Behaviour/Crisis Support Plan. Additionally, it is advisable to request people who do not need to be present to provide support to the person in crisis, to leave the area.

5. A joint debrief following the crisis situation is recommended for families, care providers and others involved in the Crisis Plan. This may also result in updating the plan based on new information. When circumstances permit, it is helpful if emergency responders can provide feedback to the family, care provider or Community Liaison Officer regarding the effectiveness of the plan.
6. Sometimes a situation might have already escalated by the time emergency responders arrive, or there may be other factors that are increasing the intensity of a situation. The following behaviours may indicate that the individual with a developmental disability is beginning to have increasing difficulties:

- Increasing resistance or refusal in response to requests
- More defiant - perhaps asking more questions and not taking suggestions.
- Change in tone and volume of voice
- Increasing physical activity – pacing, self-harm
- Use of bad language – especially self-talk and swearing at self

7. The Stages of Behaviour and Recommended Responses (Table 1 - next page) provides suggestions and may or may not be able to be used in all situations. Justice or law enforcement professionals should continue to use their discretion and training as it applies to each situation.

The presence of a known caregiver may help the person to feel safe and comfortable. However the appropriateness of this approach must be considered within the context of each situation.

ASD Tips

The individual with ASD may respond differently to attempts to de-escalate a situation, e.g., verbal interventions or gentle touch may worsen their agitation. Consider the following:

- Check the person in as non-invasive a way as possible for injury, as they may not express pain or report injury. Observe unusual limb positions or signs of abdominal pain.
- Where circumstances allow, consulting with a family member or knowledgeable caregiver can provide important information regarding the best way to communicate, sensory issues (touch, noise, lights, textures, personal space), reaction to uniformed personnel and strategies for calming the individual.
- In some situations the immediate environment and the persons in that environment are triggers of the disturbance. Removing those causes and using the environment to contain the situation may be the best possible response. This allows the opportunity for the person to use their own calming strategies and keeps others at a safe distance.⁷

⁷ National Autistic Society (2011). Autism: A guide for criminal justice professionals, Revised Edition.
<https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 3, 2017)

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Table 1: Stages of Behaviour and Recommended Responses (Adapted from Primary Care Guidelines, 2011)⁸

Stage A: Prevention	Recommended Responses
<p><i>Pay attention to early warning signs that signal an increase in stress or anxiety:</i></p> <ul style="list-style-type: none">• energy changes• verbal or conversational changes• fidgeting• sudden changes in emotion• attempting to draw people into a power struggle	<p><i>Be supportive</i>, modify environment to meet needs when possible:</p> <ul style="list-style-type: none">• Encourage talking, be empathetic, increase positive feedback, offer choices (e.g. change location, sit down).• Use calming object (e.g., favorite item, squeeze toy) or usual calming approach (e.g., soft tone, soft gaze, kind words, i.e. “You are safe, you are ok”, offer to deep breathe with them).• Use distraction (ask about their likes) and environmental accommodation (e.g., reduce noise stimuli, increase personal space).

⁸ Developmental Disabilities Primary Care Initiative. Tools for the Primary Care of People with Developmental Disabilities. 1st ed. Toronto: MUMS Guideline Clearinghouse (2011) <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

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Table 1: Stages of Behaviour and Recommended Responses (Adapted from Primary Care Guidelines, 2011)⁸

Stage B: Escalation	Recommended Responses
<p><i>Identify signs the individual is starting to escalate:</i></p> <ul style="list-style-type: none">• increasing resistance to requests• refusal• questioning• challenging• change in tone and volume of voice• sense of loss of control• increasing physical activity• loud self-talk and/or swearing to self	<p><i>Be directive but not confrontational</i> (use verbal direction and modeling), continue to modify environment to meet needs, ensure safety:</p> <ul style="list-style-type: none">• Slow down the situation, take your time, remember the 3 second rule for pausing between requests.• Enlist the help of the individual - ask them to identify his/her feelings (sad, mad, angry, afraid), they may have suggestions regarding what is helpful for them.• Use verbal intervention techniques, hand gestures or visual aids, set limits, remember physical distance.• Reassure, discuss past successes, show understanding.• Provide positive reinforcement when the person trusts you, and for following instructions.• Describe what you see, not your interpretation of it.• Answer their questions, state facts, ask short clear questions.• Limit the number of people talking.• Use soothing voice to give direction.• For a nonverbal individual, adjust responses as appropriate.• Remind the individual of pre-established boundaries or procedures; of the consequences of his/her behavior; but do not threaten him/her.• After a request is made, and when possible, give the person physical space, this may improve compliance.

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Table 1: Stages of Behaviour and Recommended Responses (Adapted from Primary Care Guidelines, 2011)⁸

Stage C: Crisis	Recommended Responses
<p><i>Risk of harm to self, others, or environment, or seriously disruptive behavior:</i></p> <ul style="list-style-type: none">• Verbal threats of aggression or aggression including swearing at people, explosive behavior, using threatening gestures to others or self.• Physical aggression to self or other including hurting self, kicking, hitting, scratching, choking, biting, using objects to hurt self or others.	<p><i>Use Safety Strategies as per organizational policies and practices. Continue with the strategies listed in Stages A and B and augment with the following:</i></p> <ul style="list-style-type: none">• Ensure your own safety, safety of others, and safety of individual, e.g. consider physical layout, exit routes.• Remove potentially harmful objects.• Use personal space and supportive stance.• After a request is made, and when possible, give the person physical space, this may improve compliance.• Use clear, short, calm and slow statements.• Reassure.• Use soothing voice to give direction.• Get assistance to keep safe. <p>During Stage C, as more personnel arrive at the scene, where possible, it is advisable to establish the primary an intervention leader, and a consistent approach, with as few people as possible within the person’s sightline.</p>

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For the full description of behavior stages and recommended responses to prevent and manage crisis in persons with developmental disability:

<http://www.surreyplace.on.ca/primary-care?id=135>

Crisis Prevention and Management Plan
(accessed October 3, 2017)

Asperger Autism Network, Sample Wallet Card

http://www.aane.org/docs/resources_aane_wallet_card.pdf

(accessed October 3, 2017)

Behavioural and Mental Health Issues in Health Care for Adults with Intellectual and Developmental Disabilities, Toolkit for Primary Care Providers, 2015

<http://vkc.mc.vanderbilt.edu/etoolkit/mental-and-behavioral-health/initial-management-of-behavioral-crises/>

(accessed October 3, 2017)

Policy Directives For Service Agencies Under the Authority of the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 For Adult Developmental Services Ministry of Community and Social Services.

Outlines the rules that must be followed by agencies funded under the ACT when supporting individuals with challenging behaviour.

http://www.mcass.gov.on.ca/documents/en/mcass/publications/developmental/policy_service_directive/Policy%20Directives_DS.pdf (accessed October 3, 2017)

SECTION 3.1:

STIGMA AND TRAUMA



Vulnerability within the Legal System

Causes of Vulnerability within the Legal System

Who are the Perpetrators?

Why Offences may not be Reported

Relationship between Trauma and Contact with the Criminal Justice System

Tips

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STIGMA AND TRAUMA



Vulnerability within the Legal System

When encountering the justice system individuals with developmental disability are vulnerable to the same experiences of marginalization and discrimination as individuals with any other disability.¹ This has also been referred to as ableism, where practices and beliefs favour the able-bodied. For individuals with developmental disability this may include:

1. Invisibility – particularly when the disability has not been identified, or the need for accommodations are less obvious.
2. Negative attitudes and stigma – due to a lack of knowledge, understanding and sometimes fear of individuals with developmental disability.
3. Complexity of laws and service mandates – understanding the options available and how to navigate the justice system may be more difficult for the individual with a developmental disability. Additionally, funding rules and exclusionary criteria can lead to denial of necessary services.
4. Implementation and the access to justice – appropriate accommodations and the exercise of discretion can only occur when the developmental disability has been identified and is properly understood as per the Canada Evidence Act and Criminal Code.²

Without the recognition of these vulnerabilities, the outcomes for the individual with developmental disability in the criminal justice system may include inappropriate supervision orders or safety precautions, poor transition planning, or in more extreme situations, the unnecessary escalation of behaviours that challenge.

Various studies suggest that individuals with developmental disability are over-represented in contacts with police. These contacts may be as a result of the need for assistance due to vulnerability or risk in the community, as well as contact as a [witness](#), [victim](#) or [perpetrator](#).³

Individuals with a developmental disability are more likely to be victims of crime than the general population but less likely to have their offenders brought to court and convicted.⁴ This may be due to the high abuse rates by familiar people and the offence not being reported because of the individual's dependence on the abuser. The response by families, caregivers or the justice system may also be to understate the incident as 'abuse' or 'neglect', rather than 'assault' or 'rape'. There can also be a tendency for justice officials not to view allegations reported by persons with developmental disability as credible.⁵

¹ Law Commission of Ontario, A Framework for the Law as it Affects Persons with Disabilities: Advancing Substantive Equality for Persons with Disabilities through Law, Policy and Practice, Toronto: September 2012) <http://www.lco-cdo.org/en/disabilities-final-report> (accessed October 3, 2017)

² Marinos, V., Griffiths, D., Fergus, S., Stromski, S., & Rondeau, K. (2014). Victims and Witnesses with Intellectual Disability in the Criminal Justice System. Criminal Law Quarterly, 61, 554.

³ Hoffman, R., Brown, G., Martin, L., & Mathias, K. (2015). A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System. Final Report to the Interministerial Mental Health and Justice Committee.

⁴ Davis, L.A. (2009). People with Intellectual Disability in the Criminal Justice System: Victims & Suspects. The ARC, <http://www.thearc.org/page.aspx?pid=2458> (accessed October 3, 2017)

⁵ Davis (2009)

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Causes of Vulnerability within the Legal System

The material in this section is used with permission of the Law Courts Education Society of British Columbia and Kindale Developmental Association.⁶

Why the increased vulnerability and victimization?

- Greater likelihood of living in isolation and poverty.
- Greater dependence on others.
- Need for acceptance and friendship.
- Less likely to question people in authority, (e.g., caregivers).
- Less knowledge or understanding of legal rights.
- Greater likelihood of being targeted and taken advantage of by common criminals / those breaking the law.

Who are the Perpetrators?

People who offend against individuals with developmental disability are most often known to them. The offence occurs within their home (family, group home or institution) and in a chronic fashion rather than as a single incident. Offenders most often fall within the following categories:

- Service providers
- Acquaintances and neighbors
- Family members
- Peers

Types of crimes committed against persons with developmental disability

Rates of violent crime are 4-10 times higher against individuals with a developmental disability than the general population and include the following:

- a. Assault - 2.8 times more often
- b. Sexual assault - 10.7 times more often
- c. Robbery - 12.8 times more often
- d. Physical and sexual abuse - 3 times more often in adolescents and 4-10 times more often in adults.

These statistics may reflect an underestimate of the actual rates due to under reporting of offences.

More recently, high rates of bullying and teasing from youth or adult peers of individuals with developmental disability has been reported.^{7 8}

⁶ Law Courts Education Society of BC & Kindale Developmental Association. Developmental Disabilities and the Justice System: A Training Package, (2003). Chapter 5, Communication Strategies.

⁷ Palucka A., & Lunskey, Y. (2012). Working in a Trauma-Informed Way with Clients with a Developmental Disability. In N. Poole & L. Greaves (Eds.), Becoming Trauma Informed, Toronto: Centre for Addiction and Mental Health.

⁸ Bradley, E., Sinclair, L., & Greenbaum, R. (2012). Trauma and Adolescents with Intellectual Disabilities: Interprofessional Clinical and Service Perspectives. Journal of Child & Adolescent Trauma, 5:33-46

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Why Offences may not be Reported:

Similar to many victims of a crime, offences against individuals with developmental disability may not be reported. In one of the few studies to examine rates of reported offenses by individuals with developmental disability, 40% of the crimes against individuals with mild developmental disability and 71% of those against individuals with severe developmental disability were unreported. Individuals with developmental disability are also more likely to report a crime indirectly, through family members or caregivers.⁹

Offences may not be reported because:

- The situation is handled within the family who may decide that it is not in the interest of the family or victim to report.
- Victims don't know how to report – who it is safe to tell, how to contact police.
- Victims may not be aware of resources or they may be difficult to access, (e.g., access to privacy to make a phone call, difficulty using the telephone or navigating electronic voice menus, or unable to go to a police station on their own).
- The victim feels that they are not able to report the incident/victimization.

- Victims may fear outcomes of reporting an offence due to:
 - Dependency on the offender.
 - Fear of being without a place to live.
 - Fear of rejection and being alone.
 - Fear of reprisal / re-victimization for reporting.

If the individual is not identified as having a developmental disability, then it will be unlikely that they will receive the appropriate support needed to report a crime.¹⁰

⁹ Petersilia, J.R. (2001). Crime victims with Developmental Disabilities: A Review Essay. *Criminal Justice and Behaviour*, 28 (6), 655-694. doi: 10.1177/009385480102800601

¹⁰ Sharp, H. (2001). Steps towards justice for people with learning disabilities as victims of crime: the important role of police. *British Journal of Learning Disabilities*, 29, 88-92. doi: 10.1046/j.1354-4187.2001.00135.x

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Relationship between Trauma and Contact with the Criminal Justice System

As described above, individuals with developmental disability are more likely to experience mistreatment throughout their life. This increased vulnerability leads to emotional distress, trauma, and potentially Post Traumatic Stress Disorder (PTSD). An event that may be considered routine for most people can be experienced as highly stressful and traumatic for the individual with a developmental disability. Life events such as the death of a loved one, change in residence, transition from adolescence to adulthood, a first relationship or consensual sexual encounter, can be experienced as very profound and possibly traumatic.

Unfortunately, the relationship between life events, [behaviours that challenge](#) and trauma is not always well understood or considered. Behaviour may be misunderstood and/or dismissed as simply “typical,” or a reflection of the disability rather than viewed within the emotional context of an important event in the person’s life. For example a flat affect, inappropriate laughing or continued references to an earlier event might be misinterpreted as the usual preoccupation associated with [Autism Spectrum Disorder](#), rather than an indication of trauma.¹¹

As a result, obtaining proper diagnosis and treatment is then overlooked. Without the opportunity to receive proper assessment, treatment and supports, the person may become more volatile and unpredictable, leading to contact with the justice system.

Within this context, escalating behaviour may also be related to the individual’s desire to escape a current traumatic situation and seek out a person of authority, (e.g., justice or law enforcement professionals) to assist them.

Sometimes, when criminal justice professionals are interacting with an individual with a developmental disability, this may produce further escalation and life-threatening behaviour. This increased intensity of behaviour may be unrelated to a particular response or intervention by the professional (e.g., police or correctional officer), but a result of triggering past memories of traumatic events.

¹¹ Palucka & Lunsky. (2012)

SECTION 3.1:

STIGMA AND TRAUMA



Tips

Justice or law enforcement professionals will have contact with many individuals with developmental disability who have experienced a traumatic event(s) in their life.

1. Where circumstances permit and information is available, in particular for emergency responders:
 - Obtain information from persons/care providers in the immediate vicinity regarding [effective interventions](#). This may be available in written form, such as a [Behaviour Support or Crisis Plan](#).
 - Access previously registered information. This may be accessible through officers at the scene of an event, through Dispatch (e.g., Canadian Police Information Centre (CPIC) and Offender Tracking Information System (OTIS) alerts), or after an event through Community Liaison Officers.
 - Access the Registry for Vulnerable Persons (where available).
2. Use established procedures to communicate with colleagues and the community:
 - a. Between police, court, probation and criminal justice facilities use existing protocols, and reports (including Crown Briefing Note, Police Occurrence, Pre-sentence, Transfer Summary, Discharge reports,

Canadian Police Information Centre (CPIC) and Offender Tracking Information System (OTIS) alerts) to pass on information regarding:

- i. the possibility or confirmation of a developmental disability;
 - ii. the specific approaches that have been successful for communicating with the person; and
 - iii. community supports and key contacts.
- b. Liaise regularly (as legally appropriate) with key support persons, agencies and professionals in addition to the person.
3. Review previous reports and information that is available from correctional, probation and parole personnel.
4. Be aware that re-traumatization is a risk, particularly in relation to the following situations:
 - Use of seclusion, mechanical, physical or chemical restraint.
 - Witnessing others being restrained.
 - Being assaulted and/or witnessing assaults - resulting in feeling unsafe.¹¹

5. Where possible and to minimize (re)traumatization
 - Assign female staff to assist with personal hygiene with females.
 - Understand how to prevent and/or effectively de-escalate a person, allowing them to select preferred responses during a crisis.
 - Debrief with the individual incidents that they have been involved with or have witnessed.
 - Facilitate family and/or caregiver contact and visits.
6. The Ministry of Community and Social Services (MCSS) is committed to promoting the safety and well-being of adults with developmental disability and has taken steps to support prevention and reporting of abuse within the adult developmental services system.

[ReportON](#) is a telephone line, email address and TTY service to report alleged or witnessed abuse or neglect of adults with a developmental disability. The abuse or neglect may involve a stranger, friend, caregiver or the person's family.

1-800-575-2222

reportONdisability@ontario.ca

TTY: 416-916-0549 or Toll Free: 1-844-309-1025

¹² Palucka & Lunsky. (2012)

SECTION 3.1:

STIGMA AND TRAUMA



Resources

Community Networks of Specialized Care, Trauma Resources

http://www.community-networks.ca/?s=Trauma&post_type=resources (accessed October 3, 2017)

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Challenges

Understanding Responses

Planning an Interview or a Court Appearance

Interview Questions

Resources



SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Challenges

The court environment may present particular difficulties for the individual with developmental disability, as well as court officers, judges and lawyers. The potential vulnerabilities of the victim and the required legal standards of the court process often require weighing the benefit of the process against the potential emotional cost of putting an individual with developmental disability on the stand. Additionally, a certain level of flexibility may be required to be responsive to the needs of individuals with developmental disability, however this may be difficult to achieve. The challenges that may occur when individuals with developmental disability are involved in court proceedings can be categorized into four areas:

Challenge 1:

Reconciling two potentially opposing demands: maximizing the cognitive and social factors to help participants interact with the courts; and satisfying the requirements of the legal system.

This challenge relates to the requirements of capacity for giving an oath and communicating evidence. IQ scores are often used to assess for capacity, but are not an indicator of capacity to tell the truth. Mental age can be determined with an IQ test. However, IQ alone does not necessarily reflect the person's capacity to understand court procedures or their ability to tell the truth. For individuals with a developmental disability,

capacity as a witness can be affected by environmental or social variables, such as whether [questions](#) are asked in the right way. A good question is, "What did the man who hurt you look like?" rather than, "Can you give a description of the person?" Using visual aids can also support the testimony by individuals with developmental disability.

Challenge 2:

Memory, stress and the credibility of testimony

Individuals with a developmental disability may recall long term events with the same accuracy as those without disability, but recall can also depend on the immediate environment and how questions are asked. Under extreme stress, such as in court proceedings, the witness with a developmental disability can experience a weakening of cognitive ability, thus appearing less capable. They may not be able to respond to questions, may [respond](#) in a more immature manner or different from what is usual, or may experience difficulty with recall or time and sequence of events, and thus may be found to be a less credible witness. Allowing for preparation time, acclimatizing a witness to the court environment and establishing routines are recommended ways for overcoming some of these issues.

Challenge 3:

Court procedures

The fast-paced environment and the use of legal jargon may have an impact on understanding the court process. As noted earlier, additional preparation time prior to court and [interpretation assistance](#) during proceedings can facilitate the participation of persons with a developmental disability.

Challenge 4:

Expertise in Developmental Disability

Accessing expert witnesses in the field of developmental disability to translate the available research and knowledge for the legal context and court process may be required, but is associated with additional costs and time. Additionally, witness support and preparation programs are available only in a few jurisdictions to assist with pre-planning, tailoring court processes and responding to individual needs.¹ (See [Resource Section](#) for a program example in Ontario.)

¹ Marinos V., Griffiths, D., Fergus, C., Stromski, S., & Rondeau, K. (2014). Victims and witnesses with intellectual disability in the criminal justice system. *Criminal Law Quarterly*, 61 (4), 517–530.

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Understanding Responses

Responses by persons with developmental disability and possible reasons:² *NOTE: * DD refers to Developmental Disability*

Response	What they may be experiencing	Why
Appear unresponsive or uncooperative.	Trying to understand the question, thinking about the answer, or not sure if they know the answer.	They may need more time to process the question and retrieve memory, or may not understand the question and not know to say: "I do not understand".
Compliance.	The tendency to comply or be easily led, especially under cross-examination, is seen as a challenge to the credibility of the witness.	Person with DD* may have been informally or formally trained to comply.
Suggestibility.	Individuals with DD will often follow leading questions or appear confused or contradictive if they do not understand the question.	Individuals with DD may have limited vocabulary, difficulty understanding abstract ideas and reduced short term memory and attention span.
Guessing at an answer.	Individuals with DD may guess at a response if they do not know the answer.	There may be problems of auditory discrimination, understanding pronouns, or egocentricity in their reference to others. They may not understand questions if they are complex, multiple, run on or repeated.
Changing their answer.	Persons with DD may change their answer in response to repeated questioning or reversal of phrasing.	They have a tendency to look to others to cue their responses. If a question is repeated they may assume that the first answer was incorrect. Persons with DD tend to repeat the last option in a list of options.
Interprets questions literally.	Persons with DD may not understand the adversarial nature of the courts and the intent to discredit.	Persons with DD may not understand the intent of the question and in answering literally, may cast a shadow on their own testimony.
Time related challenges.	If asked a question requiring a time frame, the person is likely to not be able to tell you the time of day, day, month or year that something occurred.	Persons with DD may have difficulty identifying the time when something occurred.
Inappropriate or misleading emotions.	Persons with a developmental disability may not show emotions consistent with the nature of the crime.	Learned expectation is to show only positive emotions. The response to the victimizer may also appear neutral or even positive.

² Marinos et al. (2014) p.548. Reprinted with permission.

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Planning an Interview or a Court Appearance

Refer to the [Interviewing section](#) for a description of the five strategies to optimize interactions with individuals with developmental disability:

- Structure of environment
- Communication supports
- Your communication
- How to ask questions
- Communicating with colleagues and community

Guidelines and research literature emphasize the need for support and preparation of the witness with developmental disability, beginning from the point of investigation through to providing evidence in court.

Considerations include:

- Taking time to build rapport may assist in reducing confusion, emotional distress and anxiety.
- Where possible minimize waiting time, allow the witness to bring items along that provide comfort while waiting, use screens or video recording, arrange for evidence to be given in private (Judge's chambers or clearing of court room), arrange for the presence of a support person to facilitate communication, and arrange pre-court visits.

- When using a support person it is best that the support person is independent of the incident/offence.
- Consult family members or caregivers who know the person well for suggestions on interviewing approaches and understanding their communication.
- Remain calm, show little physical or facial expression.
- [Use communication aids for persons who are hearing or sight impaired, or non-verbal communication aids, supports and visuals as much as possible.](#)
- Access clinical experts to clarify level of functioning, effective communication approaches and to assess the impact of the court proceeding on the individual.
- Where possible, conduct short interviews with frequent breaks.
- Maintain a consistent environment, e.g. same interviewing room or court room, same people in the same positions in the room.³

ASD Tips

Guidelines and research literature emphasize the need for additional support and preparation of the witness with [ASD](#), beginning from the point of investigation through to providing evidence in court. Considerations:

- Some individuals with ASD respond best to advance notice and continual reminders about an appointment, while others may not as the knowledge of that appointment in advance may increase their distress. Guidance from those who know the person well can assist with the approach to take.
- Revisiting the scene of a crime may aid recall as one of their strengths may include visual recall. This would need to be balanced with concerns of re-victimization.
- Where possible, arrange appointments around their regular routine, such as a visit with a case manager.
- Children with ASD may only be able to concentrate for 10-15 minutes. Adults may also require more frequent and longer breaks.
- Where possible, allow the person to bring a favorite object into the interview as this might aid concentration and decrease stress.⁴

³ Ministry of Justice (2011). Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures. UK. http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

⁴ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p.13) http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 3, 2017)

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Interview Questions

With respect to examining victims/witnesses during a court proceeding, where at all possible, it is recommended that current practice be augmented by accommodations that address cognitive and social difficulties, specific to the individual needs and circumstances of each case.

The type of question and how it is asked can have an impact on the accuracy and completeness of testimony for any witness, but it has a particular impact on the individual with a developmental disability and their perceived credibility as a witness. Persons with developmental disability “should be questioned in such a way that their ability to give accurate evidence in court is maximized.”⁴ Research in this area suggests the following considerations:

- Persons with developmental disability provide the most accurate responses (with a similar accuracy rate to the general population) when asked open, free recall questions. Open-ended questions allow the witness to rely on their own memory. They may not provide as much detail as the individual without disability, however the most important details tend to be included.
- Closed questions require the witness to remember a detail. Closed questions can help to bring out more detail as a follow-up to open ended questions, but for the

individual with developmental disability, the information may be less accurate. Compared to individuals without disability, witnesses with developmental disability recall fewer details about events and thus will provide less accurate answers to specific questions. By their nature, closed questions are based on what the interviewer is looking for, and as a result, the individual with developmental disability may also acquiesce and/or make something up if they are unsure or don’t know the answer, in an effort to satisfy the interviewer.

- Individuals with developmental disability are more vulnerable to leading questions than the general population. Poorer memory capacity and difficulties coping with uncertainty, expectations and pressures in an interview situation can result in inconsistent or inaccurate responses.
- When asking choice questions, the person may respond with the last choice in the sequence. Asking a broader question can reduce the influence of suggestion on the person with a developmental disability. For example, the response to “Were you with your family or John?”, the response will often be “John.” Reversing the question may result in the opposite response. However asking the question “Who were you with?” can lead to a more accurate answer.

- Leading, yes/no questions, repeated questions or questions that are not understood are more likely to result in acquiescence/agreement in individuals with developmental disability. This is related to their cognitive disabilities and the desire to please the interviewer.
- Individuals with developmental disability are more susceptible to changing their responses. For example, despite accurate recall of facts, if told they are inaccurate by a person of authority, they will change their response in line with the perceived first choice of the interviewer.
- Questions with legal terminology, abstract concepts, complex syntax (“Did she turn around and face you or face the door before or after she yelled?”), double negatives, and multipart questions are also confusing. Individuals with developmental disability may respond with “I don’t know,” or incorrect responses, even though they could provide a correct answer if the question were phrased more simply.
- Remembering names, numbers, times and dates are also difficult for the individual with developmental disability.⁵

⁴ Kebbell, M.R., Hatton, C., & Johnson, S.D. (2004). Witnesses with intellectual disabilities in court: What questions are asked and what influence do they have? *Legal and Criminological Psychology*, 9, 23.

⁵ Kebbell et al. (2004) p. 23-35.

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



ASD Tips

Social and communication difficulties among individuals with ASD may affect their understanding and participation in court proceedings including:

- An inability to see the bigger picture, or to place information within a context to give it meaning.
- An inability to appreciate the mental state of oneself and other people. This has been referred to as “Theory of Mind.” Individuals who do not have ASD generally are able to understand that people have thoughts and feelings, different from their own. The individual with ASD is less able to do this, and can appear as lacking in empathy.

At the same time, some of the core characteristics of ASD can serve as strengths in relation to the criminal justice context. Generally, individuals with ASD:

- Believe in justice and obeying rules.
- Have difficulty with lying, or they are unable to sustain a lie under questioning.
- Have a unique ability to recall events, in very specific detail, and will not vary the recount of information regardless of how often it is repeated. It appears as though the event is being replayed like a recording.⁶

⁶ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p. 19-31)
http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 3, 2017)

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



Resources

Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures

Ministry of Justice, 2011, UK.

http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

Witnesses with a Significant Impairment of Intelligence and Social Functioning, p. 39 – 41. *Conducting the Interview*, p.68-81. *Special Considerations: Children and Vulnerable Adult Witnesses*, p 82-84. *Witness Support and Preparation*, p. 99 - 130.

Books Beyond Words

Supporting Victims: Some People you will See in Court, Mugged
<https://www.booksbeyondwords.co.uk>
(accessed October 3, 2017)

Ontario Victim Witness Assistance Program

Administered by the Ministry of the Attorney General and is available to all victims/witnesses in Ontario. The Victim Support Line provides information and referral toll-free at 1-888-579-2888 or 416-314-2447 in the Toronto area. Information on the programs listed below is also available at: <http://www.attorneygeneral.jus.gov.on.ca/english/ovss/programs.asp> (accessed October 3, 2017)

Support services for victims and families of victims:

- Domestic Violence Court Program
- Family Court Support Worker Program
- Help for child victims
- Internet Child Exploitation Counselling Program
- Legal Services
- Partner Assault Response Programs
- Male Victims – Support services for male survivors of sexual abuse
- Sexual Assault/Rape Crisis Centres
- Victim Crisis Assistance Ontario
- Victim/Witness Assistance Program

Financial assistance programs for victims and families of victims:

- Criminal Injuries Compensation Board
- Financial Assistance for Families of Homicide Victims Program
- Victim Quick Response Program
- Vulnerable Victims and Family Fund

ReportON

The Ministry of Community and Social Services (MCSS) is committed to promoting the safety and well-being of adults with developmental disabilities and has taken steps to support prevention and reporting of abuse within the adult developmental services system.

ReportON is a telephone line, email address and TTY service to report alleged or witnessed abuse or neglect of adults with a developmental disability. The abuse or neglect may involve a stranger, friend, caregiver or the person's family.

1-800-575-2222

reportONdisability@ontario.ca

TTY: 416-916-0549 or Toll Free: 1-844-309-1025

Intervener Organization of Ontario

Intervener services provided to persons who are deafblind
<http://www.intervenors.ca/> (accessed October 3, 2017)

SECTION 3.2:

VICTIM SUPPORT AND WITNESS PREPARATION



The Witness Support and Preparation Service (WS&P) is a new and unique program offered by Mackenzie Health, Center for Behavior Health Sciences and currently covers York, Simcoe and Durham Regions. The long term goal of the service is to extend it across the whole of Ontario. The program can be offered in both a face to face manner and/or via video consultations. The program was developed to work with both adults and children from vulnerable populations such as individuals with Intellectual Disability, FASD, Autism and Brain Injury.

The service provides support and preparation of complainant witnesses, witnesses and those accused of committing a crime for their appearance and participation in criminal trials. It begins after the police have completed the criminal investigation and statements have been taken. The focus of the work is on preparing the vulnerable person to participate in the court process and to give their testimony in court. The service will not coach the witness on what to say, rather it will prepare the person for the steps required to give the testimony. The worker has no knowledge of the witness's evidence, simply the indictment. The goal is to provide each vulnerable participant with an understanding of what will happen in court, what to expect and also builds vulnerable participants skills in giving evidence. A witness report is produced and provided to the Crown, Defense Counsel and Judge for the intention of describing how the vulnerable person is likely to appear and behave in court, with advice as to how to reduce particular difficulties that might be presented or experienced. Contact: 705-728-9143.

SECTION 3.3:

SUSPECTS AND OFFENDERS



Suspects and Offenders

Characteristics

Counterfeit Criminality

Support and Preparation of Suspects/Offenders

Vulnerabilities as Suspects/Offenders

Tips

Resources



SECTION 3.3:

SUSPECTS AND OFFENDERS



Suspects and Offenders

The number of individuals with developmental disability involved in the criminal justice system is difficult to determine because of differences in study approaches and methods. The prevalence rates range between 2 - 40% of adults in the justice system have a developmental disability. In the U.K., estimates of individuals with developmental disability living in the community who come into the contact with the justice system for offending behavior range between 2 -7 %.²

There are few studies specifically related to youth with developmental disability involved in the justice system, but it is suggested that the prevalence of involvement in the criminal justice system may be higher than for adults.³

However it remains unclear when compared to the general population, whether individuals with developmental disability commit more or less crimes or different types of crimes.⁴

Research has not established a link between developmental disability and a predisposition for criminal behaviour.⁵ Some have suggested a higher risk for fire-setting behaviour in this population. However, there is limited information to suggest that individuals with developmental disability are over-or under-represented in relation to this offence.⁶

Care and treatment in community settings rather than criminal justice facilities are considered the best practice approach. Unfortunately, the development of such programs has not always kept up with the need.⁷

While there has been a general impression that people with developmental disability are over-represented in the criminal justice system, as more and larger studies are completed, findings are beginning to suggest that the prevalence of individuals with developmental disabilities in the criminal justice system may be similar to the general population. The more significant issue for individuals with developmental disability involved in the justice system as suspects or offenders is the need for special considerations to navigate from first encounter, to arrest, criminal justice facility, court and/or community supervision.

¹ Jones, J. (2007). Persons With Intellectual Disabilities in the Criminal Justice System: Review of Issues. *International Journal of Offender Therapy and Comparative Criminology*, 51, 723-733.

² Chaplin, E., & McCarthy, J. (2015). Offenders with intellectual disability in secure services and the criminal justice system. In G. Dickens, P. Sugerman & M. Picchioni (Eds.), *Handbook of Secure Care: Royal College of Psychiatrists*.

³ Hoffman, R., Brown, G., Martin, L., & Mathias, K. (2015). A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System: Final Report to the Interministerial Mental Health and Justice Committee.

⁴ Lindsay, W.R., & Taylor, J.L. (2005). A Selective Review of Research on Offenders with Developmental Disability: Assessment and Treatment. *Clinical Psychology and Psychotherapy*, 12, 201-214.

⁵ Lindsay, W.R. (2002). Research and literature on sex offenders with intellectual and developmental disabilities. *Journal of Intellectual Disability Research*, 46, (1) 74-85.

⁶ Chaplin & McCarthy (2015) p. 122. ⁷ Chaplin & McCarthy (2015) p. 122.

SECTION 3.3:

SUSPECTS AND OFFENDERS



Characteristics

Most individuals with developmental disability who become involved with the criminal justice system function in the mild to borderline range.

Offenders with developmental disability share similar characteristics and risk factors for becoming involved with the justice system as the general population. Characteristics include “young age, male gender, psychosocial disadvantage, familial offending, history of behaviour problems, unemployment and co-morbid mental health needs.”^{8 9}

Offenders with developmental disability also have unique issues when compared to the general population. They “... are more likely to be disadvantaged psychosocially and lack adaptive life skills, have a minority group status (esp. Indigenous Peoples), have a history of behaviour problems and substance abuse, lack education, be unemployed and have low incomes, and have comorbid mental health problems, including a high frequency of personality disorder.”¹⁰

A recent U.K. study regarding risks of offending among individuals with developmental disability reported that “those who do not have supportive social relationships and involvement in structured daily activities, are at high risk for contact with the criminal justice system”.¹¹

A history of legal involvement may predict police involvement during a crisis. Once there is a connection with the justice system, this will likely continue. Other predictors of police involvement include previous “negative life events” including changes in staff or housing, interpersonal conflict or long term unemployment.¹²

Characteristics of youth with developmental disability who become involved with the justice system include a history of family disruption where violence and abuse is present, and high rates of substance abuse, delinquency and school problems such as truancy and suspensions. A history of impulsive, aggressive behaviour, low self-esteem and poor social skills are also common.¹³

The majority of offences are related to misdemeanors or public nuisance.¹⁴

Generally, there is no research evidence to support the idea that offenders with intellectual disability are more violent than the general populations of offenders.

⁸ Jones, J. (2007)

⁹ Jessica Jones, D.Clin.Psy., C.Psych. Clinical and Forensic Psychologist, Associate Professor of Psychiatry & Psychology, Co-Chair, Division of Developmental Disabilities, Department of Psychiatry, Queens University. Intellectual Disabilities and the Law: Identification, Interaction and Communication LEAD Training PowerPoint Presentation, October 23, 2014, Lanark County (For further information email: jonesj@queensu.ca)

¹⁰ Hoffman et al. (2015) p.44. ¹¹ Hoffman et al. (2015) p.44.

¹² Lunskey, Y., Raina, P., & Jones, J. (2012) Relationship between prior legal involvement and current crisis for adults with intellectual disability. Journal of Intellectual and Developmental Disability, June 2012; 37(2): 166

¹³ Hoffman et al. (2015) ¹⁴ Jones, J. (2007)

SECTION 3.3:

SUSPECTS AND OFFENDERS



ASD Tips

1. The pattern of offenses among individuals with ASD is similar to the general population, with property damage, theft and car related crime most common.¹⁵ Lower rates of alcohol and drug abuse compared to the general offender population are also reported among individuals with ASD.¹⁶
2. The unique profile of individuals with ASD provides some explanation as to why they may become involved with the criminal justice system. These include:
 - social naiveté;
 - misunderstanding of social situations;
 - poor understanding of social rules;
 - obsessional and unusual interests;
 - unusual behaviour; and/or
 - need for consistency and sameness.
3. Examples of how the underlying characteristics of ASD may lead to a criminal charge include:
 - Inappropriate touching or following/stalking a person as a result of the “need” to feel a favourite item whenever it is spotted.
 - As an accomplice to a criminal act, the individuals with ASD may have been unaware of the illegal nature, but participated willingly in order to become/remain a member of a social group.
 - A sudden aggressive outburst that disrupts the public and places others at risk may occur because their routine has changed or to correct a rule that has been broken such as a car illegally parked or someone smoking in an inappropriate public area.
 - Eye contact is generally difficult for the person with ASD, however in some situations, eye contact may be inappropriate and prolonged (related to a particular interest) and thus interpreted as an unwanted sexual advance.¹⁷

FASD Tips

1. When working with individuals with FASD, justice and law enforcement professionals should be aware that individuals with FASD may have:
 - Limited ability for abstract thinking,
 - Difficulties with relating one question to another.
 - Difficulties understanding the consequences of providing incriminating statements during interrogation.
 - Can be easily led and as a result will interpret words and actions as inducements or threats or be overwhelmed by questioning.
 - Are willing to please and comply.

¹⁵ Lindsay, W.R., Carson, D., O'Brien, G., Holland, A.J., Taylor, J., Wheeler, J.R., & Steptoe, L. (2014). Comparison of referrals with and without autism spectrum disorder to forensic intellectual disability services. *Psychiatry, Psychology and the Law*, Vol 29, (6) 947-954 DOI:10.1080/13218719.2014.918081

¹⁶ Lindsay et al. (2014)

¹⁷ National Autistic Society (2011). *Autism: A guide for criminal justice professionals*, Revised Edition. <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 7, 2017)

SECTION 3.3:

SUSPECTS AND OFFENDERS



Counterfeit Criminality

Counterfeit criminality is a term that refers to the involvement by individuals with developmental disability in illegal activity where the motivation may not be based on criminal intent. As noted in the [Characteristics](#) subsection, social acceptance, manipulation or victimization may have lead the person to unwittingly become engaged in illegal activity.¹⁸

Consideration of the motivation behind a criminal act by the individual with a developmental disability may provide further understanding of other factors that are unique to the life experience of that individual that lead to the current situation.

Support and Preparation of Suspects/Offenders

Suspects and offenders with developmental disability require the same supports, preparation and accommodations as [victims and witnesses](#) with developmental disability in order to effectively participate during their encounters with the criminal justice system. Unfortunately, this may not be a consideration because the disability is not often identified. Additionally, these accommodations are generally applied to victims or witnesses as per the Criminal Code.¹⁹

Vulnerabilities as Suspects/Offenders

The material in this section is used with permission from the Law Courts Education Society of British Columbia and Kindale Developmental Association.²⁰

As a consequence of difficulties in adapting to and managing personal, social and environmental circumstances, individuals with developmental disability may be more vulnerable within the criminal justice system.

[During interrogative interviews they may:](#)

- Not understand their legal rights.
- Be suggestible and acquiesce or agree.
- Misunderstand legal terms such as “guilty” and “not guilty”.
- Be confused about who is responsible for the crime and confess or provide self-incriminating evidence even though innocent.

As the individual with developmental disability moves through the criminal justice process, they:

- Are at greater risk of being placed in a criminal justice facility during the pre-trial stage because they cannot meet conditions nor have the resources to obtain bail/recognizance orders or are held pending assessments.

- Are more likely not to enter into plea negotiations.
- May have difficulty instructing counsel.
- Are declared unfit to stand trial approximately 50% of the time.²¹
- Are more likely to be convicted and receive longer terms than offenders without disabilities.
- Are more likely to be considered a poor risk for probation and have fewer options for alternative sentencing due to lack of community resources and intensive support.

Once [incarcerated](#), they are more likely:

- To serve longer sentences due to an inability to understand or adapt to prison rules.
- To be used by other criminals to assist in illegal activities.
- To have a strong need to be accepted, and along with poor social skills, this leaves them quite vulnerable to other prisoners.

¹⁸ Griffiths, D., Hingsburger, D., Hoath, J. & Ioannou, S. (2013). ‘Counterfeit Deviance’ Revisited. *Journal of Applied Research in Intellectual Disabilities*, 26, 471- 480.

¹⁹ Criminal Code of Canada, Sections 486.1 and 486.2: http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr13_15b/seca.html (accessed October 3, 2017)

²⁰ Law Courts Education Society of BC & Kindale Developmental Association. *Developmental Disabilities and the Justice System: A Training Package*, (2003). Chapter 5, Communication Strategies.

²¹ Hoffman R., Brown, G. Martin, L. Mathias, K, (2015). *A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System: Final Report to the Interministerial Mental Health and Justice Committee* p. 25

SECTION 3.3:

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Tips

1. Refer to the [Quick Reference Guide](#) of communication tips for use with individuals with developmental disability.
2. Where consistent with the Ministry of Attorney General policy, [diversion](#) should be a primary consideration.

ASD Tips

1. Emergency Response

- Avoid touching the person with ASD (when the situation is not dangerous or life-threatening), as this may heighten agitation and sensory issues.
- Check the person for injury in as non-invasive a way as possible, as they may not express pain or report injury. Observe unusual limb positions or signs of abdominal pain.²²
- Individuals with ASD may lack mental awareness that their conduct is criminal, or the ability to imagine the outcome and consequences, or to think ahead and formulate a plan. However they rarely deliberately intend to hurt others.²³

2. Arrest

- Where the situation will allow and integrity of the investigation will not be compromised, arrest of a person with ASD is better done by appointment, so that the appropriate measures can be in place and the distress can be minimized.
- Where possible, arrange ahead of time for the reception area to be cleared or enter through a side door, as a stimulating and busy environment may lead to stress and subsequent violent outburst.
- Where at all possible and appropriate, have an adult available during the custody and interview process who knows the individual well from other circumstances (e.g., community care provider).
- Individuals with ASD are very good at picking up and memorizing information and statements that they may have overheard. The expression of these “facts” does not necessarily mean they understand them. Examples are information overheard from conversations between first-responders, or discussions in court. This “knowledge” may be mistaken for a confession, or information that only a person who had committed the crime may know.

3. Court proceedings
 - It is difficult for the person with ASD to lie. Asking a series of unrelated questions to determine the person’s ability and potential to lie prior to asking questions specific to the incident may assist the interviewer.²⁴
 - Individuals with ASD can participate successfully in proceedings with the appropriate supports in place. These may include:
 - Use of video recording
 - Carefully prepare questions to be asked in court to avoid inappropriate responses, and/or possible sensory overload which may lead to a disruption.
 - Expert witnesses to assist the courts to understand ASD and prevent misinterpretation of behaviours.
 - Consider using a simple flowchart that outlines the steps in the criminal justice process for the person with ASD to refer to.
 - Use behavioural contracts to outline the do’s and don’ts.²⁵

²² National Autistic Society (2011). Autism: A guide for criminal justice professionals, Revised Edition. p 18-19.
<https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 3, 2017)

²³ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p. 19)
http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 3, 2017)

²⁴ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p. 27)

²⁵ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p. 27)

SECTION 3.3:

SUSPECTS AND OFFENDERS



FASD Tips

1. The John Howard Society recommends the following strategies to lessen the anxiety, frustration and/or misunderstanding that may occur when working with an individual with FASD:

Concrete: Talk in concrete, clear terms

Consistency: People with FASD function best in stable environments. Consistency helps reduce anxiety over having to “guess” what is going to happen next.

Repetition: Memory loss is an ongoing challenge for those with FASD. Remind them multiple times, in order to make it more likely that they will remember

Routine: Set routines that rarely change coincide with consistency and repetition

Simplicity: Many people with FASD can be overstimulated and may have difficulty sorting through their environment and selecting what is relevant and important at any given moment.

Keep interactions as simple as possible.

Specific: People with FASD require others to say exactly what they mean. Subtlety in language can often be mistaken or missed.

Give step-by-step directions, provide visuals or written directions.

Have clients with FASD carry an emergency contact number.

Structure: Structure often reduces the anxiety of these individuals by allowing them to better predict and understand what to expect from their environment

Supervision: It is difficult to supervise adults with FASD without feeling patronizing. However, it is important to reach a cautious balance between respecting the person as an individual, and recognizing his or her challenges and capacity.²⁶

2. Court professionals are in a position to address the under-recognition of FASD by asking if FASD has been considered. Counsel may be able to ask more probative questions to determine the need for further investigation. The following questions are suggested:

- Is there a history of alcohol or substance abuse in the family? If yes, follow up questions include:
 - School History: Learning disabilities, special education, and school failure or drop out.
 - Mental Health: Multiple diagnoses, history of interventions (including medications and treatment).
 - Social Profile: Foster care, multiple placements.
 - Legal Profile: Frequent contact with the legal system.²⁷

²⁶ John Howard Society Fact Sheet (2010). Fetal Alcohol Spectrum Disorder and the Criminal Justice System: A Poor Fit <http://www.johnhoward.on.ca/wp-content/uploads/2014/09/facts-26-fasd-and-the-criminal-justice-system-december-2010.pdf> (accessed October 3, 2017)

²⁷ Malbin, D.V. (2004) Fetal Alcohol Spectrum Disorder (FASD) and the Role of Family Court Judges in Improving Outcomes for Children and Families. Juvenile and Family Court Journal, Spring, 2004. p. 53-63. http://fasdjustice.ca/media/Malbin53_63.pdf (accessed October 3, 2017)

SECTION 3.3:

SUSPECTS AND OFFENDERS



Resources

Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures. Ministry of Justice, 2011, UK.

http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

Witnesses with a Significant Impairment of Intelligence and Social Functioning, p. 39 – 41. *Conducting the Interview*, p.68-81. *Special Considerations: Children and Vulnerable Adult Witnesses*, p 82-84. *Witness Support and Preparation*, p. 99 - 130

Books Beyond Words

<https://www.booksbeyondwords.co.uk>
(accessed October 3, 2017)

A catalogue of books such as *You're Under Arrest*, *You're On Trial*, and *You're in Prison*.

L.A. Davis, (2009).People with Intellectual Disability in the Criminal Justice System: Victims & Suspects. The ARC

<http://www.thearc.org/page.aspx?pid=2458>
(accessed October 3, 2017)

National Autism Society, A Guide for Criminal Justice Professionals (2011)

<https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf>
(accessed October 3, 2017)

Autism Risk and Safety Management

Training and information resources for first responders, law enforcement and the autism community. Provides access to a variety of resources and information sheets

<http://www.autismriskmanagement.com>
(accessed October 3, 2017)

Asperger Autism Network, Asperger Syndrome in the Criminal Justice System

<http://www.aane.org/asperger-syndrome-criminal-justice-system/> (accessed October 3, 2017)

Autism West Midlands, Autism and the Criminal Justice

System: Advice and guidance for professionals

http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf
(accessed October 3, 2017)

FASD Guidebook for Police Officers, Royal Canadian Mounted Police, Ottawa, Ontario

Laporte, A., Lisakowski, Z., Chudley, A.E., Conry, J. (2002). Includes sections on Conducting Interviews and Taking Statements, Re-planning Your Investigation, and an Investigation Checklist.

http://www.asantecentre.org/_Library/docs/latestfasguide.pdf
(accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder and Justice

<http://www.fasdjustice.ca>

Primary Disabilities – Justice Implications:

<http://fasdjustice.ca/media/primary.pdf>

Secondary Disabilities – Justice Implications:

<http://fasdjustice.ca/media/secondary.pdf>

(access October 3, 2017)

SECTION 3.4:

CRIMINAL JUSTICE FACILITIES



Identification

Tips

Resources



SECTION 3.4:

CRIMINAL JUSTICE FACILITIES



Identification

Sometimes individuals are not identified with a developmental disability until they reach the criminal justice facility. Research suggests that this is because these individuals have not received a previous assessment or may not have connected to developmental disability services.¹ (This is likely because they function within the higher range of mild to borderline **intellectual** functioning.)

The following may be an **indicator** of a developmental disability within the facility setting:

- Slow processing of information – may pause for a long time before answering questions or following through on requests.
- Limited insight to the consequences of behaviour (theirs and others) and why they offended. Thus limited understanding of why the offence has led to incarceration.
- Poor understanding of others' personal space – may appear to crowd others, stand too close or inappropriately touch others.

Difficulties with communication or impulsive behaviour may mean the person has a developmental disability, rather than an indication of oppositional or disrespectful behaviour.

The facility environment may place additional stress on the individual with a developmental disability, due to changes in routine, unfamiliar environment, and/or loss of supports. This may result in new behavioural responses or an increase of existing behavioural responses. Justice and law enforcement professionals may observe some of the following behaviours among individuals with a developmental disability that are different than among those in the general population:

- Excessive crying
- Persistent conversation on specific topics
- Pacing or hand wringing that appears ritualistic
- Trouble adapting to any changes
- Verbal communication that is inconsistent with visible emotions, e.g., laughing when expressing regret
- Increased property destruction
- Self-injurious behaviour such as hair pulling, hitting, biting arms or hands
- Isolating themselves
- Refusing meals or hoarding food
- Worsening personal hygiene
- Smearing of feces
- Dramatic changes in weight ²

¹ Hoffman, R., Brown, G., Martin, L., & Mathias, K. (2015). A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System: Final Report to the Interministerial Mental Health and Justice Committee.

² Southern Network of Specialized Care (2013). Understanding Special Needs Offenders who have a Dual Diagnosis (3rdEd) p.6.
<http://www.community-networks.ca/resources-library/resources-pdfs/> (accessed October 3, 2017)

SECTION 3.4:

CRIMINAL JUSTICE FACILITIES



Tips

Early identification is critical to the safety and management of offenders with developmental disability because they are particularly vulnerable within the custodial culture and environment:

- They may be slow in adjusting to expectations or understanding procedures and thus might unknowingly breach regulations.
- They could be the target of practical jokes and victimization.
- They are more likely to be reclassified to higher security levels.³

Making adjustments within this environment to accommodate and be sensitive to the needs of individuals with developmental disability, while also maintaining the safety and security of all inmates, can be quite challenging. Therefore Implementation of the suggestions below may be limited by the type of adult or youth justice setting.

1. There are small adjustments to the environment and different activities that have been found to be helpful in other 24-hour care settings. However each facility must determine if any of the following modifications can be incorporated:
 - Establish a daily schedule.
 - Provide access to developmentally appropriate books and resource materials ([See Resources](#)).
 - Incorporate mindfulness strategies and calming tools as part of the everyday schedule.^{4 5}
 - Create safe spaces by decreasing light (changing bulbs), providing a night light, or locating the person for periods of time in lower stimulating or quiet areas.
 - Use study carols in classroom environments.
 - Provide safe [sensory items](#) that the person finds soothing (e.g., squeeze toy or bean bags).
 - Use [social stories](#) to explain procedures.
 - Adjust staff assignments to build on positive relationships.
 - Record observations in communication logs about what appears to work for an individual and discuss in team meetings.
2. In adult facilities, once identified and where possible, assigning the person to a Special Needs Unit with enhanced case management capabilities and additional supervision may alleviate some difficulties.
3. Individuals with a developmental disability who are incarcerated for a sexual offence are particularly vulnerable to abuse from other inmates. Early identification will support a discussion with the individual during the admission process regarding the possible risks to their safety.

Considerations:

- Explain very clearly that they should not discuss their offence with other inmates because it is not anyone's business
- Provide short verbal alternatives for the person to use to respond with when questioned by others, e.g., "My lawyer has told me I can't talk about it".
- Tell them how they can get help if they are afraid for their safety while in the facility.

³ Griffiths, D., Taillon-Wasmund, P., & Smith, D. (2002). Offenders who have a Developmental Disability. In D.M. Griffiths, C. Stavarakaki, & J. Summer (Eds.), Dual diagnosis: an introduction to the mental health needs of persons with developmental disabilities. (p. 395) NADD: Ontario <http://oadd.org/affiliate-organizations/nadd-publication/> (accessed October 3, 2017)

⁴ Singh, N., Lancioni, G.E., Winton, A.S.W., Singh, A.N., Adkins, A.D., & Singh, J. (2009). Mindful staff can reduce the use of physical restraints when providing care to individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*. 22(2),194-202

⁵ Singh, N., Lancioni, G.E., Winton, A.S.W., Singh, A.N., Adkins, A.D., & Singh, J. (2008). Clinical and benefit-cost outcomes of teaching a mindfulness-based procedure to adult offenders with intellectual disabilities. *Behavior Modification*, 32(5), 622-37.

SECTION 3.4:

CRIMINAL JUSTICE FACILITIES



ASD Tips

1. Individuals with ASD generally do not do well in new environments, particularly when they are more stimulating than what they are used to, and their usual routines have to be altered. It may be difficult to manage these issues in the facility environment. Obtaining information from family members and care providers about preferred routines, and adapting where possible the techniques and tools that have worked in the past may help to alleviate some of these issues.
2. Simple and clear explanations of the rules and routines upon arrival will be helpful to the individual with ASD. Where possible the use of visual aids, photos, drawings, [social stories](#) can be very effective in helping a person to understand their current circumstances as well as help them to manage in a new environment.

FASD Tips

1. Providing structure, supports and supervision are key elements for success in working with individuals with FASD. The following suggestions are related to working with children and youth with FASD. They may also be applicable to adults:
 - Case planning at all levels must include the important persons in the life of a person with FASD.
 - Ensure any direction given to the person is in writing and is also given to the caregiver.
 - Try to limit tasks or expectations and give limited choice where possible (For example, “You must attend this program, do you want to do this before or after lunch?”, or “You must attend counseling. Do you want to attend agency x or see a psychologist?”).
 - Make expectations very clear and reinforce expectations at each appointment or meeting.
 - Set limits and follow through. Avoid debating or arguing over rules. Make consequences immediate and consistent and remind the person of the reason for the consequence. Know that he/she will continue to experience difficulty learning from consequences.
- Anticipate and prevent problems by providing close supervision and monitoring. Whenever possible, obtain the support of a worker, mentor, surveillance staff, etc., to help provide supervision.
- Use language that is familiar. Avoid “why” questions. Use cueing and prompting techniques to assist when he/she is having trouble remembering something. Teach strategies for remembering such as using notepads, lists, and electronic devices.⁶

⁶ FASD: Strategies Not Solutions (2007). Child and Youth Working Group. The Edmonton and Area Fetal Alcohol Network (EFAN) http://www.faslink.org/strategies_not_solutions.pdf (accessed October 3, 2017)

SECTION 3.4:

CRIMINAL JUSTICE FACILITIES



Resources

The Sensory Connection – access to sensory information and tools

<http://sensoryconnectionprogram.com/index.php>

(accessed October 3, 2017)

Books Beyond Words

A catalogue of books such as You're Under Arrest, You're On Trial, and You're in Prison.

<https://www.booksbeyondwords.co.uk>

(accessed October 3, 2017)

National Autism Society, Social stories and comic strip conversations

<http://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>

(accessed October 3, 2017)

SECTION 3.5:

PROMOTING EARLY DIVERSION



Promoting Early Diversion

Resources



SECTION 3.5: PROMOTING EARLY DIVERSION



Early recognition of the signs and symptoms of developmental disability can inform police choices regarding no-charge diversion, diversion, or laying a charge. Additionally, when it is known that an accused is connected with services or support networks they are more likely to be diverted from the criminal justice system during the pre-trial process.¹

Familiarity with [common characteristics](#) and the [Identification Checklist](#) are important tools to support diversion. In accordance with privacy laws, flagging the possibility of a developmental disability through information exchange (between police, court, probation and criminal justice facilities) as well as in formal records such as the Crown Briefing note, [pre-sentence reports](#), police occurrence reports, Canadian Police Information Centre (CPIC) and Offender Tracking Information System (OTIS) alerts, transfer summaries, discharge plans, Gladue Reports etc., will also facilitate effective responses and early diversion.

Court diversion programs are available in the youth (between the ages of 12-17) and adult systems.² Additionally, Dual Diagnosis Justice Case Managers are available in Court Support and Court Diversion programs in Ontario. (See [Resources](#) section.)

Where consistent with the Ministry of Attorney General's policy, diversion should be a primary consideration.

FASD Tips

1. When involved in the criminal justice system, individuals with FASD are at risk of citations for “failure to appear” and “breach” offences.³
2. [Earlier recognition](#) of FASD and connecting to community resources can inform police disposition choices and facilitate diversion.

¹ Hoffman, R., Brown, G., Martin, L., & Mathias, K. (2015). A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System: Final Report to the Interministerial Mental Health and Justice Committee, p.9-10.

² Youth Criminal Justice Act (S.C. 2002, c. 1) Part 1 Extrajudicial Measures <http://laws-lois.justice.gc.ca/eng/acts/y-1.5/page-2.html#h-4> (accessed October 3, 2017)

³ Laporte, A., Lisakowski, Z., Chudley, A.E., Conry, J. (2002). FASD Guidebook for Police Officers. Royal Canadian Mounted Police, Ottawa, Ontario. Includes sections on Conducting Interviews and Taking Statements, Re-planning Your Investigation, and an Investigation Checklist. http://www.asantecentre.org/_Library/docs/latestfasguide.pdf (accessed October 2, 2017).

SECTION 3.5: PROMOTING EARLY DIVERSION

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Resources

Dual Diagnosis Justice Case Managers

Placed within Court Support and Court Diversion Services across Ontario.

<http://www.community-networks.ca/services/dual-diagnosis-justice-case-managers/>

(accessed October 3, 2017)

Youth Justice Committee Program

For Youth Aged 12 – 17

https://www.attorneygeneral.jus.gov.on.ca/english/jot/youth_justice_committee_program.php

(accessed October 3, 2017)

Province of Ontario Ministry of Attorney General Crown Policy Manual

<https://www.attorneygeneral.jus.gov.on.ca/english/crim/cpm/2005/MentallyDisorderedOffenders.pdf>

(accessed October 3, 2017)

Aboriginal Criminal Court Work Program

<http://www.oficc.org/about-friendship-centres/programs-services/justice/aboriginal-criminal-courtwork-program>

(accessed October 10, 2017)

Ontario Ministry of Attorney General Criminal Law Division, Practice Memorandum to Counsel, Criminal Law Division. Mentally Disordered/Developmentally Delayed Offenders: Diversion

<http://bcm.connexontario.ca/Resource%20Library/Mental%20Health%20Reports/Ontario%20MAG%20Practice%20Memorandum%20-%20Mental%20Illness%20or%20Developmental%20Disability%20Diversion%20-%202006.pdf>

(accessed October 3, 2017)

A Program Framework for Mental Health Diversion/ Court Support, 2006 Services

<http://health.gov.on.ca/en/common/ministry/publications/reports/mentalhealth/mentalhealth.aspx#reports>

(accessed October 3, 2017)

Mental Health Court Diversion and Court Support, CMHA Ontario

<http://ontario.cmha.ca/documents/justice-services/>

(accessed October 3, 2017)

SECTION 3.6:

COMMUNITY SUPPORT



Recidivism

Risk Assessment

Reducing Recidivism through Community Supervision

Tips



SECTION 3.6: COMMUNITY SUPPORT



Recidivism

Rates of recidivism are determined in a variety of ways depending on the purpose of the study. For example, recidivism can be based on re-arrest, re-conviction or re-incarceration as well as different follow-up periods after release.¹

Bonta reviewed reconviction rates for all offenders within two years of release from federal penitentiaries in Canada over a three-year period (1994-1997).² Reconviction ranged between 40 – 44 %. In a review of recidivism in mentally disordered offenders in Canada, based on “re reoffending (arrests and convictions) including recommitment to a psychiatric facility due to a new (either general or violent) criminal offence”, the rate of re-offence was 39% based on average follow-up at 4.9 years.³

The overall re-offending rate among individuals with developmental disability, including those who receive hospital treatment, is estimated at approximately 40% or higher.⁴ It is unclear whether this estimate is based on studies of re-arrest, re-conviction, re-incarceration or the length of the follow up period after release.

Therefore drawing overall conclusions about recidivism rates among individuals with developmental disability must be done cautiously. However, it does appear that recidivism rates may be similar to the general population.

¹ Bonta, J., Rugge, T., & Dauvergne, M. (2003). The Reconviction Rate of Federal Offenders 2003-02, Public Works and Government Services Canada <http://www.publicsafety.gc.ca/cnt/rsrcts/pblctns/rcnvctn-rt-fdrl/rcnvctn-rt-fdrl-eng.pdf> (accessed October 3, 2017)

² Bonta et al. (2003)

³ Bonta, J., Blais J., & Wilson H.A. (2013). Mentally Disordered Offenders: A Quantitative Synthesis, User Report 2013-01. Public Safety Canada. <http://www.publicsafety.gc.ca/cnt/rsrcts/pblctns/prdctn-rsk-mntlly-dsrdrd/prdctn-rsk-mntlly-dsrdrd-eng.pdf> (accessed October 3, 2017)

⁴ Lindsay, W.R. (2002). Research and literature on sex offenders with intellectual and developmental disabilities. Journal of Intellectual Disability Research, 46 (1), 74-85.

SECTION 3.6:

COMMUNITY SUPPORT



Risk Assessment

Predicting future behaviour as part of a risk assessment enables decisions regarding the safety of the offender and others, and to maximize the benefits of treatment.⁵

Predictors of re-offence are generally based on criminal history, history of anti-social behaviour, social achievement, age/gender/race and family factors.⁶

Research into the risk factors for re-offending in individuals with developmental disability are less conclusive. However, there is some indication that they may be similar to the general offender population. Variables related to risk of re-offence found across studies for individuals with developmental disability include age (many are youth), gender (most are male), anti-social behaviour, substance abuse problems, and diagnosis of personality disorder.⁷

In recent years there has been much more research regarding the use of standard risk assessment measures with individuals with developmental disability. As an example, both the VRAG (Violence Risk Appraisal Guide) and HCR-20 (History, Clinical Risk-Management-20) have demonstrated predictive validity for use in individuals with developmental disability.⁸ Lindsay and Blasingame review the range of tools that are available for this purpose.^{9 10}

⁵ Bonta et al. (2013)

⁶ Fitzgerald, S., Gray N.S., Taylor, J. & Snowden, R.J. (2011). Risk factors for recidivism in offenders with intellectual disabilities. *Psychology Crime Law*. 17, 43-58.

⁷ Fitzgerald et al. (2011)

⁸ Gray, N.S., Fitzgerald, S., Taylor, J., MacCulloch, M.J., & Snowden, R.J. (2007). Predicting future reconviction in offenders with intellectual disabilities: the predictive efficacy of VRAG, PCL-SV and the NCR-20. *Psychological Assessment*, 19:474-479.

⁹ Lindsay, W.R. (2011). People with intellectual disability who offend in the criminal justice system. *Current Opinion in Psychiatry*, 24:377-381.

¹⁰ Blasingame, G.D., Bower, D.P., Guldry, L., Haaven, J., & Wilson, R.J. (2014). Assessment, treatment and supervision of individuals with intellectual disabilities and problematic sexual behaviours. Beaverton, OR: Association for the Treatment of Sexual Abusers. https://www.atsa.com/pdfs/ATSA_IDPSB_packet.pdf (accessed October 3, 2017)

SECTION 3.6:

COMMUNITY SUPPORT



Reducing Recidivism through Community Supervision

Being alert to and recognizing an individual with a developmental disability is important for Probation and Parole officers in developing pre-sentence report recommendations for court. The Probation and Parole officer can address sentencing recommendations and highlight conditions that may prove difficult for the individual to comply with or that might be difficult to enforce. They can also recommendation appropriate solutions.

SECTION 3.6:

COMMUNITY SUPPORT



Tips

1. **Pre-sentence reports** – Collateral sources can be helpful. Include family or support networks who know the person and can clarify individual needs, existing supports, gaps in support, medical/mental health/behavioural history, and what has worked or not worked.
2. **Bail and Probation conditions** – Ensure that recommendations to the court for conditions consider all the issues identified for that case that may impact on the accused's ability to comply with conditions, and tailor the recommendations as appropriate. Compliance with conditions can be supported by:
 - a. Assistance with maintaining an appointment schedule (provide a monthly calendar, solve transportation issues, engage a support person to accompany, pair the visit with a favorite activity)
 - b. Analyze and explore the offence cycle to discover risk factors and triggers to offending behaviour and how those factors may be influenced or impacted by the disability. Understand that difficult and/or risky behaviors can also serve as a person's means of coping or means of exercising some level of control over their immediate environment. For example, a bail condition

that requires an individual to stop a self-harm behaviour will be difficult to satisfy if this their way of coping when placed in new or anxiety provoking situations.

- c. Where possible use plain language to describe the conditions in an Order and in verbal exchanges. For example: instead of "No contact with Mom," use "do not call or visit Mom's house." Or instead of "10 p.m. curfew," use "be home by 10 p.m". Ensure that the person is able to tell the time and has a watch.
3. **Sexual Offenders** – As with the general population, the most effective community plan for the convicted sexual offender with a developmental disability is one that is informed by a complete assessment of the treatment and risk management needs for that individual. A successful plan will include collaboration between probation and developmental disability providers, along with people who are knowledgeable about sexual offending in this population.

The "Basic Cognitive Sexual Offence Relapse Prevention" and "Basic Cognitive Sexual Offence Relapse Prevention Maintenance" programs for adults provided through Probation and Parole are essential elements for

community case management of the sexual offender with a developmental disability. Appropriate modifications are necessary to meet the specific needs of individuals with developmental disability, including use of visuals, simplified language and more time for completion of the program.

ASD Tips

1. Bail and probation conditions will be more successful if they can be simply explained to the individual with ASD as they can be very rule bound and will follow instructions very concretely. (Refer also to the Autism West Midlands guide for how to write a behavioural contract.)¹¹
2. Additional considerations:
 - Use simple, short sentences and unambiguous language when writing probation recommendations.
 - Use visual aids e.g., gestures, photos, drawings and social stories.

¹¹ Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet) p. 27.
http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 3, 2017)

SECTION 3.6: COMMUNITY SUPPORT



- Accessing specialized programs designed for individuals with ASD may be very helpful (if available). Generic programs may not be able to provide the necessary accommodations and could possibly be counterproductive, e.g., will discourage the person from attending. However some individuals who are more able may not want to be associated with specialized programs where others with ASD may function at a different level.
- The use of standard Restorative Justice approaches may be confusing for an Indigenous Individual with ASD and may be of limited benefit to all concerned because of the core characteristics associated with the disorder. For example, they may be unable to empathize with a victim or see the situation from another perspective other than their own. In considering this approach, obtaining advice from experts is advisable.¹² In considering this approach, obtaining advice from experts if advisable, as well as, seeking out culturally relevant and appropriate supports.

FASD Tips

1. Individuals with FASD are often determined and willing to learn when the approaches offered match their learning styles and build upon their strengths. Effective strategies generally include using structure and supports to provide helpful prompts, such as daily schedules or electronic devices to manage time, assistance with money management, and creating a network of supports.
2. Additional approaches:
 - Provide a laminated card with personal identification and the name and telephone numbers of an emergency contact (wallet card). Instruct the person that if stopped by the police, he/she is supposed to show this card to the police.
 - To minimize breach of probation orders:
 - a) Supervise peers of the person with FASD (where appropriate and possible) and provide appropriate/positive social opportunities with those peers.
 - b) When fulfilling a court instruction is a concern, talk to the individual and a support person about what can be made easier to follow the conditions set by the court.

- c) Interviews that require obtaining a lot of information (e.g., a pre-sentence report interview, Gladue Reports for Indigenous Peoples) ideally should be done over several interviews.
- d) Routine probation interviews or counseling sessions should consistently be held the same day and time (e.g., every other Tuesday at 4:00 p.m.).¹³

¹² Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet p. 22-24)

¹³ FASD: Strategies Not Solutions (2007). Child and Youth Working Group. The Edmonton and Area Fetal Alcohol Network (EFAN) http://www.faslink.org/strategies_not_solutions.pdf (accessed October 3, 2017) 104

SECTION 4.1:

FACT OR FICTION



Individuals Living with Developmental Disability are Over-represented in the Criminal Justice system

It is Obvious when Someone has a Developmental Disability

Individuals with Developmental Disability do not have the Capacity to Understand the Court Process

Individuals Living with Developmental Disability can also have a Diagnosis of a Mental Illness

Most People Living with a Developmental Disability are Aggressive

Individuals with Autism Spectrum Disorder (ASD) are over represented in the criminal justice system



SECTION 4.1:

FACT OR FICTION



Individuals Living with Developmental Disability are Over-represented in the Criminal Justice System

Answer: Unclear

Explanation

- Individuals living with developmental disability are 4-5 times more likely to be victims of violent crime.¹
- Individuals with developmental disability comprise approximately 1-3% of the general population.² Establishing a reliable prevalence rate of individuals with developmental disability in the criminal justice system is more difficult due to differences in the definition of developmental disability and study methodology.³
- Prevalence rates of adults in the justice system who have a developmental disability have ranged between 2 - 40%.⁴
- There are few studies specifically related to youth with developmental disability involved in the justice system, but it is suggested that the prevalence may be higher than adults.⁵

Overall, while there has been a general impression that individuals with developmental disability are over-represented in the criminal justice system, as more and larger studies are completed, findings are beginning to suggest that the prevalence of individuals with developmental disability in the criminal justice system may be similar to that of the general population.^{6,7}

The more significant issue for individuals with developmental disability involved in the justice system as suspects or offenders is the need for special considerations to navigate from first encounter, to arrest, a criminal justice facility, court and/or community supervision.

¹ Law Courts Education Society of BC & Kindale Developmental Association. Developmental Disabilities and the Justice System: A Training Package, (2003). Chapter 5, Communication Strategies.

² Lunskey, Y., & Weiss, J. (2012) Dual diagnosis: An information guide. The Centre for Addiction and Mental Health. Retrieved from: <https://www.porticonetwork.ca/documents/21686/0/Dual+diagnosis+information+guide/e3745a9a-b206-4662-93cb-122ef260c1d2> (accessed October 2, 2017)

³ Hoffman R., Brown, G. Martin, L. Mathias, K, (2015). A Profile of Adults with Intellectual and Developmental Disabilities in Inpatient Psychiatry in Recent Contact with the Criminal Justice System: Final Report to the Interministerial Mental Health and Justice Committee p. 9-10.

⁴ Jones, J. (2007) Persons with intellectual disabilities in the criminal justice system: review of issues. International Journal of Offender Therapy and Comparative Criminology, 51: 723.

⁵ Hoffman et al. (2015)

⁶ Chaplin, E., McCarthy, J. (2015) Offenders with intellectual disability in secure services and the criminal justice system. In Handbook of Secure Care, Eds Geoffrey Dickens, Philip Sugerman, Marco Picchioni. Royal College of Psychiatrists.

⁷ Lindsay, W.R. (2011) People with intellectual disability who offend in the criminal justice system. Current Opinion in Psychiatry, 24:377-381.

SECTION 4.1:

FACT OR FICTION



It is Obvious when Someone has a Developmental Disability

Answer: False

Explanation

In most situations a developmental disability is not associated with a particular [physical feature](#).

Physical features are associated with certain of the known genetic causes of developmental disability. The most well known of these is Down Syndrome. However the physical manifestations of a genetic syndrome can often be quite subtle.

As with the general population, each person living with developmental disability is unique, with diverse skills and abilities, interests and personalities.

SECTION 4.1:

FACT OR FICTION



Individuals with Developmental Disability do not have the Capacity to Understand the Court Process

Answer: False

Explanation

Individuals living with developmental disability have a range of abilities. Eighty per cent (80%) [function](#) within the mild range of intelligence which means they are able to communicate in sentences, can write up to about a Grade 6 level, and can carry on a conversation on various topics of interest. Individuals functioning in this range can understand complex concepts such as the role of a judge or lawyer, using the appropriate [accommodations](#) such as the use of simple language and pictures to increase understanding.

SECTION 4.1:

FACT OR FICTION



Individuals Living with Developmental Disability can also have a Diagnosis of a Mental Illness

Answer: True

Explanation

Mental health concerns and illnesses occur more frequently among people with developmental disability than the general population. Forty-five per cent (45%) of adults with a developmental disability between the ages of 18-64 experience either a [mental health](#) issue and/or a [Substance-Related or Addictive Disorder](#). Of those:

- Most have only a mental health issue (39%)
- A small proportion (6.4%) have a developmental disability and a substance related or addictive disorder either alone or concurrently with a mental illness. This is higher than compared to 4.4% of the general population.⁸

Individuals with developmental disability experience the same types of mental health disorders as the general population including anxiety, mood and psychotic disorders.

⁸ McGarry, C., Selick, A., Dobranowski, K., Wilton, A.S., Balogh, R., Lunskey, Y., Lin, E. (2014) Substance use among individuals with developmental disabilities in Ontario. Applied Health Research Question submitted to the Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, by the Health Care Access Research and Developmental Disabilities Program. December.

SECTION 4.1:

FACT OR FICTION



Most People Living with a Developmental Disability are Aggressive

Answer: False

Explanation

Individuals with developmental disability have more difficulties expressing their desires and describing their feelings than the general population. For example, verbal or physical aggression may be the only way, in a particular situation, that an individual with a developmental disability can communicate a need and/or that something is wrong. Challenging behaviour (sometimes referred to as [behaviours that challenge](#)) may also be a communication of physical pain, or feelings about an earlier personal experience that is not related to the immediate [circumstance](#). It may also be due to an underlying psychiatric disorder. Sometimes, aggressive behaviour may be deliberate or intentional to upset or harm others. However, the individual with a developmental disability may not understand the [immediate harm or legal implications](#) of their actions. In summary, verbal and physical aggression is generally a reaction to an external or internal experience rather than premeditated.⁹

Individuals with developmental disability most often come into contact with police because they are vulnerable, at risk, or in need of assistance.¹⁰ Involvement as a suspect or offender is most often in relation to misdemeanors or public nuisance.¹¹

Aggression is NOT:

- *necessarily a direct response to what justice or law enforcement professionals have done in the immediate circumstance*
- *a mental health or physical health condition. However mental and physical health conditions can be contributing factors.*

⁹ Jones, J. (2007) Persons with intellectual disabilities in the criminal justice system: review of issues. *International Journal of Offender Therapy and Comparative Criminology*, 51: 723.

¹⁰ Henshaw, M., & Thomas, S.I. (2012) Police encounters with intellectual disability: Prevalence, characteristics and challenges. *Journal of Intellectual disability*, 56(6) 620-631

¹¹ Jones (2007).

SECTION 4.1:

FACT OR FICTION



Individuals with Autism Spectrum Disorder (ASD) are over represented in the criminal justice system

Answer: False

Explanation

Overall, while there has been a general impression that people with ASD are over-represented in the criminal justice system, more and more studies suggest that the prevalence is similar to the [developmental disability population](#) in general.¹² Higher prevalence rates (between 1 and 5%) are reported in forensic hospital settings and for individuals functioning at the higher end of the Autism spectrum (previously referred to as Asperger Syndrome).¹³

Despite a few well known cases in the media, the rate of conviction for violent offences (including arson and sexual offences) among individuals functioning at the higher end of the spectrum is no different than the general population.¹⁴

In summary, ASD is not a risk factor for offending behaviour.

¹² Lindsay, W.R., Carson, D., O'Brien, G., Holland, A.J., Taylor, J., Wheeler, J.R., & Steptoe, L. (2014). Comparison of referrals with and without autism spectrum disorder to forensic intellectual disability services. *Psychiatry, Psychology and the Law*, Vol 29, (6) 947-954 DOI:10.1080/13218719.2014.918081

¹³ Fazio, R.L., Pietz, C.A., & Denney R.L. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. Open Access: *Journal of Forensic Psychology*, 4, 69-80. https://www.researchgate.net/profile/Rachel_Fazio/publication/261872792_An_estimate_of_the_prevalence_of_autism-spectrum_disorders_in_an_incarcerated_population/links/0a85e535b311b9f416000000/An-estimate-of-the-prevalence-of-autism-spectrum-disorders-in-an-incarcerated-population.pdf (accessed October 2, 2017)

¹⁴ Hippler, K., Viding, E., & Klicpera, C. & Happe, F. (2010). Brief Report: No increase in criminal convictions in Hans Asperger's original cohort. *Journal of Autism and Developmental Disorders* 40:774-780.

SECTION 4.2:

DEVELOPMENTAL DISABILITY



Definition

Causes and Prevalence

Functioning Levels with Age Equivalents

Screening Tool for Developmental Disability



SECTION 4.2: DEVELOPMENTAL DISABILITY



Definition

For purposes of this Toolkit, an individual with a [developmental disability](#) is defined broadly as someone who, from an early age (before age 18):

- has significant limitations in intellectual and daily functioning (i.e., social and communication difficulties); and
- may have attended a special class at school and/or required additional supports to participate in the community and/or have a history of difficult behaviour that often brings them into contact with emergency departments, police and the justice system;
- may be associated with complicating medical, genetic and/or psychiatric issues such as [Fetal Alcohol Spectrum Disorder \(FASD\)](#), [Autism Spectrum Disorder \(ASD\)](#), mental health issues, and acquired brain injury before age 18.¹

A Developmental Disability is NOT:

- Cognitive decline resulting from untreated mental illness.
- Decline in organic brain functioning due to alcohol or drug use.
- Acquired Brain Injury (brain damage that is a result of trauma, stroke, bleeding, loss of oxygen or infection) that occurs after the age of 18.

Causes and Prevalence

Developmental disability is an umbrella term for different disabilities. Developmental disability may be caused by a combination of factors that include genetics, illness or injury prenatally or during delivery (e.g., alcohol and substance misuse, trauma, perinatal hypoxemia), or during childhood as a result of infections (e.g., bacterial meningitis, congenital rubella, exposure to toxins or acquired brain injury). The specific cause of a developmental disability in each individual situation is not always known. Prevalence estimates of developmental disability are reported between 1 and 3% of the general population with a higher occurrence among males.²

¹ Maulik, P.K., Harbour C.K. (2010). Epidemiology of Intellectual Disability. In (eds). J.H Stone, M. Blouin. International Encyclopedia of Rehabilitation. Available online: <http://cirrie.buffalo.edu/encyclopedia/en/article/144/> (accessed October 3, 2017)

² Lunskey, Y., & Weiss, J. (2012). Dual diagnosis: An information guide. The Centre for Addiction and Mental Health. Retrieved from: <https://www.porticonetwork.ca/documents/21686/0/Dual+diagnosis+information+guide/e3745a9a-b206-4662-93cb-122ef260c1d2> (accessed October 3, 2017)

SECTION 4.2: DEVELOPMENTAL DISABILITY



Functioning Levels with Age Equivalents

The following list is adapted from Tools for the Primary Care of People with Developmental Disabilities (2011).^{3 4} The full chart can be accessed at: <http://www.surreyplace.on.ca/primary-care?id=135>

Mild Disability	Moderate Disability	Severe Disability	Profound Disabilities
The majority of people with developmental disabilities fall within the mild range. A person with a mild developmental disability's age equivalent intellectual functioning is approximately between 9 and 12 years of age (up to Grade 6).	A person with a moderate developmental disability's age equivalent intellectual functioning is approximately between 6 and 9 years of age (up to Grade 2).	A person with a severe developmental disability's age equivalent intellectual functioning is approximately between 3 and 6 years of age (up to Grade 1).	A person with a profound developmental disability's age equivalent intellectual functioning is approximately between 0-3 years of age. These individuals are unlikely to be involved in the justice system, but if at all, would be as a victim of crime.
Communication Skills:	Communication Skills:	Communication Skills:	Communication Skills:
<ul style="list-style-type: none"> • Uses a variety of sentence types (simple to complex) to communicate opinions, ideas, news, events, aspirations. • Vocabulary is extensive compared to adults with DD in the moderate to profound range. • Uses language to initiate and interact. • Conversational difficulties may exist. • Uses the phone and communicates in writing. • Able to understand and use abstract language but may have difficulty expressing ideas in sequence. • Can usually follow meaningful, simple, three-step commands. 	<ul style="list-style-type: none"> • Uses phrases and simple sentences to communicate for various purposes, including expression of preference, emotion, interests and experiences. • Vocabulary adequate for daily functioning. • Asks and responds to questions about concrete information. • Some abstract language use in talking about past events. • Follows meaningful two-step commands without support. 	<ul style="list-style-type: none"> • Uses single- and two-word combinations, gestures and/or signs to indicate basic needs and to comment about his/her environment. • Vocabulary is limited. • Gives and shows objects by pointing. • Comprehension is limited to the immediate environment but able to understand some action words. • Can follow meaningful one-step commands with or without support (e.g., repetition, gestures). 	<ul style="list-style-type: none"> • Uses nonverbal communication or single words, gestures and/or signs to indicate basic needs. • A few words are possible. • May appear non-interactive. • Comprehension limited to people, objects, and events in the immediate environment. • May follow some routine commands due to understanding the situation rather than the actual words.

³ Developmental Disabilities Primary Care Initiative. Tools for the Primary Care of People with Developmental Disabilities. 1st (ed) Toronto: MUMS Guideline Clearinghouse (2011) Retrieved from Intellectual and Adaptive Functioning in Adults with Developmental Disabilities. <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 10, 2017)

⁴ Developmental Disabilities Primary Care Initiative. Tools for the Primary Care of People with Developmental Disabilities. 1st (ed) Toronto: MUMS Guideline Clearinghouse (2011) Retrieved from: Genetic Assessment: Frequently Asked Questions <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 10, 2017)

SECTION 4.2: DEVELOPMENTAL DISABILITY



Screening Tool for Developmental Disability

The Hayes Ability Screening Index (HASI) is a tool that was developed specifically for use in the criminal justice system to screen for developmental disability.⁵ It has been used in juvenile and adult offender services, by justice and law enforcement professionals. The purpose of the tool is to identify individuals who need referral for further diagnostic assessment, and/or to identify those who require additional protection in the current setting due their vulnerability. It is not currently used in the Ontario Youth or Adult justice system.

FASD Tip

There are informal FASD screening tools that can be used by justice and law enforcement professionals:

1. Stop, Look and Listen for signs of FASD – provides cues to look for regarding the person's life events, physical features and communication.
2. ALARM - refers to Adaptive behaviour, Language, Attention, Reasoning, Memory difficulties that may affect people with FASD.

Copies of these tools are available on the Fetal Alcohol Spectrum Disorder and Justice website.⁶

⁵ Hayes, S.C. (2002) Early intervention or early incarceration? Using a screening test for intellectual disability in the the criminal justice system. Journal of Applied Research in Intellectual Disabilities. 15, 120-128.

⁶ Screening Tools and Strategies
<http://www.fasdjjustice.ca/recognizing-fasd/screening-tools-and-strategies.html>

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Causes

Prevalence

Similarities and Differences

Indications of Mental Health Issues

Suicide

Treatment

Diagnostic Resources

Tips

Resources



SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Individuals with developmental disability are three to six times more likely to have a mental health issue than the general population.¹ This includes psychotic disorders, anxiety and mood disorders.

In Ontario, “Dual Diagnosis” refers to having a developmental disability and mental health issue.

Mental health issues are defined as diagnosed mental illnesses or symptoms consistent with mental illness. A ‘serious mental illness’ is defined by disability and duration as well as diagnosis.

- Disability: reduced ability to perform basic living skills that interferes with or severely limits an individual’s capacity to function in one or more major life activities;
- Duration: the recurring nature of mental illness means that there are likely to be intermittent episodes requiring acute care and periods of full recovery; and
- Diagnosis: includes schizophrenia, mood disorders, organic brain disorders, paranoid psychosis or other psychoses, severe personality disorder, concurrent mental health and substance abuse disorder and dual diagnosis.²

Causes

A variety of interrelated genetic, environmental, social and psychological factors increase the likelihood that individuals with developmental disability will experience mental health issues. A particularly high-risk period for mental health difficulties is the period between age 16 and 25. In addition to the stresses of puberty, there are the stresses associated with the ending of school and transitioning to the adult service system where services are organized differently and may be difficult to access. This is the most likely time when a psychiatric hospitalization will occur.³

¹ Lunskey, Y., & Weiss, J. (2012) Dual diagnosis: An information guide. The Centre for Addiction and Mental Health. Retrieved from: <https://www.porticonetwork.ca/treatments/disorders-gr/dual-diagnosis/dual-diagnosis-resources> (accessed October 3, 2017)

² Ministry of Community and Social Services and Ministry of Health and Long-Term Care (2015) Dual Diagnosis Framework.

³ Lunskey, Y., & Weiss, J. (2012)

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Prevalence

The Health Care Access Research and Developmental Disabilities (HCARDD) Program reports that 45% of adults with a developmental disability between the ages of 18-64 experience either a mental illness and/or a substance related or addictive disorder (Figure 1).

Of the 45%:

- Most have only a mental health issue (39%)
- A small proportion (6.4%) has a developmental disability and a substance related or addictive disorder either alone or concurrently with a mental illness. This is higher than compared to 4.4% of the general population:
 - of the 6.4%, most (5%), have a concurrent disorder (both mental illness and a substance related or addictive disorder). This is sometimes referred to as 'triple diagnosis' (Figure 2);
 - the remaining 1.4% has a substance related or addictive disorder, only ⁴ (Figure 2).

Figure 1

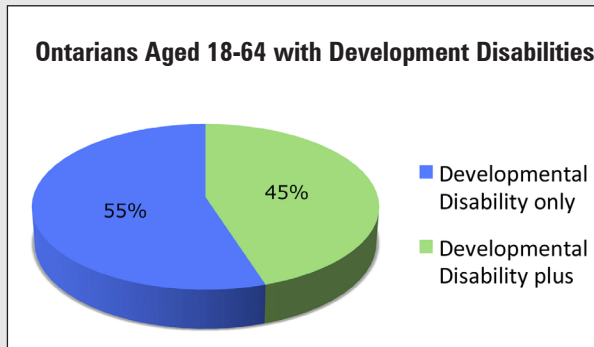
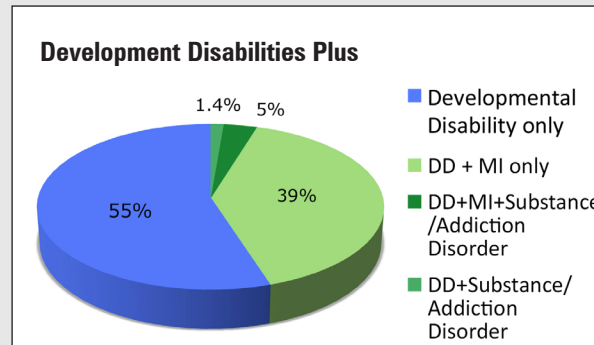


Figure 2



ASD Tips

ASD is associated with higher rates of psychiatric disorders when compared to individuals with developmental disability or the general population.

1. Psychiatric disorders among children with ASD: ⁵
 - 70% of children with ASD have at least one other psychiatric diagnosis, in addition to the diagnosis of ASD.
 - 41% of children have two or more psychiatric diagnosis.
 - The most common diagnosis include anxiety disorders (often social anxiety), attention and oppositional disorders.
 - The presence of epilepsy can increase the likelihood of having a psychiatric disorder.
2. Adolescents with ASD and an **intellectual disability** have higher rates of psychiatric disorders than those with ASD without an intellectual disability. Additionally adjustment and depressive disorders, compulsive behaviours, and a predisposition to anxiety disorders is reported. ⁶

⁴ McGarry, C., Selick, A., Dobranowski, K., Wilton, A.S., Balogh, R., Lunskey, Y., & Lin, E. (2014) Substance use among individuals with developmental disabilities in Ontario. Applied Health Research Question submitted to the Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, by the Health Care Access Research and Developmental Disabilities Program. December.

⁵ Simonoff, E., Pickles, A., Charman, T., Chandler, S., Loucas, T., & Baird, G. (2008). Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(8), 921-929. <http://www.ncbi.nlm.nih.gov/pubmed/18645422> (accessed October 3, 2017)

⁶ Bradley, E., Loh, A., Grier, E., & Korossy, M. (2014). Health Watch Table – Autism Spectrum Disorder (ASD). <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



3. Among adults with ASD, long-term follow-up studies report the following:⁷
- High rates of mood and anxiety disorders (particularly obsessive compulsive disorder), along with chronic tic disorders, psychotic disorders and attention deficit hyperactivity disorder (ADHD).
 - Increased rates of anxiety and depression are described in adults with high functioning ASD (previously referred to as Asperger Syndrome).

Similarities and Differences between Developmental Disability and Mental Illness

Development Disability	Mental Illness
<ul style="list-style-type: none">• Impairments in intellectual delay and/or social and adaptive skills.• Present at birth or occurs before age 18.• Intellectual impairment is permanent.• Usually behave rationally at the developmental level of the person.• Can be associated with physical features as a result of genetic abnormalities (however not always easily detectable).	<ul style="list-style-type: none">• Unrelated to intellectual functioning• May or may not impact on social and adaptive skills• Onset at any age (usually later adolescent)• Intellectual impairment is generally temporary, may be reversible, and may be cyclic• May experience unusual thought processes and/or emotions in relation to a situation• May vacillate between normal and irrational behaviour, or display degrees of each• No physical features

Adapted from Fletcher, Baker, St. Croix, & Cheplic, (2015) ⁸

⁷ Bradley et al (2014)

⁸ Fletcher, R.J., Baker, D., St. Croix, J., Cheplic, M. (2015) Mental Health Approaches to Intellectual/Developmental Disability: *A Resource for Trainers*. NADD Press, New York.

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Indications of Mental Health Issues

Information in this section is adapted from Dual Diagnosis: An Information Guide.⁹ The appearance of a mental health issue will be different for each individual and will also depend on the [level of disability](#). A person functioning at the mild level will be able to provide some verbal description of feelings, often with prompting, whereas this may be more difficult for the person functioning at the moderate level and unlikely at the severe and profound level. The traditional mental health diagnostic and treatment interview may also be difficult because of individual difficulties with expressing thoughts or feelings.

Generally, to determine the presence of a psychiatric disorder, information from a number of different sources is required (previous records, family, significant others, care providers) and involves determining the answers to four questions in the following order:

- Is there a medical problem?
- Is there a problem with supports and appropriate expectations?
- Is there an emotional problem?
- Is there a psychiatric disorder?

Symptoms of a possible mental health issue are generally described as a change from an existing pattern of behaviour such as verbal or physical activity level. Examples may include:

- Change in verbal behaviour, e.g., increased references to sad subjects, voices that are directing the person, expression of fears, grandiosity, threats, weird talk, or paranoia.
- Changes in sleep or eating patterns.
- Changes in family/social relationships.
- Withdrawal.
- Hyper-arousal.
- Increased aggression.
- Increased rigidity, e.g., adamant something occurred that did not occur.

NOTE: “Hearing Voices” is often assumed to be a symptom of a mental illness. However, individuals with developmental disability may over-report hearing voices, based on their understanding of what that means, or how the interview questions are asked. For example, depending on their mental age, the voices may represent an imaginary friend.

Caution should also be exercised to consider medical, environmental or emotional issues before assuming a psychiatric disorder.

When it is possible to anticipate and prepare for life events, the impact on mental health can be minimized or prevented. Some examples include:

- provide the individual with the opportunity to say goodbye before a staff person leaves;
- find a way for the person to have contact with a close friend dying of a terminal illness; or
- provide opportunities to begin to develop a relationship with new staff in preparation for moving to another environment.

⁹ Lunsby, Y., & Weiss, J. (2012). Dual diagnosis: An information guide. The Centre for Addiction and Mental Health. Retrieved from <https://www.porticonetwork.ca/treatments/disorders-qr/dual-diagnosis/dual-diagnosis-resources> (accessed October 3, 2017)

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)

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Suicide

Rates of suicidal thoughts are less well known in relation to individuals with developmental disability. However, research does support the fact that suicide attempts do occur among adolescents and adults, more commonly among individuals with mild and moderate disability.¹⁰ One Canadian study reported that close to half of the admissions of adults with developmental disability to psychiatric inpatient units was because of experiencing suicidal thoughts.¹¹ In a sample of 99 adults living in community settings in Southern Ontario, one-third reported that they think “life is not worth living” some or most of the time, close to one-quarter reported thinking about killing themselves, and 11% reported that they had attempted suicide in the past. Other contributing factors to suicidal thoughts could include the recent death of a family member, history of abuse, unemployment, dual diagnosis (mental health issue), as well as isolation and stress.¹² Another study reported that 3% of prisoners who die by suicide have a developmental disability.¹³

Similar to the general population, caregivers and family members may not always be aware that the person is experiencing suicidal thoughts, in part because the signs may be subtle.

The methods chosen to attempt suicide are similar to the general population. However, access to weapons (such as a gun) are generally less available to people with developmental disability.¹⁴

¹⁰ Lunsky, Y. (2004) Suicidality in a clinical and community sample of adults with mental retardation. *Research in Developmental Disabilities*, 25, 231-243.

¹¹ Burge, P., Oullette-Kuntz, H., Saeed, H., McCreary, B., & Paquet, D., Sim, F. (2002) Acute psychiatric inpatient care for people with a dual diagnosis: patient profiles and lengths of stay. *Canadian Journal of Psychiatry*, 47, 243-249.

¹² Lunsky (2004) p. 239.

¹³ Chaplin, E., & McCarthy, J. (2015) Offenders with intellectual disability in secure services and the criminal justice system. In *Handbook of Secure Care*. (Eds) Geoffrey Dickens, Philip Sugerman, & Marco Picchioni. Royal College of Psychiatrists.

¹⁴ Lunsky (2004)

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)

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Treatment

Individuals with a dual diagnosis can benefit from similar treatments to those of the general population. This includes psychoeducation, psychotherapy, behaviour therapy, social skills training, play therapy, music therapy, art therapy, peer support and medication treatments.¹⁵

Some individuals functioning in the mild range of developmental disability can successfully be treated in the general mental health system, with modifications, taking in to consideration cognitive and additional support requirements. However, some situations are more difficult to treat because of the combination of [behaviours](#), medical, social and environmental issues, emotional concerns and/or mental illness. In these more complex situations diagnosis and treatment is best provided by a [specialist team](#) with expertise in both developmental disability and mental health.

Often, individuals with developmental disability are prescribed medications. Incarceration in the justice system can sometimes result in discontinuity of medication.

Discontinuity of medication may take the form of interruptions, dosage changes or changes of medication. The impact of this discontinuity can be very significant in terms of thought disturbance, mood disturbance or behavioural disturbance. Together with the psychosocial stress of arrest and incarceration, medication discontinuity can have a profound effect on a person's ability to function and manage their own behaviour.

There is an additional concern regarding medication for individuals with a developmental disability. Often prescribed multiple medications, individuals with a developmental disability can experience more side effects and adverse medication interactions.¹⁶ This must be carefully assessed when introducing changes to a medication regime.

¹⁵ Lunskey, Y., & Weiss, J. (2012). Dual diagnosis: An information guide. The Centre for Addiction and Mental Health. Retrieved from <https://www.porticonetwork.ca/treatments/disorders-q/dual-diagnosis/dual-diagnosis-resources> (accessed October 3, 2017)

¹⁶ Developmental Disabilities Primary Care Initiative (2011). Tools for the Primary Care of People with Developmental Disabilities. 1st (ed) Toronto: MUMS Guideline Clearinghouse. Retrieved from Intellectual and Adaptive Functioning in Adults with Developmental Disabilities. <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Diagnostic Resources for Special Needs Units/ Treatment Services

The Diagnostic Statistical Manual (DSM 5) continues to be the standard for screening and diagnosing people with psychiatric disorders in North America.¹⁷

Two other sources that are used to supplement or support more accurate psychiatric diagnosis for individuals with developmental disability have been developed:

- Diagnostic Manual-Intellectual Disability (DM-ID), provides adaptations to the DSM-IV.¹⁸
- Diagnostic Criteria for Learning Disability (DC-LD), Royal College of Psychiatrists, developed in the UK.¹⁹

¹⁷ Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (2013). Edited by American Psychiatric Association View Chapters <http://dx.doi.org/10.1176/appi.books.9780890425596>

¹⁸ Fletcher, R., Loschen, E., Stavrakaki, C., & First, M., (Eds) (2007). Diagnostic Manual-Intellectual Disability: A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability, NADD Press: National Association for the Dually Diagnosed.

¹⁹ Royal College of Psychiatrists (2001). DC-LD (Diagnostic criteria for psychiatric disorders for use with adults with learning disabilities/mental retardation), Occasional Paper OP48. UK

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Tips

1. Emergency responders can use the same procedures and approaches with individuals with developmental disability in regard to suicide attempts as with the general population. However, when at all possible, responders should seek input and advice from a family member or caregiver to obtain information regarding [communication](#) and [de-escalation strategies, behaviour or crisis plans](#).
2. For information and how to access dual diagnosis assessment and treatment resources refer to the [Resource Guide](#).

SECTION 4.3:

MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Resources

Creating Pathways to Justice™ for People with Intellectual and Developmental Disabilities (I/DD) in the Criminal Justice System

Leigh Ann Davis, & Kathryn J. Walker, J.D., M.P.H.,
National Centre on Criminal Justice and Disability™, The ARC,
NADD Webinar, June 12, 2015.

SECTION 4.4:

SUBSTANCE-RELATED AND ADDICTION DISORDERS



Substance-related and Addiction Disorders

Prevalence

Risk Factors

Treatment

Tips

Resources



SECTION 4.4:

SUBSTANCE-RELATED AND ADDICTION DISORDERS



As defined by the DSM 5, Substance-Related and Addiction Disorders refer to substance abuse, substance dependence, as well as gambling disorder.¹

Prevalence

A large population study in Ontario found that the prevalence rate of Substance-Related and Addiction Disorders in individuals with developmental disability may be higher than in the general population (6.4% compared to 4.4% in the general population)². It has been suggested that individuals with intellectual disability are susceptible to a substance abuse or dependence because it provides a means to belong, as well as a way of coping with stress, isolation, trauma and social and communication difficulties. Similar to the general population, individuals with developmental disability most often use alcohol, followed by cannabis. Cocaine and other illicit substances are used by a smaller proportion of people.³

¹ Substance-Related and Addictive Disorders, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), (2013) American Psychiatric Publishing <http://www.dsm5.org/documents/substance%20use%20disorder%20fact%20sheet.pdf> (accessed October 3, 2017)

² McGarry, C., Selick, A., Dobranowski, K., Wilton, A.S., Balogh, R., Lunskey, Y., & Lin, E. (2014) Substance use among individuals with developmental disabilities in Ontario. Applied Health Research Question submitted to the Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, by the Health Care Access Research and Developmental Disabilities Program.

³ McGarry et al. (2014) p.10.

SECTION 4.4:

SUBSTANCE-RELATED AND ADDICTION DISORDERS



Risk Factors

Identified risk factors for substance misuse among individuals with developmental disability can be clustered as follows:

Biological / Intellectual	Emotional / Psychological	Social / Cultural
<ul style="list-style-type: none"> Relatively higher functioning with Borderline intelligence to Mild Intellectual disability Having a specific genetic condition Male gender Youth Genetic pre-disposition in the form of a parent with substance-related or neuropsychiatric disorder 	<ul style="list-style-type: none"> Illiteracy Short attention span Memory difficulties Difficulty with abstract concepts Poor problem-solving skills Impulsivity Low Frustration tolerance Inadequate self-control/regulatory behavior Pre-existing mental health problem e.g. ADHD or personality disorder Co-existing mental health problem Negative life events e.g., neglect, abuse, bereavement Low self-esteem Lack of meaning in life 	<ul style="list-style-type: none"> Low socio-economic status, Poverty Member of an ethnic or other minority / disenfranchised group Family dysfunction Presence of negative role models with punitive child management practices Homelessness Limited educational and recreational opportunities Lack of routine Living in the community with low levels of supervision Social isolation or loneliness Deviant peer group pressure Limited relationships/friends Desire for social acceptance – substance use as a method for ‘fitting in’^{4 5}

A link between Substance-Related and Addiction disorders and offending behaviour among persons with developmental disability has also been suggested.⁶ Increased health risks such as diabetes, hypertension, COPD, asthma and congestive

heart failure are reported among individuals with developmental disability who abuse or become dependent on substances.⁷ Changes in mood and verbal or physical aggression and increased vulnerability to exploitation have also been reported.⁸

One study on adverse life outcomes for individuals with FASD reported that 24% of adolescents and 46% of adults have alcohol and drug problems.⁹

⁴ Taggart, L., Huxley, A., Baker, G. (2008). Alcohol and illicit drug misuse in people with learning disabilities: implications for research and service development. *Advances in Mental Health and Learning Disabilities*, Vol. 2, Iss. 1, p 14, March.

⁵ Taggart, L., McLaughlin, D., Quinn, B., & Milligan, V. (2006) An exploration of substance misuse in people with intellectual disabilities. *Journal of Intellectual Disability Research*, Vol 50 (8), 588-597.

⁶ Taggart et al. (2008) ⁷ McGarry et al. (2014) ⁸ Taggart et al. (2008)

⁹ Streissguth, A.P., Bookstein, F.L., Barr, H.M., Sampson, P.D., O'Malley, K. & Young, J.K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental and Behavioral Pediatrics* 25(4):228-238.

SECTION 4.4:

SUBSTANCE-RELATED AND ADDICTION DISORDERS



Treatment

Individuals with developmental disability and Substance-Related and Addiction Disorders can benefit from similar treatments and supports to those provided to the general population (e.g., motivational interviewing, harm reduction, relapse prevention, abstinence programs and/or behaviour cognitive approaches). However, accessing such services within addiction, mental health and/or developmental disability sectors can be difficult. This is because professionals in those respective services do not necessarily receive training in the “other” area (e.g., developmental disability or addiction). Existing addiction treatment models also need to be adapted and modified in areas such as demonstrating insight, self-reporting and group based therapies.

Some programs in the addiction, mental health or developmental disability sectors in Ontario have adapted approaches or are collaborating with colleagues across the sectors. Locating such services may require contacting different sources for information. See [Resources](#).

Tips

1. For the individual with developmental disability, their cognitive abilities will be further weakened when under the influence of a substance or during withdrawal. In an acute situation, as with the general population, both containment and control is the goal. For the person with developmental disability, providing space, time to settle and simple verbal instructions are recommended, when this is possible. Refer to [stages of behaviour and recommended responses](#).
2. Ask questions regarding substance use and prescribed medications when interviewing suspects or offenders.
3. Seek information from family and care providers, when possible, regarding the person’s access to substances and/or use/misuse of prescribed medications
4. To find out if there are local resources specializing in this area connect with the local Developmental Service Organization (DSO), Network of Specialized Care in your [region](#), or Connex Ontario (See [Resources](#))

SECTION 4.4:

SUBSTANCE-RELATED AND ADDICTION DISORDERS



Resources

Connex Ontario

Free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling.

<http://www.connexontario.ca/>

(accessed October 3, 2017)

24/7 Help Lines:

Drug and Alcohol Helpline: 1-800-565-8603

Mental Health Helpline: 1-866-531-2600

Ontario Problem Gambling Helpline: 1-888-230-3505

Health Care Access Research and Developmental Disabilities (H-CARDD)

A research program that aims to enhance the overall health and wellbeing of individuals with developmental disabilities through improved health care policy and improved service. Access to videos, toolkits and information. The Atlas on Primary Care of Adults with Developmental Disabilities (2013) is also available through this link:

<https://www.porticonetwork.ca/web/hcardd>

(accessed October 3, 2017).

SECTION 4.5:

GENERAL HEALTH ISSUES



General Health Issues

Resources



SECTION 4.5:

GENERAL HEALTH ISSUES



General Health Issues

Research in Ontario and other jurisdictions suggests that adults with developmental disability are at greater risk for health problems than the general population, such as asthma, seizure disorders, gastrointestinal reflux disease, dental disease, [mental illness](#), and diabetes.¹

It is important for justice and law enforcement professionals to be aware that due to communication or sensory difficulties, medical problems may be communicated by individuals with developmental disability in different ways. For example changes in sleep, food choices, or self-injury may be indicators of pain or physical discomfort.

¹ Lunskey Y, Klein-Geltink, J.E, Yates E.A, (Eds), (2013). Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario. Toronto, ON: Institute for Clinical Evaluative Sciences and Centre for Addiction and Mental Health.

SECTION 4.5:

GENERAL HEALTH ISSUES



Resources

Developmental Disabilities Primary Care Initiatives

Includes tools for professionals and for caregivers as well as Health Watch Tables on specific topics. See list below.

<http://www.surreyplace.on.ca/primary-care?id=135>

(accessed October 3, 2017)

Health Watch Tables for Specific Syndromes

- Down Syndrome
- Fragile X Syndrome
- Prader-Willi Syndrome
- Smith-Magenis Syndrome
- 22q11.2del Syndrome
- Fetal Alcohol Spectrum Disorder
- Williams Syndrome
- Autism Spectrum Disorder

Behavioural and Mental Health Toolbox

- Initial Management of Behavioural Crises in Family Medicine
- Risk Assessment Tool
- A Guide to Understanding Behavioural Problems and Emotional Concerns in Adults with Developmental Disabilities (DD)
- ABC (Antecedent-Behaviour-Consequence) Chart
- Crisis Prevention/Management Plan for Adults with (DD)
- Crisis Prevention and Management Plan Form
- Essential Information for the Emergency Department (ED)
- Guidance about Emergencies for Caregivers
- Psychotropic Medication Issues
- Auditing Psychotropic Medication Therapy
- Rapid Tranquillization
- Transition Tool Kit

Health Care Access Research and Developmental Disabilities (H-CARDD)

is a research program that aims to enhance the overall health and wellbeing of individuals with developmental disabilities through improved health care policy and improved service. It includes access to videos, toolkits and information. The Atlas on Primary Care of Adults with Developmental Disabilities (2013) is also available through this link: <https://www.porticonetwork.ca/web/hcardd>

SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE



Diversity and Cultural Competence

Indigenous Community

Women

Impact of Racism and Discrimination

Tips

Resources



SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE



Diversity and Cultural Competence

Individuals with developmental disability are not a single group of people with similar characteristics. They do not all look the same, or function in the same way and they do not represent one particular socio economic, cultural, ethnic, faith or religious group. They are no different than the general population in terms of the range of interests, personalities and lifestyles. For example, some struggle with their sexual identity, and others have proudly declared an orientation of lesbian, gay, bisexual, transgender or queer.

Individuals with a developmental disability will have varying cultural, ethnic or religious backgrounds. There are also additional considerations regarding the different views of developmental disability among cultural and religious communities.

It has been suggested that families and children from minority ethnic communities may be doubly disadvantaged or in “double jeopardy”.¹ This is because they may experience the **stigma** of having a family member with a disability as well as racial discrimination and culturally inappropriate care. O’Hara has identified the following additional issues that may be associated with stigma:

- **Socio-economic** – higher rates of poverty, poor housing and unemployment among minority ethnic groups.
- **Cultural bias** – the concept of IQ and the diagnosis of a developmental disability is based on a “white” cultural construct. IQ tests and verbal tests are recognized as biased, and non-verbal tests may be as well.
- **Attitudes and beliefs within different cultures and religions regarding disabilities** – Cultural and religious beliefs may influence how a disability is viewed. For example, in some cultures the cause of a developmental disability is associated with spiritual or supernatural influences. Another culture might emphasize the importance of finding a cure for the disability. Participation in education or skill development programs may be viewed as less important in some cultures.

- **Gender and social roles** – In some ethnic or religious groups marriages are very important and planned at a young age. Men and women with developmental disability may require additional supports to fulfill the associated expectations.
- **Difficulties accessing health care and assistance in obtaining social assistance or benefits.**²

¹ O’Hara, J. (2003). Learning disabilities and ethnicity: achieving cultural competence. *Advances in Psychiatric Treatment*, 9, p.166.
<http://apt.rcpsych.org/> (accessed October 3, 2017)

² O’Hara (2003) p. 166-176.

SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE



Indigenous Peoples

The over-representation of the Indigenous Peoples in the Canadian criminal justice system is well-documented. For example, Indigenous Peoples (First Nation, Métis or Inuit) make up about 4% of the Canadian population, and 23% of the federal inmate population.³

Approximately 50% of individuals living with FASD meet the current definition of developmental/intellectual disability.⁴ Thus, awareness of and appropriate accommodation for Indigenous individuals with a developmental disability in the criminal justice system is equally important as for the general Indigenous population.

The following considerations may be helpful:

- Among many Indigenous Peoples, developmental disability and mental health is viewed in a holistic way. Specifically, when one individual has been affected by trauma or mental illness, the effects can be passed on to family members, as well as the broader community in a lateral sense. This concept is sometimes referred to as “intergenerational trauma.”⁵
- These problems can often be compounded by the lack of access to proper diagnostic services for those with developmental disability. Similarly, there are often gaps

in programs and supports for Indigenous Peoples with developmental disability and particularly for those in the North and in remote areas.

- Many Indigenous Peoples have access to only very basic health infrastructure, e.g., nursing stations. As a result, individuals with developmental disability will often have to leave their home communities in order to receive support services. In relocating to larger urban areas, these Indigenous Peoples often lose critical family and community support.
- Individuals living on reserve lack the financial resources (e.g. childcare/elder support, transportation etc.) to obtain and/or seek support services away from their community. In these areas, there is also increased vulnerability to challenges in developmental and mental wellness due to isolation (e.g., higher transportation costs, higher rates of suicide, etc.).

Therefore, when an Indigenous individual with a development disability becomes engaged with the criminal justice system it is important to recognize the impact of previous family disruption and difficulties accessing the appropriate supports. This may in fact be one of the main causes for criminal justice involvement.

³ Office of the Correctional Investigator. Background: Aboriginal Offenders-A Critical Situation (2013). <http://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20121022info-eng.aspx> (accessed October 3, 2017)

⁴ Tao, L., Temple, V., Casson, I., & Kirkpatrick, S.M.L. (2003). Health Watch Table – Fetal Alcohol Spectrum Disorder (FASD). <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

⁵ Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, November, 6-42. http://www.naho.ca/documents/journal/jah05_03/05_03_01_Intergenerational.pdf (accessed October 3, 2017)

SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE

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Women

Women are a relatively small proportion of the overall population in custody or on remand (between 4-6 % of provincial, territorial or federal institutions) but are the fastest growing prison population in Canada.⁶

Women of Indigenous descent make up approximately 35 % of the female offender population.⁷

Of the research that is available on women with developmental disability in the justice system, the profile appears to be somewhat similar to female offenders in general. They tend to be socially disadvantaged, victims of previous sexual (60%), physical (40%) and emotional abuse that are at higher rates than male offenders with a developmental disability, and suffer from high rates of mental illness (approximately 67%).⁸

Self-harming behaviour, physical violence towards others and a diagnosis of personality disorder are also likely to be part of the profile of women offenders with developmental disability.⁹

Given the significant history of [trauma](#) among incarcerated women, and the developmental disability population specifically, re-traumatization is a risk, particularly in relation to the following situations:

- Use of seclusion or chemical restraint.
- Restraint by male staff.
- Witnessing others being restrained.
- Being assaulted/ witnessing assaults - resulting in not feeling safe.¹⁰

⁶ Pate, K. Why are women Canada's fastest growing prison population; and, why should you care? University of Western Ontario – Faculty of Law, April 26, 2011. http://www.caefs.ca/wp-content/uploads/2013/05/Why_are_women_Canadas_fastest_growing_prison_population_and_why_should_youcare.pdf (accessed October 3, 2017)

⁷ CBC News (2015). Aboriginal women now make up one-third of Canadian female prison population. <http://www.cbc.ca/news/canada/thunder-bay/aboriginal-women-now-make-up-one-third-of-canadian-female-prison-population-1.3089050> (accessed October 3, 2017)

⁸ Hayes, S.C. (2007). Women with learning disabilities who offend: what do we know? *British Journal of Learning Disabilities*, 35, 187-191.

⁹ Hayes, 2007

¹⁰ Palucka, A., & Lunsky, Y. (2012). Working in a Trauma-Informed Way with Clients with a Developmental Disability. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed*, Centre for Addiction and Mental Health: Toronto.

SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE



Impact of Racism and Discrimination

Some of the possible effects of racism on vulnerable people, including individuals with developmental disability may be “feelings of poor self-esteem, fear of betrayal of community, mistrust of people from outside their own community, difficulty establishing a positive (racial) identity, and increased vulnerability to racist abuse.”¹¹

The possible effects of discrimination based on disability may include “decreased autonomy, increased dependency, difficulty in establishing positive self-identity, experience of being isolated (geographical, physical, social), experience of being patronised by people who do not have a disability, experience of being treated as a ‘voiceless object’, feelings of being perceived as ‘asexual’, and increased vulnerability to abuse.”¹²

¹¹ Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures. Ministry of Justice, March 2011, UK. p 39

https://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

¹² Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures. Ministry of Justice, March 2011, UK. p. 39.

SECTION 4.6:

DIVERSITY AND CULTURAL COMPETENCE



Tips

The Ministry of Justice, UK (2011) guide provides an excellent summary of considerations regarding race, gender, culture and ethnicity for interviewing victims and witnesses.¹³ The suggestions provided are also relevant for the many different contacts that justice and law enforcement professionals will have with the suspect, offender or vulnerable individual with a developmental disability who is from a minority, ethnic or religious group.

The following considerations are recommended:

- Customs or beliefs that could affect participation in an interview/court appearance on certain days (e.g. holy days or when fasting).
- The relationship to authority figures within different minority ethnic groups; for example, witnesses from some cultures may be expected to show respect to authority figures by not referring to them by their first names, and by not correcting or contradicting them.
- The way in which love and affection are demonstrated.
- The degree to which extended family members are involved in caring for the individual with a developmental disability.
- The amount of emphasis placed on learning independence and self-care skills.
- Issues of shame; for example, in some cultures talking about a sexual assault will bring shame to the family.

Resources

Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures.

Ministry of Justice, March 2011, UK.

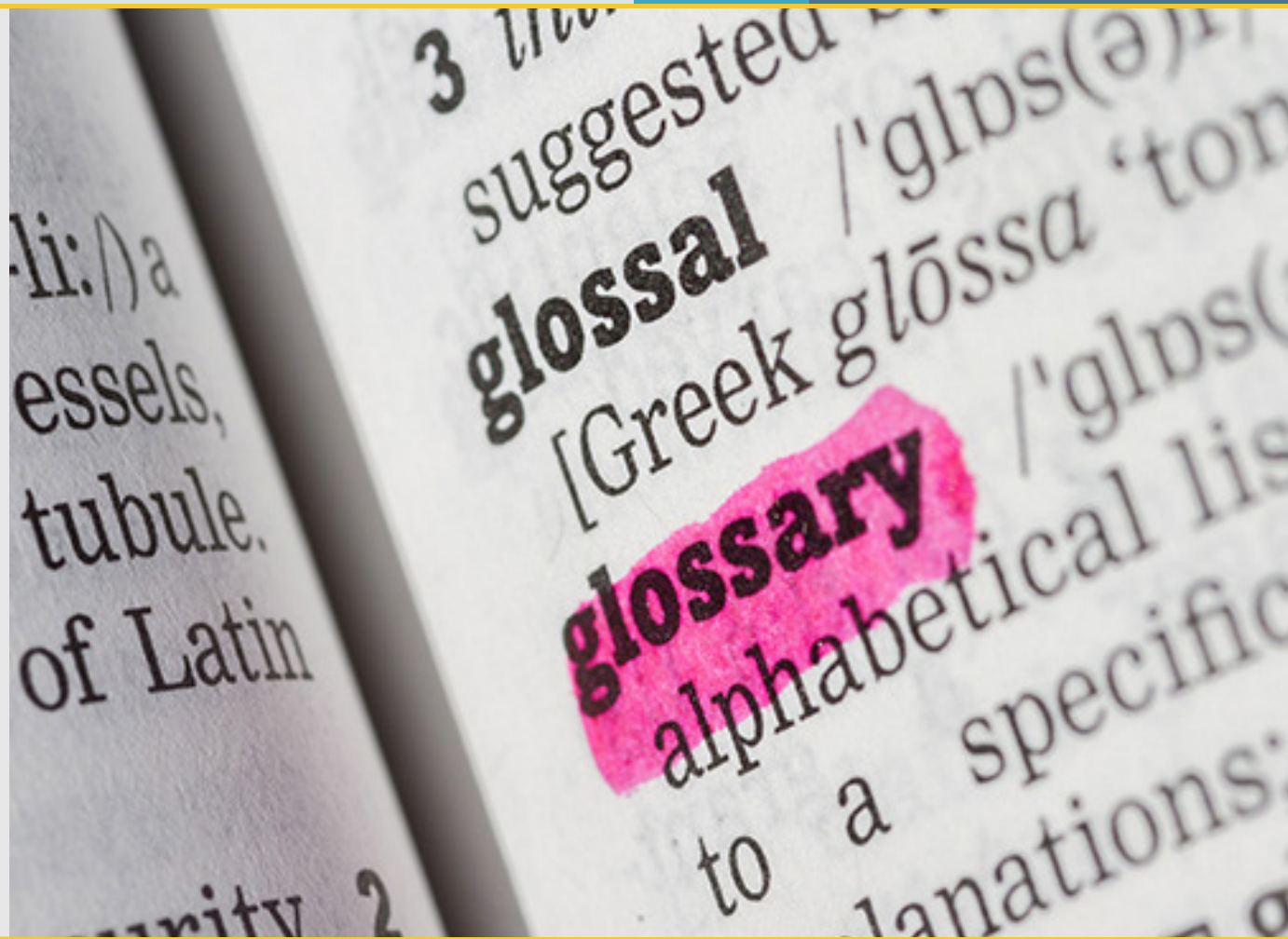
https://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

Intervener services provided to persons who are deafblind

<http://www.intervenors.ca/>

¹³ Achieving Best Evidence in Criminal Proceedings – Guidance on interviewing victims and witnesses, and guidance on using special measures. Ministry of Justice, March 2011, UK. p. 37. https://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf (accessed October 3, 2017)

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Autism Spectrum Disorder (ASD)

The National Epidemiological Database for the Study of Autism in Canada (NEDSAC) has identified autism as one of the most common developmental disabilities in Canada. NEDSAC reports that 1 in 94 children are diagnosed with ASD.¹

Autism Speaks Canada explains ASD as follows: “*Autism Spectrum Disorders (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.*”²

The Diagnostic Statistical Manual (DSM) 5 simplified the diagnostic categories referring to autism as a spectrum of disorders, and removing earlier sub categories including Asperger Syndrome (higher functioning autism).³ Each individual is uniquely affected by autism. At one end of the spectrum, there are individuals who may be non-verbal and will require dedicated supports for daily living and community safety. At the other end of the spectrum are individuals who have average and above average intelligence and excel in visual, music and academic skills.⁴ They may be employed, live semi-or fully independent lives.

Causes

The causes of autism are complex and multi-faceted. In most cases, the cause is understood to be the result of a combination of autism risk genes and environmental factors influencing early brain development. Only about 20% are associated with genetic causes.⁵ Risk factors associated with events in the “environment” before and during birth include:

- advanced parental age at time of conception (both mother and father),
- maternal illness during pregnancy, and
- certain difficulties during birth, such as periods of oxygen deprivation to the baby’s brain.

NOTE: These factors, by themselves, do not cause autism. Rather, in combination with genetic risk factors, they appear to modestly increase risk. Research has found no link between vaccines and autism.⁶

Characteristics

As with all developmental disabilities, each individual with autism is unique. Many persons on the spectrum take pride in their distinctive abilities and “atypical” ways of viewing the world. Others with autism have significant disability and require more assistance to live successfully in the community. More than 50% of individuals with ASD may have an intellectual disability.⁷ About 25% of individuals with ASD are nonverbal and are able to learn to communicate using pictures, sign language and electronic devices.⁸

¹ National Epidemiologic Database for the Study of Autism in Canada (2015). <http://umanitoba.ca/outreach/evidencenetwork/archives/26424> (accessed October 3, 2017)

² Autism Speaks Canada, DSM 5 (2013). Diagnostic Criteria. Includes a description of severity levels of ASD <http://www.autismspeaks.ca/about-autism/diagnosis/dsm-5-diagnostic-criteria/> (accessed October 3, 2017)

³ Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (2014). Edited by American Psychiatric Association View Chapters <http://dx.doi.org/10.1176/appi.books.9780890425596> (accessed October 3, 2017)

⁴ Bradley, E., Loh, A., Grier, E., & Korossy, M. (2014). Health Watch Table – Autism Spectrum Disorder (ASD). <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

⁵ Anagnostou, E., Zwaigenbaum, L., Szatmari, P., Fombonne, E., Fernandez, B.A., Woodbury-Smith, M., Brian, J., Bryson, S., Smith, I.M., Drmic, I., Buchanan, J.A., Roberts, W., & Scherer, S.W. (2014). Autism spectrum disorder: advances in evidence-based practice, CMAJ, Vol 186 (7) doi: 10.1503/cmaj.121756

⁶ Autism Speaks Canada (2015). <http://www.autismspeaks.ca/about-autism/what-is-autism/> (accessed October 3, 2017)

⁷ Bradley, E., Loh, A., Grier, E., & Korossy, M. (2014). Health Watch Table – Autism Spectrum Disorder (ASD) <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

⁸ Autism Speaks Canada (2015). <http://www.autismspeaks.ca/about-autism/what-is-autism/> (accessed October 3, 2017)

Core Features of ASD

The following material is adapted from the Health Watch Table – Autism Spectrum Disorder, supported by descriptions of symptoms from the Autism Speaks Canada website.^{9 10}

Regardless of where a person may be along the spectrum, they share similar characteristics that are generally categorized into four areas. The way in which these difficulties are exhibited or their degree of severity is unique to each individual.

1. Social difficulties related to:

- Social communication - problems with understanding and using verbal and non-verbal forms of communication, such as tone of voice, body language and facial expression;
- Social imagination - problems understanding other people's intentions and behaviours, and an inability to predict outcomes of interactions outside of routines; and
- Social interaction - problems understanding that the beliefs, desires, plans, hopes, and intentions of others may differ from one's own and difficulty managing their own thoughts and feelings.

2. Communication difficulties may include:

- Appearance of a monotone voice and emotionally "flat" even during the most serious situations.
- Discomfort with direct eye contact and gaze aversion can give the impression of ignoring anyone talking.
- Conversation that lacks the usual exchange between people, literal interpretation of words, use of idiomatic speech and repetitive thoughts and interests.
- Lacking words to describe emotions can result in sudden outbursts of extreme emotion due to an inability to communicate how they feel, while also becoming overwhelmed with their feelings.
- Confusion due to unclear or vague instructions

3. Repetitive behaviours:

Repetitive behaviours are sometimes a way of seeking or avoiding sensory stimulation, or a means of gaining control and establishing some predictability within their environment.

Characteristics may include:

- Hand flapping, spinning around, rocking, jumping, twirling, arranging and rearranging objects, and repeating sounds, words, or phrases.

- Rigid play routines, often copied word for word, such as from TV programs in older children. They may collect common or unusual information and/or objects such as bus or train schedules.
- Preoccupations in adults. This may take the form of requiring household, work or other objects in a fixed order or place.
- A need or demand for extreme consistency in routine and environment. For example, daily tasks such as brushing teeth or showering may only be carried out at a certain time and follow a particular sequence. Any disruption to routine will sometimes result in acute and severe distress and/or outbursts.
- A preoccupation, obsession or excessive interest in what might be unusual areas, such as mechanical items, heavy trucks, toilets, numbers, dates, or scientific topics.

4. Sensory issues :

Sensory sensitivities and distortions affect 90% of individuals with ASD. They can contribute to unusual behaviours such as a stamping gait to ensure contact with what might be perceived as shifting ground, toe walking to increase sensory input to their body, or painful reactions to fluorescent/flickering lights or electronic beeping.

⁹ Bradley et al (2014)

¹⁰ Autism Speaks Canada (2015)

GLOSSARY



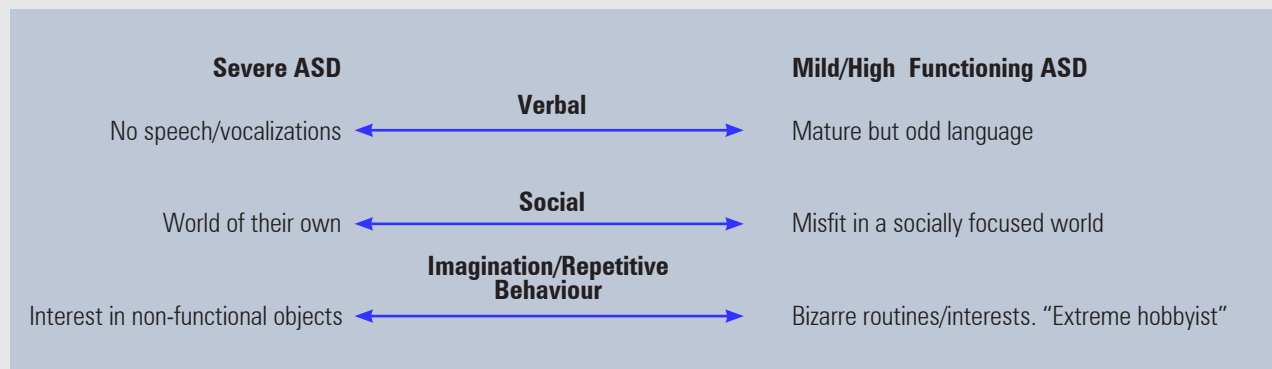
More disturbing behaviours for the general public, but self-stimulating for the person with ASD is the self-injury behaviours that include biting of fingers or arms or head banging.¹¹

Common sensory issues include:

- Heightened or reduced pain sensation (including to certain clothing materials).
- Inability to filter out multiple stimuli (sounds, visuals, textures, tastes, smells, balance and movements).

Differences Across the Severity Levels within the Autism Spectrum

Adapted from Jones (2012):¹²



¹¹ Bradley et al (2014)

¹² Jones, J (2012). Autism Spectrum Disorders: Offending and the CJS. A Power Point Presentation given at Queen's University, May 31st, 2012. For more information, contact: Dr. Jessica Jones - jjones@queensu.ca

Challenging Behaviour (also referred to **Behaviours that Challenge**)

The term “challenging behaviour” is one that is defined in Ontario Regulation 299/10 Quality Assurance Measures under [Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, S.O. 2008, c. 14](#).

Agencies that are funded by the Ministry of Community and Social Services to provide residential, community support and daily living services and supports to individuals with developmental disability in Ontario are governed by the Quality Assurance Measures.

Ontario Regulation 299/10 defines challenging behaviour as:

“Behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them”.¹

Challenging behaviour is in fact a social construct, rather than a diagnostic term. It is often used as a label, implying that the responsibility for the behaviour is within the person. The alternative term, “behaviours that challenge”, is suggested as a way of shifting the focus from the individual as the cause of the behaviour, to understand behaviour in terms of the functional or communicative purpose it may serve.

In many situations the behaviour that is challenging to caregivers or appears to be inconsistent with social norms is not necessarily deliberate or intended to upset or harm others. The person may be feeling unsafe in the environment, may not understand what is being requested, or they might be experiencing a medical problem that they are unable to explain. In this light, family members, caregivers and service providers also have a responsibility to examine and adjust their response to the individual.

Paying attention to what may be underlying the behavior is the key to preventing and managing behaviours that challenge.

¹ Policy Directives For Service Agencies Under the Authority of the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 For Adult Developmental Services Ministry of Community and Social Services http://www.mcsc.gov.on.ca/documents/en/mcsc/publications/developmental/policy_service_directive/Policy%20Directives_DS.pdf (accessed October 3, 2017)

GLOSSARY



Cloak of Competence

This is a concept originating from the late 1960's based on a study of the lives of individuals with developmental disability after they had left institutions. Edgerton described how individuals with developmental disability experienced what would now be referred to as self-stigma, such as hiding or denying the disability or past institutionalization, in order to appear the same as others.¹

The term cloak of competence is also used to describe how strengths and abilities in certain areas can serve to hide or mask lesser abilities in other areas. For example superior verbal skills, a lot of knowledge in a particular topic area, well-developed street skills, good small talk and/or social skills may hide or mask other areas of disability.

These superficial skills enable a person to "pass" and often leads to an over-estimation of abilities and skills. For example, a person may be able to carry on a complex conversation on the make and model of a car or features on a cell phone, however, this is not always an indication of their level of understanding in general. Also, sometimes responses mimic others or are learned responses that make sense in terms of the conversation but the individual does not really understand the true meaning of the words.

The implication for justice and law enforcement professionals working with individuals with a developmental disability is important. For example, if an individual has developed skills that mask their difficulty in comprehending social situations, then one might expect the person to be able to manage in new situations. This in turn may cause more stress on the individual with a disability, resulting in unexpected outcomes such as refusal to follow an instruction or running away.

¹ Edgerton, R.B. (1967). The cloak of competence: Stigma in the lives of the mentally retarded. Berkeley: University of California Press.

Recognizing ASD in the Criminal Justice System

The following section is adapted from a Guide for Criminal Justice Professionals, National Autistic Society (2011) and the Autism and Criminal Justice System Guide (Autism West Midlands).^{1 2} For more detailed information see the [Resource Section](#).

Autism is not easily recognized in day-to-day interactions. It is also important to be aware that because of the core characteristics people with ASD “live in a constant state of anxiety” and becoming involved with the justice system will only increase this.

The following characteristics may suggest the presence of ASD and the need to modify the approach and/or follow up with persons who are familiar with the individual to confirm your observations.

Behaviour

They may:

- Not recognize police or emergency services’ uniforms or vehicles, or understand what is expected of them. Alternatively, they may associate emergency responders with uniforms and will not understand a plain clothes police situation.
- Cover their ears or eyes, constantly stare or look down or away.
- Walk on tiptoe or in an unusual manner.
- React to stressful situations with extreme anxiety. This could include pacing, flapping or twirling hands, self-harming, screaming or groaning, shouting and loss of control. These are responses of fear, confusion and frustration and are an effort to stop the stimuli and retreat into a calm state.
- Seek sensory stimulation such as heavy physical pressure (e.g., physical hold).
- Respond unusually to lights and sounds.
- Be fascinated with shiny objects and reflections.

- Appear to be insensitive or have a high tolerance for pain.
- Invade the personal space of others or may need more personal space for themselves than the average person.

Speech

They may:

- Speak in a monotone voice and/or with unusual pronunciation.
- Appear to have average or higher language skills, which may mask their actual level of understanding verbal interchange.
- Repeatedly ask the same questions or copy/repeat the last phrase they heard.
- Not respond to questions or instructions.
- Communicate non-verbally (25% of the ASD population).
- Become noisy or agitated if required to deviate from their regular routine.
- Speak obsessively about a topic of particular interest to them but may not have apparent relevance to the current situation.

¹ National National Autistic Society (2011). Autism: A guide for criminal justice professionals, Revised Edition. <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/autism-guide-may-2015.pdf> (accessed October 3, 2017)

² Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals (Booklet). http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf (accessed October 3, 2017)

Developmental Disability

This is a broad term that incorporates physical and/intellectual disabilities that are lifelong.¹

For purposes of this Toolkit, an individual with a developmental disability is defined broadly as someone who, from an early age (before age 18):

- Has significant limitations with intellectual and daily functioning (i.e., social and communication difficulties).
- May have attended a special class at school and/or required additional supports to participate in the community and/or have a history of difficult behaviour that often brings them into contact with emergency departments, police and the criminal justice system.
- May be associated with complicating medical, genetic and/or psychiatric issues such as [Fetal Alcohol Spectrum Disorder \(FASD\)](#), [Autism Spectrum Disorder \(ASD\)](#), mental health issues, and acquired brain injury before age 18.

Different jurisdictions will have different definitions of developmental disability. For example, developmental disability may also be defined more broadly to include cerebral palsy and epilepsy. The term developmental disability is sometimes also used interchangeably with intellectual disability. In Ontario, the term developmental disability is generally used.

The Services and Supports to Promote Social Inclusion of Persons with Developmental Disability Act 2008, S.O. 2008, c. 14, provides the legal definition of developmental disability in Ontario:²

Summary of terminology that is (or has been) associated with developmental disability. Those noted with a check mark are current acceptable terms:

- ✓ Cognitive disability (may also refer to learning disabilities, as well as disabilities that can occur at any age e.g., acquired brain injury or dementia)
- ✓ Developmental delay
- ✓ Developmental disability
 - Developmental handicap (outdated)
- ✓ Intellectual disability
 - Mental retardation (outdated)
 - Mental handicap (outdated)
 - Learning disability (UK - outdated)
- ✓ Intellectual and Developmental Disability (IDD) – refers to the broader group of both developmental and intellectual disabilities.

¹ American Association on Intellectual and Developmental Disabilities (AAIDD). Frequently Asked Questions on Intellectual Disability. <http://aaidd.org/intellectual-disability/definition/faqs-on-intellectual-disability#.VISrk3arTIU> (accessed October 3, 2017)

² Services and Supports to Promote Social Inclusion of Persons with Developmental Disability Act 2008, S.O. 2008, c. 14, provides the legal definition of developmental disability in Ontario: <http://www.ontario.ca/laws/statute/08s14>

GLOSSARY



Intellectual Disability

This is a term that is sometimes used interchangeably with [developmental disability](#). It is also the diagnostic term used in the Diagnostic Statistical Manual (DSM) 5.¹ Intellectual disability refers to significant limitations in both cognitive and adaptive functioning.

The Services and Supports to Promote Social Inclusion of Persons with Developmental Disability Act defines these terms as follows:

- **“Cognitive functioning”** means a person’s intellectual capacity, including the capacity to reason, organize, plan, make judgments and identify consequences.
- **“Adaptive functioning”** means a person’s capacity to gain personal independence, based on the person’s ability to learn and apply conceptual, social and practical skills in his or her everyday life. 2008, c. 14, s. 3 (2).

Additionally, not all developmental disabilities include intellectual disability. For example a portion of individuals who have a diagnosis of Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder will not have an intellectual disability.

¹ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.) <http://www.dsm5.org/documents/intellectual%20disability%20fact%20sheet.pdf> (accessed October 3, 2017)

GLOSSARY



Dual Diagnosis

In Ontario this is a term that refers to having the following two (2) diagnoses at once: developmental disability and mental health issue.

Mental health issues are defined as diagnosed mental illnesses or symptoms consistent with mental illness. A serious mental illness is defined by disability, duration and diagnosis.

- **Disability:** reduced ability to perform basic living skills that interferes with or severely limits an individual's capacity to function in one or more major life activities;
- **Duration:** the recurring nature of mental illness means that there are likely to be intermittent episodes requiring acute care and periods of full recovery; and
- **Diagnosis:** includes schizophrenia, mood disorders, organic brain disorders, paranoid psychosis or other psychoses, severe personality disorder, concurrent mental health and substance abuse disorder and dual diagnosis.¹

¹ Ministry of Community and Social Services and Ministry of Health and Long-Term Care (2008) Dual Diagnosis Framework

Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) affects approximately 1% of the population, approximately 300,000 Canadians.¹ FASD is one of the most common causes of developmental disability. It is a lifelong and incurable disability. It is important to note that there is insufficient research information to assume that the prevalence of FASD among Indigenous peoples is higher than the non-indigenous population.² Still, the risk factors for FASD among Indigenous communities are acknowledged to be quite high and the serious public health risks have been well documented.

Causes

FASD is the umbrella term used to describe the spectrum of disabilities that are associated with prenatal exposure to alcohol. Drinking while pregnant can cause birth defects and brain damage to the fetus. The effect can vary depending on when alcohol is consumed during the pregnancy, as well as the amount.

The 2015 Canadian Guidelines for Diagnosis of FASD have simplified the diagnostic categories into two (2) groups:³

- a) FASD with sentinel (characteristic) facial features. This category includes individuals who have both central nervous system dysfunction (brain impairment) as well as all of the following facial features
 - small eye openings;
 - thin upper lip; and
 - flat philtrum (the two lines running between the nose and the lips).

- b) FASD without sentinel (characteristic) facial features:

This category refers to individuals who have a brain impairment as well as confirmation of exposure to prenatal alcohol at the level known to be associated with physical and/or developmental effects. This subgroup represents the majority of individuals with FASD.

The majority of individuals with FASD do not exhibit facial features. Facial features may become less evident as a person ages. Additionally, there is no relationship between the visible characteristics of FASD and the severity of the disorder. Approximately 50% of individuals with FASD will also have an [intellectual disability](#) (link to intellectual disability).⁴

¹ Canadian FASD Research Network <http://www.canfasd.ca/research-teams/prevalence/> (accessed October 3, 2017)

² National Collaborating Centre for Aboriginal Health. Fetal Alcohol Syndrome & Fetal Alcohol Spectrum Disorder among Aboriginal Peoples (2009) p. 22 https://www.ccnas-nccah.ca/495/Fetal_Alcohol_Syndrome_and_Fetal_Alcohol_Spectrum_Disorder_among_Aboriginal_People__A_review_of_prevalence.nccah?id=34 (accessed October 2, 2017)

³ Cook J.L., Green C.R., Lilley C.M., Anderson S.M., Baldwin M.E., Chudley A.E., Conry J.L., LeBlanc N., Looock C.A., Lutke J., Mallon B.F., McFarlane A.A., Temple V.K., Rosales T.; Canada Fetal Alcohol Spectrum Disorder Research Network. CMAJ. 2015 Dec 14. pii: cmaj.141593

⁴ Tao, L., Temple, V., Casson, I., Kirkpatrick, S.M.L., (2013). Health Watch Table – Fetal Alcohol Spectrum Disorder (FASD) <http://www.surreyplace.on.ca/primary-care?id=135> (accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder (FASD)

Characteristics

1. The underlying brain impairment leads to difficulties in a number of areas including adaptive behaviour, attention, cognition, executive functioning, and memory. Referred to as “primary disabilities” these may include:
 - Inconsistent memory and recall
 - Inability to filter out environmental or emotional distractions and sensory stimuli
 - Slow and inconsistent cognitive and auditory processing
 - Decreased mental stamina
 - Difficulty interpreting, and applying abstract concepts (for example, managing money and time)
 - Impulsivity and poor judgment
 - Inability to predict outcomes (of their own or others’ actions)
 - Difficulty shifting from one context to another
 - Resistant to change
 - Inability to see another person’s perspective
 - Inability to recognize indirect social cues ⁵
2. Secondary disabilities are the result of primary disabilities and are associated with FASD include:
 - Mental health problems
 - Disrupted school experience (suspension, expulsion, and/or drop-out)
 - Involvement with the law (trouble with authorities, charged and/or convicted of a crime)
 - Confinement (inpatient treatment for mental health and/or alcohol/drug problems, or incarceration for crime)
 - Alcohol and/or drug problems
 - Poor academic achievement and school failure
 - Sexually deviant behaviour
 - Problems with employment
 - Dependent living ⁶

⁵ Fetal Alcohol Spectrum Disorders, Centre for Addiction and Mental Health
http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Fetal_Alcohol_Spectrum_Disorders/Pages/default.aspx
(accessed October 2, 2017)

⁶ Fetal Alcohol Spectrum Disorders, Centre for Addiction and Mental Health
http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Fetal_Alcohol_Spectrum_Disorders/Pages/default.aspx
(accessed October 2, 2017)

GLOSSARY



Mindfulness

Mindfulness refers to:

'Paying attention in a particular way: on purpose, in the present moment, and non-judgementally'.¹

The emphasis is on living in the present moment rather than a pre-occupation with the past or future. The history of mindfulness comes from Eastern and in particular Buddhist psychology, and is associated with meditation practices, particularly in the West. Research studies have found positive outcomes associated with supporting recovery from physical and mental ill health.²

¹ Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life. New York: Hyperion Books.

² Black, D.S. (2011). A brief definition of mindfulness. Mindfulness Research Guide.
<http://www.mindfulexperience.org> (accessed October 3, 2017)

GLOSSARY



Social Story

Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.¹ They can be written in plain language and/or in pictures.

A social story is a helpful tool for individuals with developmental disabilities, and in particular those with autism, in understanding the sequence of an activity in very concrete steps. For example, social stories can be used to develop self-care skills such as brushing teeth, or how to use public transit or how to manage a change in routine.

A social story provides a step by step guideline for how or what might be appropriate to say or do. By providing more structure and assurances for the person through the social story, this can assist in reducing the anxiety associated with certain situations.

¹ The National Autistic Society. Social stories and comic strip conversations.
<http://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>
(accessed October 2, 2017)

QUICK REFERENCE GUIDES



Identification Checklist

Communication Tips

How to Optimize Interviews

REFERENCE



QUICK REFERENCE GUIDES



Identification Checklist

1. Observation of Appearance and Behaviour

There is no specific 'look' to a developmental disability and appearance should be considered with caution. Indications of a developmental disability may include:

- **Physical appearance** – may include odd body posture, odd style of dress or mannerisms (hitting self, tendency to fidget).
- **Speech and/or language** – different pace or unclear speech, simple responses, difficulty understanding or responding to questions. May use more sophisticated language however comprehension and insight may be lacking.
- **Social behaviour** – may be inappropriate to the context e.g., overly familiar, excessively nervous, difficulties respecting physical space, odd conversation topics, or appear to lack empathy.

2. Gather Information

Additional information that may further be suggestive of a developmental disability:

- **Education** – Special education classes, Educational Assistant (EA) in classroom? Age when finished school?
- **Work** – work, volunteering or day program? Do you have a job coach?
- **Medical Concerns** – medication to control your behavior, for anxiety, depression or anger? Have you been to a hospital for your behavior?
- **Supports** – live with family, in a group home, by self with help from a support worker? Who do you ask for help from when in trouble? Do you receive services from "name" of local agency?
- **Previous criminal involvement** – with the police, lawyer or judge?

3. Conduct Task Performance

Completing short simple tasks may provide a quick sense of cognitive level of functioning and ability to understand concepts:

- **Orientation** – day, date, location
- **Numbers and time** – count money in pocket, cost of a coke, a car or house. Do they look after their own money, how are bills paid? Passage of time - how long ago did you finish school?
- **Reading and writing** – do you read the newspaper, preferred sections, favorite TV program? Write their name on a piece of paper.
- **Memory** – home address or phone number, phone number of support staff/case manager/job coach? (They may have this information on a card.)
- **General knowledge** – name of the prime minister, name 3 countries.
- **Judgement** – scenario: what would you do if you found a letter on the street with an address and stamp?

QUICK REFERENCE GUIDES



Communication Tips

- **SIMPLIFY** language; concrete and literal
- **SLOW** speech for information processing
- **PAUSE** between requests '3 SECOND RULE'
- **LENGTH** of sentences '4-6 WORDS MAX'
- **VISUAL** cues to supplement questions; pictures, drawings, gestures
- **DESCRIBE** a movie that the individual is familiar with to explain an event or facts
- **GESTURES** to supplement questions
- **REPEAT** requests as needed and give physical space to comply
- **REVIEW** understanding; comprehension checks - "What do you think it means?" or "Tell me in your own words" or "Give me an example"
- **OFFER** support; enquire about worker/caregiver 'that helps you'

QUICK REFERENCE GUIDES



How to Optimize Interviews

Structure of Environment

- Find a quieter place to talk when possible.
- Offer breaks.
- Build rapport – introduce yourself, the purpose of interview/conversation, find common ground, provide reassurance and encouragement.
- Explain what to expect – if they know the answer, to provide it; if they don't know the answer, it's ok to say so.

Communication Supports

- Include a support person familiar to the individual when possible.
- Use the communication aids available to the person (hearing aid, sign language, IPAD for pictures or Books Beyond Words <https://www.booksbeyondwords.co.uk/>)
- Draw pictures, write lists, or use gestures.
- Use audio or video recordings of interviews or in preparation for court.
- Use closed-circuit television or screen to provide testimony.

Your Communication

- Maintain a calm and neutral voice, relaxed body posture, point to yourself when repeating your name, sit or stand at eye level.

- Focus on the individual, and communicate directly with them, even when a caregiver is providing information.
- Be careful with eye contact - for some this will be well received and is a reflection of respect, for others it may be experienced as threatening.
- Be empathetic.
- After a request is made, give the person physical space, as this may improve compliance.

How to ask Questions

- Use the person's name and their words/terminology.
- Avoid using abstract phrases i.e. "keep cool", "hang in there!"
- Use pronouns sparingly.
- Whenever possible, the following sequence of questions is recommended:
 1. Begin with free-recall - "What happened"?
 2. General questions - "Who were you with?"
 3. Structured and specific questions - "What did you do next"?
- If a question must be repeated, ask it in a different way and/or provide a reason that does not suggest the first

answer was incorrect, e.g., 'I am going to ask you this again to make sure I don't make a mistake'.

- If the person is not responding, do not assume what this means. Ask if they are in pain, if they are not understanding, confused, feeling unsafe, or need more time.
- Tell them when you are about to change the topic.

Communicate with Colleagues and Community

- Use established procedures, protocols and reports between police, court, probation and criminal justice facilities to pass on information
- Liaise regularly (as legally appropriate) with key support persons, agencies and professionals in addition to the individual.

What does not work:

- Leading questions may result in responses that reflect acquiescence/agreement rather than the truth (or use as a last resort).
- Forced choice (e.g., yes/no) questions may result in responses that are based on what the person thinks might be expected (or use as a last resort).
- Asking: "Do you understand?" The response most often will be "Yes."

RESOURCE GUIDE



Network Map

North Network: System Access Points

North Network: Justice Initiatives/Supports

East Network: System Access Points

East Network: Justice Initiatives/Supports

Central East Network: System Access Points

Central East Network: Justice Initiatives/Supports

Central West Network: System Access Points

Central West Network: Justice Initiatives/Supports

Toronto Network: System Access Points

Toronto Network: Justice Initiatives/Supports

Southern Network: System Access Points

Southern Network: Justice Initiatives/Supports

Relevant Legislation and Related Resources

ASD Resources

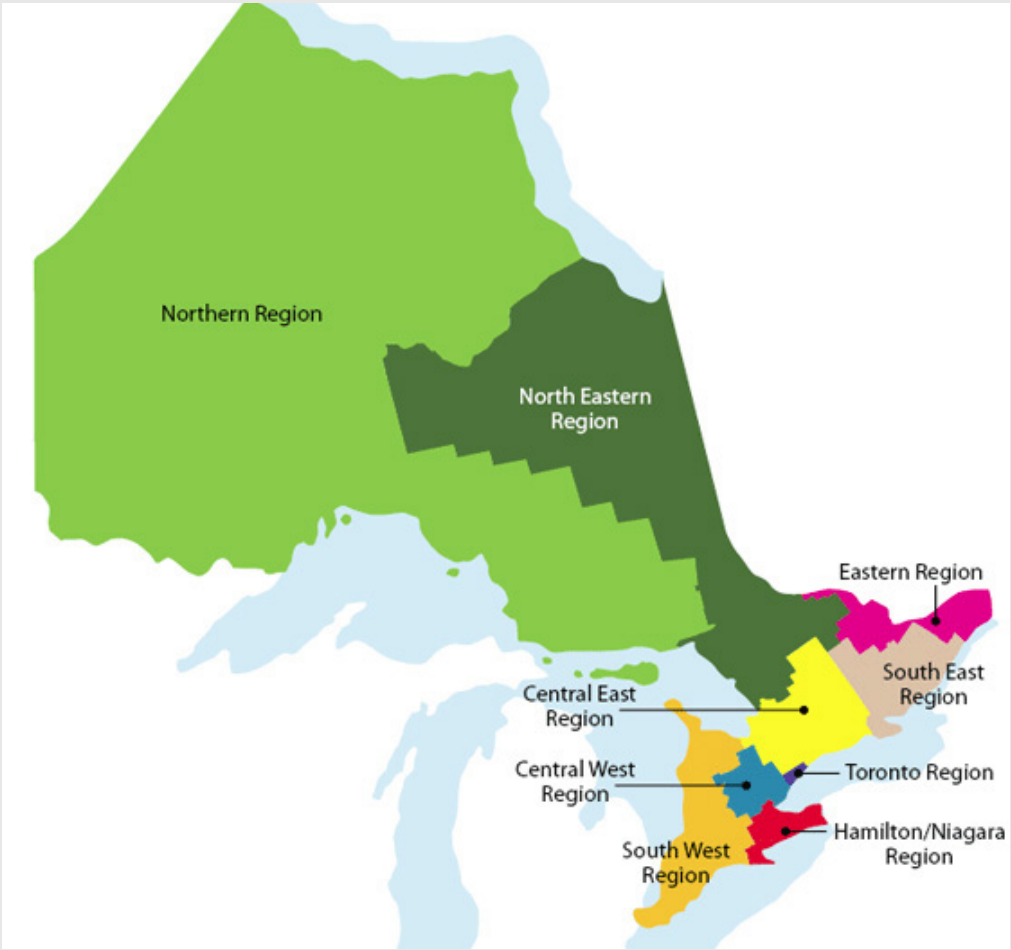
FASD Resources

ReportON



RESOURCE GUIDE

NETWORK MAP



RESOURCE GUIDE

NORTH NETWORK



System Access Points

DSO North

System Access Point: Lutheran Community Care Centre

Service Type: Adult

Purpose: Central Point of Access for all adult developmental services funded by MCSS such as, residential services, community participation, clinical services, employment support, Supported independent living/respite services, Adult Protective Support workers, Passport, Complex Case Managers (Pilot), etc.

Service Criteria/Target Audience: Adults 18 and older with a developmental disability as per Social Inclusion Act defined criteria

Contact:

Tel: 855-376-6673

email: info@lccctbay.org

<http://www.dsontario.ca/agencies/dso-northern>

DSO Northeast

System Access Point: HANDS TheFamilyHelpNetwork.ca

Service Type: Adult

Purpose: Central Point of Access for all adult developmental services funded by MCSS such as, residential services, community participation, clinical services, employment support, Supported independent living/respite services, Adult Protective Support workers, Passport, Complex Case Manager (Pilot) etc.

Service Criteria/Target Audience: Adults 18 and older with a developmental disability as per Social Inclusion Act defined criteria

Contact:

Tel: 855-375-6376

email: dso@handstfn.ca

<http://www.dsontario.ca/agencies/dso-northeast>

Community Network of Specialized Care, North Region

System Access Point: HANDS TheFamilyHelpNetwork.ca, lead agency

Service Type: Adult

Purpose: Coordinate and enhance specialized services through cross sector collaborations. Train and build community capacity through educational sessions

Service Criteria/Target Audience: Knowledge transfer, enhance skills, collaborate with direct care professionals, health care practitioners and all specialized professionals work with adults 18 years and older with a developmental disability and dual diagnosis and challenging behaviour. Build systems and communities' capacity to assist these citizens to live the lives they choose in their own communities.

Contact:

Jo-Ann Trahan, Coordinator, Northern Region

Tel: 705-476-2293 ext 1208

<http://www.community-networks.ca/about-us/northern-network-of-specialized-care/>

RESOURCE GUIDE

NORTH NETWORK



Community Network of Specialized Care, North Region - Clinical Services

System Access Point: Referrals are forwarded to HANDS TheFamilyHelpNetwork.ca as lead agency for CNSC North region from one of the Eight MCSS funded Specialized Service Providers (Clinical)

Service Type: Adult

Purpose: Complement community specialized clinical services

Service Criteria/Target Audience: Adults 18 years and older with a developmental disability and dual diagnosis or challenging behaviours

Contact:

One of the eight MCSS Funded Specialized Service Providers listed below

<http://www.thefamilyhelpnetwork.ca/adults>

MCSS funded Specialized Service Providers (Clinical):

Health Sciences North - Developmental Clinical Services (Sudbury & Manitoulin District)

System Access Point: DSO North

Service Type: Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Sudbury and Manitoulin Districts including the coordination and the clinical support of North Community Network of Specialized Care Specialized Accommodation Services

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

Call DSO North

Tel: 855-376-6673

<http://www.hsnsudbury.ca/portalen/ProgramsandServices/MentalHealthandAddictions/DevelopmentalServices/tabid/1601/Default.aspx>

OPTIONS northwest - Community Resource Team (Thunder Bay & District)

System Access Point: DSO North Adult Services for 18 and older, for Youth Services contact agency directly

Service Type: Youth and Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Thunder Bay District including the coordination and the clinical support of North Community Network of Specialized Care Specialized Accommodation Services

Service Criteria/Target Audience: Children and Adults with a developmental disability

Contact:

For adults call DSO North

Tel: 855-376-6673

For children contact OPTIONS northwest.

Tel: 807-344-4994

<http://www.optionsnorthwest.com/>

RESOURCE GUIDE

NORTH NETWORK



Community Living Algoma - Specialized Supports (Algoma District)

System Access Point: DSO North - Adult Services 18 and older. For Youth Services contact agency directly.

Service Type: Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Algoma District including the coordination and the clinical support of North Community Network of Specialized Care Specialized Accommodation Services

Contact:

Call DSO North

Tel: 855-376-6673

<http://communitylivingalgoma.org/en/what-we-do/specialized-supports/>

Surrey Place - MMW Videoconference Program (Rainy River District)

System Access Point: DSO North - Adult Services 18 and older

Service Type: Adult

Purpose: Provide specialized clinical services to persons with a developmental disability

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

Call DSO North

Tel: 855-376-6673

<http://www.surreyplace.on.ca/about-us>

HANDS TheFamilyHelpNetwork.ca - Developmental Disabilities Services (Muskoka & Parry Sound District)

System Access Point: DSO Northeast - Adult Services 18 and older. For Youth Services contact agency directly

Service Type: Youth and Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Muskoka and Parry Sound District. In partnership with Community Living North Bay coordinate and clinically support the North Community Network of Specialized Care Specialized Accommodation Services in for Muskoka/Nipissing/Parry Sound Districts.

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

For adults call DSO Northeast

Tel: 855-375-6376

For children contact HANDS TheFamilyHelpNetwork.ca directly
Tel: 800-668-6376

<http://www.thefamilyhelpnetwork.ca/developmental-disabilities>

RESOURCE GUIDE

NORTH NETWORK



Community Living North Bay - Clinical Services (Nipissing District)

System Access Point: DSO Northeast - Adult Services 18 and older. For Youth Services contact agency directly

Service Type: Youth and Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Nipissing. In partnership with HANDS-Developmental Support Services coordinate and clinically support the the North Community Network of Specialized Care Specialized Accommodation Services in for Muskoka/Nipissing/Parry Sound Districts.

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

For adults call DSO Northeast
Tel: 855-375-6376

For children contact HANDS TheFamilyHeloNetwork.ca directly
Tel: 705-476-3288

<https://www.communitylivingnorthbay.org/>

Community Living West Nipissing - Clinical Services (Sturgeon Falls / West Nipissing District)

System Access Point: DSO Northeast - Adult Services 18 and older. For Youth Services contact agency directly.

Service Type: Adult

Purpose: Provide specialized clinical services to persons with a developmental disability

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

For adults call DSO Northeast
Tel: 855-375-6376

http://communitylivingwestnipissing.com/Site/About_Us.html

Cochrane Temiskaming Resource Centre - Professional Resource Team (Cochrane and Temiskaming Districts)

System Access Point: DSO Northeast - Adult Services 18 and older. For Youth Services contact agency directly

Service Type: Youth and Adult

Purpose: Provide specialized clinical services to adults with a developmental disability in the Cochrane and Temiskaming Districts including the coordination and the clinical support of North Community Network of Specialized Care Specialized Accommodation Services

Service Criteria/Target Audience: 18 years and older with a developmental disability

Contact:

For adults call DSO Northeast
Tel: 855-375-6376

For children contact Cochrane Temiskaming directly
Tel: (705) 267-8181

<http://www.ctrc.on.ca/>

RESOURCE GUIDE

NORTH NETWORK



Dual Diagnosis Program

System Access Point: Waypoint Centre for Mental Health Care - covers district of Muskoka in the north

Service Type: Adult

Purpose: Community outreach program

Service Criteria/Target Audience: Persons 16 and older with developmental disability and mental health issues.

Contact:

Tel: 705-549-3181 ext. 2308

<http://www.waypointcentre.ca/cms/One.aspx?portalId=10043&pageId=11912>

Developmental Disabilities Services

System Access Point: North Bay Regional Health Centre - northeast area

Service Type: Adult

Purpose: Community Outreach and In-hospital Unit

Service Criteria/Target Audience: Persons 16 and older with developmental disability and mental health issues.

Contact:

Tel: 705-474-8600 ext. 3562 or ext. 3506

<http://www.nbrhc.on.ca/programs-services/mental-health-programs-services/regional-outreach-seniors-mental-health-program/developmental-disabilities-service-dds/>

Dual Diagnosis Program

System Access Point: St. Joseph Care Group - northwest

Service Type: Adult

Purpose: Community outreach program

Service Criteria/Target Audience: Persons 16 and older with developmental disability and mental health issues.

Contact:

Tel: 807-624-3400

<http://www.sjcg.net/services/main.aspx>

RESOURCE GUIDE

NORTH NETWORK



Justice Initiatives/Supports

Dual Diagnosis Justice Case Managers

Service Type: Adult

Purpose: Helps divert people from entering the justice system, provides mental health court support services and links people to community services.

Service Criteria/Target Audience: Adults with mental health needs and/or developmental disability who are in contact with the criminal justice system.

Dual Diagnosis Justice Case Manager funded by MCSS and partnered with Court Diversion and Mental Health Services

Muskoka-Parry Sound Community Mental Health Services - 0.5 FTE

Contact:

Tel: 705-645-2262 x 288

<http://www.cmha.ca/>

Sudbury Community Service Centre - 0.5 FTE

Contact:

Tel: 705-560-0430

http://www.sudburycommunityservicecentre.ca/page/justice_case

Canadian Mental Health Services Cochrane-Timmins Branch - 0.5 FTE

Contact:

Tel: 705-267-8100

email: cmhaadm@cmhact.ca

<http://www.cmha.ca/>

Canadian Mental Health Services-Sault Ste. Marie Branch - 0.5 FTE

Contact:

Tel: 705-759-0458

email: annete@cmhassm.com

<http://www.cmha.ca/>

St. Joseph's Care Group Mental Health and Addiction Services - 1 FTE

Contact:

Tel: 807.624.3400

<http://www.sjcg.net/services/main.aspx>

RESOURCE GUIDE

NORTH NETWORK



Court Worker and Diversion Programs

Service Type: Adult

Purpose: Helps divert people from entering the justice system, provides mental health court support services and links people to community services.

Service Criteria/Target Audience: Adults with mental health needs and/or developmental disability who are in contact with the criminal justice system.

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)

Canadian Mental Health Services Nipissing

Contact:

Tel: 888-474-1299

email: info@cmhanipissing.on.ca

<http://www.cmha.ca/>

Canadian Mental Health Services Kenora

Contact:

Tel: 807-468-6396

email: office@cmhak.on.ca

<http://www.cmha.ca/>

RESOURCE GUIDE

NORTH NETWORK



Human Services Justice Coordination Committees

Purpose: To provide a provincial leadership mechanism to support the implementation of the Ontario government's policy framework (1997) for people who come into contact with the justice system and who have needs which can be met by one or more of the provincial human services systems.

Court Diversion and Support Services are available to adults with mental health needs and/or developmental disability who are in contact with the criminal justice system. This program helps divert people who have a mental illness from entering the justice system, and/or provides mental health court support services to those people in the criminal justice system.

Contact: Refer to website for contact info as chairs change

Human Services Justice Coordination Committee- Northwest Region

<http://www.hsjcc.on.ca/north-west-regional-hsjcc/about-us>

HSJCC Thunder Bay District Committee

<http://www.hsjcc.on.ca/thunder-bay-local-hsjcc/about-us>

HSJCC Kenora District Committee

<http://www.hsjcc.on.ca/kenora-local-hsjcc/about-us>

Human Services Justice Coordination Northeast Region

<http://www.hsjcc.on.ca/north-east-regional-hsjcc/about-us>

HSJCC Local Nipissing

<http://www.hsjcc.on.ca/nipissing-district-local-hsjcc/about-us>

HSJCC Local Cochrane

<http://www.hsjcc.on.ca/cochrane-district-local-hsjcc/about-us>

Algoma Committee

<http://www.hsjcc.on.ca/algoma-district-local-hsjcc/about-us>

HSJCC Local Parry Sound

<http://www.hsjcc.on.ca/parry-sound-district-local-hsjcc/about-us>

HSJCC Local Timiskaming

<http://www.hsjcc.on.ca/temiskaming-district-local-hsjcc/about-us>

HSJCC Local Sudbury - Manitoulin

<http://www.hsjcc.on.ca/sudbury-manitoulin-district-local-hsjcc/about-us>

RESOURCE GUIDE

EAST NETWORK



System Access Points

Developmental Services Ontario (DSO)

Service Type: Adult

Purpose: Provides residential, respite and community participation (i.e., recreation, volunteering and employment) supports to individuals with developmental disabilities. Determine eligibility and passport funding.

Service Criteria/Target Audience: The DSO will confirm eligibility before full application packages are completed for services and supports. They require proof of developmental disability, age, Ontario residency and Canadian citizenship.

Areas Served: South East Region and East Region

Contact:

Tel: 613-354-7977

Toll Free: 1-855-237-6737

Email: reception@dsosor.com

East Region: (DSO-ER)

Tel: 1-855-376-3737

Email: admin@dsosor.ca

www.dsosor.com

Dual Diagnosis Consultation Outreach Team (DDCOT)

Service Type: Adult

Purpose: Works with individuals, family member, service provider, physicians and other referral sources to determine a diagnosis and develop individual treatment recommendations. Provides specialty consultations, comprehensive assessments and treatment planning. The team consists of a Psychiatrist, Psychologist, Occupational Therapist, Nursing and Social Work staff.

Service Criteria/Target Audience: Ages of 16 and over who have an intellectual disability, autism, or pervasive developmental disorder and a suspected or diagnosed mental or behavioral disorder.

Areas Served: South East Region

Contact:

Alex Conant, Manager

Crisis Tel: 613-548-5567

Tel: 613-530-2400

www.providencecare.ca

Assertive Community Treatment (ACT) Team of Leeds, Grenville and South Lanark

Service Type: Adult

Purpose: Specialized program that provides assistance to individuals with complex needs who require a high intensity treatment program.

Service Criteria/Target Audience: Individuals 16 years and older with a developmental disability and comorbid psychiatric disorder.

Areas Served: Leeds & Grenville, South Lanark

Contact:

Tel: 613-342-2522

www.bgh-on.ca

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Counselling Services of Belleville & District

Service Type: Youth and Adult

Purpose: Provides Adult Protective Services, Autism Intervention Program, Behavioral Consulting Services, Family Court Clinic, Infant & Child Developmental Program, Counselling and Home Personnel Resource Program

Service Criteria/Target Audience: Children, youth and adults with a diagnosis of a developmental disability.

Areas Served: Belleville, Bancroft, Madoc and Picton

Contact:

Tel: 613-966-7413

Email: csbd@csbd.on.ca

www.csbd.on.ca

Addictions and Mental Health Services - Kingston, Frontenac, Lennox & Addington

Service Type: Adult

Purpose: Offers confidential crisis support and intervention to any individual in the community. Provides referral and availability to their community resources information. If needed, a mobile unit will respond to the caller.

Service Criteria/Target Audience: Open to individuals 16 yrs + in crisis, including mental health and addictions crises, or anyone that knows someone in crisis.

Contact:

Kingston Tel: 613-544-1356

Crisis Line: 613-544-4229

Napanee Tel: 613-354-7521

Crisis Line: 613-354-7388

www.amhs-kfla.ca

Addictions and Mental Health Services - HPE

Service Type: Adult

Purpose: Offers confidential crisis support and intervention to any individual in the community. Provides referral and availability to their community resources information. If needed, a mobile unit will respond to the caller.

Service Criteria/Target Audience: Open to individuals 16 yrs + in crisis, including mental health and addictions crisis, or anyone that know someone is crisis.

Contact:

Tel: 613-967-4734

www.amhs-hpe.ca

RESOURCE GUIDE

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Lanark Leeds & Grenville Addictions & Mental Health Services

Service Type: Adult

Purpose: Supports people with severe mental illness and mental health problems. There is therapeutic counselling that is goal oriented and time limited. Priority is given to person with severe mental illness and people that are experiencing situational distress.

Service Criteria/Target Audience: Open to individuals 16 yrs old + in crisis, including mental health and addictions crisis, or anyone that know someone is crisis.

Contact:

Tel: 613-342-2262

Crisis Line: 1-866-281-2911

<https://lfgamh.ca/>

Ontario Disability Support Program (ODSP)

Service Type: Adult

Purpose: Provides people with disability who are in financial need pay for living expenses, like food and housing; Income Support. Employment supports help people with disabilities who can and want to work prepare for and find a job.

Service Criteria/Target Audience: Individuals with a disability that are 18 years old +.

Contact:

Ontario Tel: 613-546-2695

Cornwall Tel: 613-932-3381

Hawkesbury Tel: 613-632-1171

Ottawa Tel: 613-234-1188

Pembroke Tel: 613-735-1073

Renfrew Tel: 613-432-4886

www.mcass.gov.on.ca

RESOURCE GUIDE

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Dual Diagnosis Court Support Case Manager

Service Type: Adult

Purpose: Provides information to accused, family members, judges, crown and defence attorneys regarding general court procedures and specific mental health issues. Prepares diversion plan in consultation with client and work with crown to have plan approved. Provides and/or arranges for case management and offer forms of support for the accused as indicated. A completed mental health diversion plan results in a stay of the charge.

Service Criteria/Target Audience: Adults with a dual diagnosis. Assess eligibility for diversion from criminal charges because of dual diagnosis.

Area Served: South East region.

Contact:

Tel: 613-544-1356
www.amhs-kfla.ca

Canadian Mental Health Association- Dual Diagnosis Justice Brokerage

Service Type: Adult

Purpose: Provides direct support and case management services for individuals with Dual Diagnosis who are involved with the Justice System.

Service Criteria/Target Audience: Individuals must have a dual diagnosis and are involved with the justice system

Contact:

Sheri Mayhew
Tel: 613-737-7791
email: smayhew@cmhaottawa.ca

Counselling Support Services of Stormont, Dundas & Glengarry

Service Type: Adult

Purpose: The Case Management program is a specialized community-based support program, who have little or no supports. Services and supports are person-centered and person-directed. A Case Manager/Planner can assist individuals in accessing the necessary supports and services from various service systems available in their community in order to participate fully in all aspects of life.

Service Criteria/Target Audience: Adults with an intellectual disability or a dual diagnosis.

Area Served: Stormont, Dundas and Glengarry Counties

Contact:

Chantal Prieur
Tel: 613-932-4610 / 1-855-647-8483
email: cprieur@css-sdg.ca

RESOURCE GUIDE

EAST NETWORK



Family and Children Services of Renfrew County

Service Type: Youth and Adult

Purpose: Offers specialized Services for both children and adults diagnosed with a Developmental Disability. Also provides service to young children who are at risk of acquiring a Developmental Disability. Specialized Services include Case Management, Infant and Child Development, Behaviour Services, Communication Services, Transitional Planning, Funding for Respite, Complex Special Needs and Community Participation/Enhancements.

Service Criteria/Target Audience: Children, youth and adults with a diagnosis of a developmental disability.

Area Served: Renfrew County

Contact:
Tel: 613-735-6866

Service Coordination Ottawa

Service Type: Youth and Adult

Purpose: Service Coordination for People with Developmental Disabilities. Connects children and adults with developmental disability to community supports and services.

Service Criteria/Target Audience: Case Management services for children and adults.

Area Served: Ottawa

Contact:
Tel: 613-748-1788

Valoris of Prescott-Russell

Service Type: Youth and Adult

Purpose: Valoris supports and helps children and adults with an intellectual disability to improve the quality of life and living conditions.

Valoris offers mental health services for children and families, offering assessment, counselling, one-on-one family or group interventions, specialized interventions for survivors of sexual assaults, school-based interventions in many of the area's schools and specialized training to respond to different needs of children and their families.

Service Criteria/Target Audience: Serves Children, youth and adults with developmental disability.

Area Served: Prescott-Russell

Contact:
Tel: 1-800-675-6168

RESOURCE GUIDE

EAST NETWORK



Regional Dual Diagnosis Consultation Outreach Team

Service Type: Adult

Purpose: Specialized consultation team provides clinical assessments, education and treatment recommendations for the care of dually diagnosed (intellectual disability + mental illness). individuals who are over age 18. The team is based in Ottawa and serves individuals in the Champlain LHIN. Referrals are made by family physicians or other caregivers

Service Criteria/Target Audience: Consultation and Clinical Assessments for adults.

Contact:
Tel: 613-722-6521 ext 7141

Mental Health Community Support Services

Service Type: Youth and Adult

Purpose: Case management services for individuals living with severe and persistent mental illness.

Service Criteria/Target Audience: Adults.

Area Served: Ottawa

Contact:
Tel: 613-737-7791

Canadian Mental Health Association - Champlain East

Service Type: Adult

Purpose: Case management services for individuals living with severe and persistent mental illness.

Service Criteria/Target Audience: Adults.

Area Served: Stormont, Dundas, Glengarry and Prescott-Russell

Contact:
Tel: 1-800-493-8271

Community Mental Health Program

Service Type: Adult

Purpose: Community mental health programs provide a variety of services to help support people who have serious and ongoing mental health issues living in the community. Services offered include information and referral, advocacy, case management, housing advocacy, rehabilitation, employment assistance, counselling, support groups and social and recreational opportunities, and peer support services for consumers and survivors.

Service Criteria/Target Audience: Serves Adults.

Area Served: Renfrew County

Contact:
Tel: 613-732-2811

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Phoenix Center for Children and Families

Service Type: Youth

Purpose: Programs include: Family and Child Treatment Program (FACT) * youth justice services * day treatment programs including New Horizons and Valleycrest * group services * respite care program for children * adolescents and their families * * early years programs including Healthy Babies Healthy Children and * intensive services * trauma services * paediatric telepsychiatry

Service Criteria/Target Audience: Children and youth.

Area Served: Renfrew County

Contact:
Tel: 1-800-465-1870

Youth Services Bureau

Service Type: Youth

Purpose: Youth Services offering community supports, employment, mental health and youth justice services.

Service Criteria/Target Audience: Youth.

Area Served: Ottawa

Contact:
Tel: 613-729-1000

Cornwall Community Hospital - Children and Youth Mental Health Program

Service Type: Youth

Purpose: Children and Youth Outpatient Counselling and Support Services, day treatment program and outreach services

Service Criteria/Target Audience: Children and Youth.

Area Served: Stormont, Dundas and Glengarry

Contact:
Tel: 613-932-1558

Children's Hospital of Eastern Ontario

Service Type: Youth

Purpose: Mental Health services and behavioural neurosciences services designed to improve the lives of those suffering from mental illness, keeping patients and their families at the centre of all we do.

Service Criteria/Target Audience: Children and Youth.

Area Served: Eastern Ontario

Contact:
Tel: 613-736-7000

RESOURCE GUIDE

EAST NETWORK



Hotel Dieu Child Development Centre

Service Type: Youth

Purpose: Provides services for child & youth who have a neurological, physical, or developmental disability or impairment. Speech/language therapy, physiotherapy occupational therapy, social work, psychology and medical services.

Service Criteria/Target Audience: Children & youth

Area Served: Frontenac, Lennox & Addington, Leeds & Grenville and South Lanark

Contact:

Tel: 613-549-2680

www.KingstonCDC.ca

Pathways to Children & Youth

Service Type: Youth

Purpose: Provides many different services. * the community site services include assessment and consultations, individual counselling, family counselling, group counselling and parenting programs * intensive services include early years, intensive child and family, and day treatment services * their resource services include psychiatric, behavioural paediatric and psychological services * all services are goal-focused * pathways is the lead agency for the regional autism services, namely autism intervention program, Applied Behavior Assessment (ABA) and the school support program.

Service Criteria/Target Audience: Children between the ages of newborn and 18 years and within the geographic area and needing mental health services are eligible.

Contact:

Tel: 613-546-8535

www.pathwayschildrencyouth.org

Children's Mental Health Services

Service Type: Youth

Purpose: Community based therapeutic and residential services. Crisis counselling. Psychiatric, Psychological and Psychometric Services - available when deemed appropriate for the client. Residential Treatment Facility.

Service Criteria/Target Audience: Children 0-18yrs of age

Area Served: Hastings & Prince Edward County

Contact:

Tel: 613-966-3100

www.cmhs-hpe.on.ca

Children's Mental Health of Leeds & Grenville

Service Type: Youth

Purpose: Community counselling services provided by trained professional staff including social workers, a psychologist, and community mental health counsellors.

Service Criteria/Target Audience: Children 0-18yrs of age

Area Served: Leeds & Grenville United Counties

Contact:

Tel: 613-382-5047

www.cmhlq.ca

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EAST NETWORK



Justice Initiatives/Supports

Southeastern Ontario Human Services and Justice Coordinating Committee

Service Type: Youth and Adult

Purpose: The Human Services and Justice Coordinating Committees (HSJCCs) were established in response to a recognized need to coordinate resources and services, and plan more effectively for people who are in conflict with the law. Those who come into conflict with the law often require services from many service providers and sectors and there is recognition that these services must be coordinated. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome. The committees were generated as a cooperative effort between the Ministries of the Attorney General, Community and Social Services, Children and Youth Services, Health and Long-Term Care, and Community Safety and Correctional Services.

Area Served: Frontenac, Lennox & Addington, Hastings-Prince Edward, Lanark and Leeds-Grenville

Contact:

Lisa Holmes (Co-Chair) lholmes@ongwanada.com or
Diana McDonnell (Co-Chair)
dmcdonnell@lanarkmentalhealth.com
www.hsjcc.on.ca

HSJCC-Ottawa and Stormont, Dundas, Glengarry and Prescott-Russell

Service Type: Youth and Adult

Purpose: The Human Services and Justice Coordinating Committees (HSJCCs) were established in response to a recognized need to coordinate resources and services, and plan more effectively for people who are in conflict with the law. Those who come into conflict with the law often require services from many service providers and sectors and there is recognition that these services must be coordinated. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome. The committees were generated as a cooperative effort between the Ministries of the Attorney General, Community and Social Services, Children and Youth Services, Health and Long-Term Care, and Community Safety and Correctional Services.

Service Criteria/Target Audience: Service Providers from Health, Justice and Developmental Services

Contact:

www.hsjcc.on.ca

Elizabeth Fry Society - Ottawa

Service Type: Youth and Adult

Purpose: Provide information assistance and support to women and girls who are going through the criminal justice system. Provide Community Integration Worker at the Ottawa-Carleton Detention Centre-Role is to help facilitate community re-integration. Provide transitional housing up to 12 months.

Service Criteria/Target Audience: Female youth and adults going through the Criminal Court System

Contact:

Tel: 613-237-7427
info@efryottawa.com

RESOURCE GUIDE

EAST NETWORK



John Howard Society Ottawa

Service Type: Youth and Adult

Purpose: Provides a broad range of community based services including: Prevention & Intervention Services, Residential Services for Youth and Adults, Court and Detention Services, Housing supports and employment services.

Service Criteria/Target Audience: Males and Females going through the Criminal Court System

Contact:

Tel: 613-789-7418

email: jhsottawa@ottawa.johnhoward.ca

Eastern Region Community Network of Specialized Care

Service Type: Adult

Purpose: The Eastern Community Network of Specialized Care covers the counties of Hastings & Prince Edward, Lennox & Addington, Frontenac, Lanark, Leeds & Grenville, Renfrew, Ottawa-Carleton, Prescott-Russell and Stormont, Dundas & Glengarry. The Eastern Region CNSC is a collaborative network of community agencies, mental health service providers, primary health care providers, developmental service professionals and educators working together to better coordinate access to specialized services, improve the way services are delivered and promote professional development through increased sharing of research and training.

Contact:

Lisa Holmes, Coordinator

email: lholfmes@ongwanada.com or

Brigid Fitzpatrick, Coordinator

email: bfitzpatrick@solution-s.ca

www.community-networks.ca

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)

RESOURCE GUIDE

CENTRAL EAST NETWORK



System Access Points

Developmental Services Ontario

Service Type: 16 and older and Adult

Purpose: To obtain developmental services

Service Criteria/Target Audience: Individual needs to be eligible for services

Contact:

Navigators

Tel: 905-953-0796; 1-855-277-2121

Email: dsocentraleast@yssn.ca

<http://www.dsontario.ca/agencies/dso-central-east>

Crisis Response Network Coordinator - Simcoe

Service Type: 16 and older and Adult

Purpose: Crisis Services

Service Criteria/Target Audience: Individual needs to be eligible for services and in a crisis situation

Contact:

Gordon White

Tel: 705-733-3227 Ext. 2334

Tel: 705-728-5044

Email: gwhite@catulpa.on.ca

Crisis Response Network Coordinator - York

Service Type: 16 and older and Adult

Purpose: Crisis Services

Service Criteria/Target Audience: Individual needs to be eligible for services and in a crisis situation

Contact:

Sarah Libman

Tel: 905-898-6455 Ext. 2283

Tel: 905-310-2673

Email: slibman@yssn.ca

Crisis Response Network Coordinator - Durham

Service Type: 16 and older and Adult

Purpose: Crisis Services

Service Criteria/Target Audience: Individual needs to be eligible for services and in a crisis situation

Contact:

Heather Jay

Tel: 905-448-0453 Ext. 3266

Tel: 1-800-742-1890

Email: hjay@dmhs.ca

Crisis Response Network Coordinator - Haliburton, Kawartha Pine Ridge

Service Type: 16 and older and Adult

Purpose: Crisis Services

Service Criteria/Target Audience: Individual needs to be eligible for services and in a crisis situation

Contact:

Laurie O'Donnell

Tel: 705-748-6711 Ext. 2334

Tel: 705-728-5044

Email: lodonnell@cmhahkpr.ca

There are several CMHAs in each of the four quadrants as well as two Schedule 1 hospitals, Waypoint Centre for mental Health Care and Ontario Shores for Mental Health Sciences

RESOURCE GUIDE

CENTRAL EAST NETWORK



Justice Initiatives/Supports

Provincial Dual Diagnosis Justice Case Managers Committee

Purpose: This committee gets together quarterly to share resources, education, brainstorm around issues, etc.

Service Criteria/Target Audience: All PDDJCM and supervisors are invited to the meetings

Contact:

Marnie McDermott

Tel: 705-526-0311 Ext. 321

Email: mmcdermott@clhmidland.on.ca

Witness Support & Preparation Services (WS&P)

Service Type: 16 and older and Adult

Purpose: The WS&P model involves supporting and preparing witnesses within vulnerable populations for appearance in Crown Court trials.

Contact:

Mark Pathak

Tel: 705-728-9143 Ext. 2224

Tel: 1-888-577-6955

Email: mark.pathak@mackenziehealth.ca

Local HSJCC - Haliburton Kawartha Pine Ridge; Simcoe-Muskoka

Contact:

Haliburton - Thomas Jones

Peterborough - Paul Schaubert

Barrie, Collingwood, Midland, Orillia - Jean Marc Pelot

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)

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CENTRAL WEST NETWORK



System Access Points

Developmental Services Ontario

Service Type: Adult

Purpose: Developmental Services Ontario agencies can help adults with developmental disability find services and supports in their community. We can also provide information and help you or someone you care for with planning for the future.

Service Criteria/Target Audience: Developmental Services Ontario agencies can provide you with information about services and supports in your community that help adults with a developmental disability. We can also tell you about other community programs that might be useful or interesting to you.

Contact:

Toll free: 1-888-941-1121

Email: dso@dscwr.com

Dufferin/Wellington Direct Line: 519-821-5716

Halton Direct Line: 905-876-1373

Peel Direct Line: 905-453-2747

Waterloo Direct Line: 519-741-1121

<http://www.dsontario.ca/agencies/dso-central-west>

24.7 Crisis Support Peel

Service Type: Youth and Adult

Purpose: Crisis Services

Contact:

<http://here247.ca/>

Here 27/7 - Waterloo, Wellington and Dufferin

Purpose: Crisis Services

Service Criteria/Target Audience: Here 24/7 is your front door to the addictions, mental health and crisis services provided by 12 agencies across Waterloo – Wellington – Dufferin. All you need to do is reach out to us. We do the intake, assessment, referral, crisis, waitlist and appointment booking work for these important programs. It's our job to be your guide, figure out your needs and help you navigate the system. This leaves you free to focus on maintaining hope and pursuing recovery.

Contact:

<http://here247.ca>

COAST - Halton

Service Type: Youth and Adult

Purpose: Crisis Services

Contact:

<https://www.haltonpolice.ca/services/coast/index.php>

CMHA - Halton

Service Type: Youth and Adult

Purpose: Crisis Services

Contact:

<http://halton.cmha.ca>

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CENTRAL WEST NETWORK



Justice Initiatives/Supports

Dual Diagnosis Justice Coordination, Central West Specialized Developmental Services

Service Type: Adult

Purpose: To Provide assistance with navigation of the justice system in Waterloo, Wellington and Dufferin. Also provide education to organizations on how to navigate the Justice System.

Contact:

Tom Poray
Tel: 519-504-8211
Email: tporay@cwsds.ca
www.cwsds.ca

Human Services and Justice Coordinating Committees (HSJCC)

Guelph - CMHA WWD

Canadian Mental Health Association - Waterloo Wellington Dufferin Branch

Sharon Grzybowski
Tel: 519-744-7645 ext 4034
Email: sgrzybowski@cmhawwd.ca
www.hsjcc.on.ca

Cambridge

Linda Elliot, Ministry of the Attorney General
Tel: 519-741-3300 ext 3428
Email: linda.m.elliott@ontario.ca
www.hsjcc.on.ca

Kitchener

Linda Elliot, Ministry of the Attorney General
Tel: 519-741-3300 ext 3428
Email: linda.m.elliott@ontario.ca
www.hsjcc.on.ca

Peel - CMHA

Canadian Mental Health Association - Peel
David Smith Tel: 905-451-1718 ext 317
Email: SmithD@cmhapeel.ca
www.hsjcc.on.ca

Dufferin - DCAFS

Dufferin Child and Family Services
Tina Pryce (519) 941-1530
Email: tina.pryce@dcafs.on.ca
www.hsjcc.on.ca

Halton - CMHA

Canadian Mental Health Association - Halton Region Branch
Jason Barr Tel: 289-291-5396
Email: JBarr@cmhahrb.ca www.hsjcc.on.ca

CMHA Halton

Service Type: Youth and Adult

Purpose: Court Supports and Dual Diagnosis Case Management

Contact:

<http://halton.cmha.ca>

CMHA Waterloo, Wellington and Dufferin

Service Type: Youth and Adult

Purpose: Court Supports

Contact:

<http://cmhaww.ca/>

CMHA Peel

Service Type: Youth and Adult

Purpose: Court Supports

Contact:

<http://peel.cmha.ca>

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)



System Access Points

Developmental Services Ontario Toronto Region

Service Type: Adult

Purpose: Eligibility and access to DS services

Service Criteria/Target Audience: Adults with a developmental disability or dual diagnosis

Contact:

Tel: 416-925-4930

<http://www.dsotoronto.ca/home/>

CAMH-Dual Diagnosis Services

Service Type: Adult

Purpose: The Dual Diagnosis Service helps people who have:

- A history of unclear assessment and diagnosis
- A history of medical problems, such as limited effects of medication, side-effects of medication or being on many medications at once
- Other health issues, such as communications disorders or seizure disorders that complicate treatment.

The Dual Diagnosis service provides services which are coordinated within the broader continuum of supports and services, using approaches that integrate mental health and developmental perspectives. We operate both as an inpatient unit and as a community-based service.

Service Criteria/Target Audience: The Dual Diagnosis service primarily serves people who live in the old cities of Toronto, North York (west of Yonge St.), York, Etobicoke, Peel Region and Homes for Special Care in York Region. They will consider referrals from outside our LHIN that match the service we provide, and when we have capacity. They also work closely with similar services across the province to facilitate timely response and the provision of care closer to home

Contact:

Tel: 416-535-8501 ex. 2

http://www.camh.ca/en/hospital/care_program_and_services/dual_diagnosis_program/Pages/default.aspx



Justice Initiatives/Supports

COTA-Dual Diagnosis Case Management

Service Type: Adult

Purpose: Dual Diagnosis Case Management, Dual Diagnosis and Justice Case Management

Contact:

Tel: 416-785-9230 ext. 1311

<http://www.cotainspires.ca/>

Aboriginal Legal Services

<http://www.aboriginallegal.ca/index.html>

(accessed October 10, 2017)

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)

Griffin Community Support Network

Service Type: Adult

Purpose: Short Term Crisis Support-can begin while confirming Eligibility with DSO

Service Criteria/Target Audience: 16+ in process for eligibility

-Adults 16 years and older with a dual diagnosis

(developmental disability and complex mental health challenges)

-Have mental health challenges or a developmental disability with mental health challenges (dual diagnosis)

-Eligible for DSO or in process for eligibility

Contact:

Tel: 416-222-1153

<http://www.griffincentre.org/tss.php>

HSJCC Committees

Toronto Committee

Downtown

Downtown

North York

North York

Scarborough

West Toronto

West Toronto

Chair/Co-chairs

Steve Lurie

slurie@cmha-toronto.net

Katie Almond

katie.almond@ontario.ca

Susan Davis

susandavis@gersteincentre.org

Susan Adams

adams@criminallawfirm.ca

Andrew Graham

graham_a@cotainspires.ca

Susan Boucaud

susan.boucaud@ontario.ca

Amber Kellen

akellen@johnhowardtor.on.ca

Debbie Lynch

debbie.lynych@ctys.org



System Access Points

DSO South West Region

Service Type: Transitional Age Youth (TAY) planning and Adult

Purpose: Access point for adult developmental services TAY Planning

Contact:
Tel: 1-855-437-6797

DSO Hamilton Niagara Region

Service Type: TAY planning and Adult

Purpose: Access point for adult developmental services TAY Planning

Contact:
Tel: 1-877-376-4674

Hamilton Brant Behaviour Services

Service Type: Adult

Purpose: Behaviour Consultation services for the Hamilton and Brant regions

Contact:
Tel: 1-905-574-5151

Bethesda Community Services

Contact:
Tel: 1-800-789-1773

Service Type: Adult

Purpose:

- Behaviour Support Services for Niagara region
- Community Response Program for Hamilton Niagara Region
- Dual Diagnosis Justice Case Management Program for Hamilton Niagara Region

Regional Support Associates

Contact:
Tel: 1-800-640-4108

- Clinical and Behavioural Consultations
- Dual Diagnosis Justice Case Management Program

RESOURCE GUIDE

SOUTHERN NETWORK



St Joseph Healthcare, Dual Diagnosis Program

Service Type: Youth and Adult

Purpose: Dual Diagnosis Outpatient clinic

Service Area: Based in Hamilton, serves whole Region

Contact:

Tel: 905-522-1155 ext. 36768

Chatham Kent Health Alliance - Dual Diagnosis Outreach Program

Service Type: Youth and Adult

Purpose: Dual Diagnosis Outpatient clinic

Contact:

Tel: 519-352-6401 ext 6693

CMHA Chatham Kent: Dual Diagnosis Program

Service Type: Youth and Adult

Purpose: Provides crisis intervention for people who have an intellectual disability and a mental illness. The program provides supports to stabilize the person in crisis, provides linkages to other services to additional resources.

Service Criteria/Target Audience: Provides crisis intervention for people who have an intellectual disability and a mental illness. The program provides supports to stabilize the person in crisis, provides linkages to other services to additional resources.

Service Area: Chatham-Kent

Contact:

Tel: 519-436-6100

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SOUTHERN NETWORK



CMHA Windsor-Essex County Dual Diagnosis Program

Service Type: Youth and Adult

Purpose: The program psychiatrist assists in consultation and follow-up recommendations for treatment. Includes: assessment, information, education, and referral services; support, coordinates services and links to resources that an individual may need; service plan based on individual needs; supportive counselling; crisis planning, crisis intervention and crisis prevention; assistance with symptom and behaviour management; medication support; skill development; family support and education; advocacy; public and professional education. Provides services to individuals 16+ who have a developmental disability AND mental illness.

Service Criteria/Target Audience: The program psychiatrist assists in consultation and follow-up recommendations for treatment. Includes: assessment, information, education, and referral services; support, coordinates services and links to resources that an individual may need; service plan based on individual needs; supportive counselling; crisis planning, crisis intervention and crisis prevention; assistance with symptom and behaviour management; medication support; skill development; family support and education; advocacy; public and professional education. Provides services to individuals 16+ who have a developmental disability AND mental illness.

Service Area: Windsor-Essex

Contact: Tel: 519-255-7440

Grey Bruce Health Services (Owen Sound Hospital): Dual Diagnosis Programs

Service Criteria/Target Audience: The program acts as a resource contact providing consultation and information for both developmental and mental health services working with this population. Provides services to families and agencies that support the dually diagnosed individual. Provides services to clients 16 years and over who have a diagnosed developmental disability and are experiencing mental health problems.

Service Area: Grey, Bruce

Contact:
Tel: 519-376-2121 ext 2436

Regional Mental Health Care London Dual Diagnosis Program - (outpatient program)

Service Type: Youth and Adult

Purpose: The program consists of a 18 bed in-patient unit that provides short-term specialized psychiatric assessment and treatment, as well as an outpatient multidisciplinary program. Services include: assessment, diagnosis, treatment, rehabilitation and continuing psychiatric care, research, training and education, program consultation and advocacy.

Service Criteria/Target Audience: The program consists of a 18 bed in-patient unit that provides short-term specialized psychiatric assessment and treatment, as well as an outpatient multidisciplinary program. Services include: assessment, diagnosis, treatment, rehabilitation and continuing psychiatric care, research, training and education, program consultation and advocacy.

Service Area: Huron, Perth

Contact:
Tel: 519-455-5110 ext 47700
Tel: 519-455-5110 ext 47697

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SOUTHERN NETWORK



Regional Mental Health Care London: Dual Diagnosis Program

Service Type: Youth and Adult

Purpose: Specialized Case Management for individuals with specialized needs who require more intensive case management services. DDP is a 18 bed in-patient unit that provides short-term specialized psychiatric assessment and treatment programs. offer a range of specialized bed-based and community services: assessment, diagnosis, treatment, rehabilitation and continuing psychiatric care, research, training and education, program consultation and advocacy.

Service Criteria/Target Audience: Specialized Case Management for individuals with specialized needs who require more intensive case management services. DDP is a 18 bed in-patient unit that provides short-term specialized psychiatric assessment and treatment programs. offer a range of specialized bed-based and community services: assessment, diagnosis, treatment, rehabilitation and continuing psychiatric care, research, training and education, program consultation and advocacy.

Service Area: Elgin, Oxford

Contact:
Tel: 519-631-6568

Stratford General Hospital Dual Diagnosis Clinic (Perth County) -

Service Type: Youth and Adult

Purpose: Referrals can be made by a physician noting on the referral that the person has or is suspected of having a developmental disability. The referral will be streamlined to the clinic.

Service Criteria/Target Audience: Referrals can be made by a physician noting on the referral that the person has or is suspected of having a developmental disability. The referral will be streamlined to the clinic.

Service Area: Huron, Perth

Contact:
Tel: 519-272-8210 ext 2565

Windsor Regional Hospital Dual Diagnosis Outreach Program

Service Type: Youth and Adult

Purpose: Dual Diagnosis Outpatient Clinic

Contact:
Tel: 519-257-5111 ext 76805



Justice Initiatives/Supports

Dual Diagnosis Justice Case Management

Service Criteria/Target Audience: This program provides services to people with mental illness who are involved in the justice system. Services include navigating the justice mental health systems and liaising with officers of the court. When indicated, a Canadian Mental Health Association worker can assist by advocating for court diversion.

Regional Support Associates - for SWReferrals to the Dual Diagnosis Justice Case Manager Program are processed by the Developmental Service Ontario - South West Region

Service Type: Adult

Purpose: The Regional Support Associates offer a dual diagnosis justice case management program for adults 18 and over. The Dual Diagnosis Case Manager can provide a myriad of services throughout Southwestern Ontario. The involvement is a short term, transitional case management that establishes contact with the individual and offers links to longer term supports, providing a successful transition back into the community. The Dual Diagnosis Case manager can assist in collaborating fundamental supports such as housing and legal

aid, organize support circles and individual support plans and refer individuals to developmental or mental health services, counselling and specialized services within the community.

Service Criteria/Target Audience: The Regional Support Associates offer a dual diagnosis justice case management program for adults 18 and over. The Dual Diagnosis Case Manager can provide a myriad of services throughout Southwestern Ontario. The involvement is a short term, transitional case management that establishes contact with the individual and offers links to longer term supports, providing a successful transition back into the community. The Dual Diagnosis Case manager can assist in collaborating fundamental supports such as housing and legal aid, organize support circles and individual support plans and refer individuals to developmental or mental health services, counselling and specialized services within the community.

Contact:

Tel: 1-800-640-4108

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programs-services/justice>

(accessed October 10, 2017)

Bethesda Dual Diagnosis Justice Case Management (Hamilton Niagara Region)

Service Type: Adult

Purpose: Bethesda offer a dual diagnosis justice case management program for adults 18 and over. The Dual Diagnosis Case Manager can provide a myriad of services throughout Southwestern Ontario. The involvement is a short term, transitional case management that establishes contact with the individual and offers links to longer term supports, providing a successful transition back into the community. The Dual Diagnosis Case manager can assist in collaborating fundamental supports such as housing and legal aid, organize support circles and individual support plans and refer individuals to developmental or mental health services, counselling and specialized services within the community.

Contact:

Tel: 1-877-376-4674

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RELEVANT LEGISLATION AND RELATED RESOURCES



The following is a list of legislation and related resources relevant to developmental disability and the services that are governed by such legislation.

FEDERAL

Criminal Code of Canada (R.S.C., 1985, c. C-46) Part XX.1
<http://laws-lois.justice.gc.ca/eng/acts/C-46/>

Youth Criminal Justice Act (S.C. 2002, c. 1) (YCJA)
<http://laws.justice.gc.ca/eng/acts/Y-1.5/>

PROVINCE OF ONTARIO

Accessibility for Ontarians with Disabilities Act R.S.O. 2005 (AODA)
<https://www.ontario.ca/laws/statute/05a11>

Child and Family Services Act R.S.O. 1990, C.11 (CFSA)
<https://www.ontario.ca/laws/statute/90c11>

Mental Health Act R.S.O. 1990
<https://www.ontario.ca/laws/statute/90m07>

Services and Supports to Promote the Social Inclusion of Persons with Developmental Disability Act
<https://www.ontario.ca/laws/statute/08s14>
Quality Assurance Measures Regulations
<https://www.ontario.ca/laws/regulation/100299>

Ministry of Correctional Services Act
<https://www.ontario.ca/laws/statute/90m22>

Ontario Human Rights Code
<https://www.ontario.ca/laws/statute/90h19>

RELATED RESOURCES

ACCESSIBILITY

Intervener services provided to persons who are deafblind
<http://www.intervenors.ca/> (accessed October 3, 2017)

CHILDREN AND YOUTH

Youth Criminal Justice Act, Ontario Pocket Guide (2014)
<http://hsjcc.on.ca/collingwood-local-hsjcc/committee-business/resource-library/children-and-youth/493-ontario-pocket-guide-youth-criminal-justice-act-canada-2014?format=html>
(accessed October 3, 2017)

Youth Justice Regional Offices
<http://www.children.gov.on.ca/htdocs/English/topics/youthandthelaw/regional-offices.aspx>
(accessed October 3, 2017)

MCYS Special Needs Services
<http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/index.aspx>
(accessed October 3, 2017)

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RELEVANT LEGISLATION



DEVELOPMENTAL SERVICES

Developmental Services Ontario (DSO)

<https://www.dsontario.ca/>

About The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

http://www.mcass.gov.on.ca/documents/en/mcass/publications/developmental/DSPainlanguage_en.pdf

(accessed October 3, 2017)

A Guide to the Regulation on Quality Assurance Measures

http://www.mcass.gov.on.ca/en/mcass/publications/developmentalServices/guide_regulation_qualityassurance.aspx#intro

(accessed October 3, 2017)

MENTAL HEALTH

Mentally Disordered/Developmentally Disabled Offenders, Crown Policy Manual. Ministry of Attorney General (March 21, 2005)

<https://www.attorneygeneral.jus.gov.on.ca/english/crim/cpm/2005/MentallyDisorderedOffenders.pdf>

(accessed October 3, 2017)

Mentally Disordered/Developmentally Disabled Offenders: Diversion Practice Memorandum to Counsel, Criminal Law Division (March 31, 2006)

<http://bcm.connexontario.ca/Resource%20Library/Mental%20Health%20Reports/Ontario%20MAG%20Practice%20Memorandum%20-%20Mental%20Illness%20or%20Developmental%20Disability%20Diversion%20-%202006.pdf>

(accessed October 2, 2017)

A Program Framework for: Mental Health Diversion/ Court Support Services. February 2006, Ministry of Health and Long-Term Care

<http://www.carrieresantementale.ca/Resource%20Library/Mental%20Health%20Courts/A%20Program%20Framework%20for%20Mental%20Health%20Diversion%20and%20Court%20Support%20Services%20-%20Ontario%20-%202006.pdf>

(accessed October 2, 2017)

The Forensic Mental Health System in Ontario: An Information Guide

http://www.camh.ca/en/hospital/health_information/the_forensic_mental_health_system_in_ontario/Pages/the_forensic_mental_health_system_in_ontario.aspx

(accessed October 3, 2017)

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ASD RESOURCES

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National Autism Society, A Guide for Criminal Justice Professionals (2011)

<http://www.autism.org.uk/working-with/criminal-justice.aspx>
(accessed October 3, 2017)

National Autism Society, Social stories and comic strip conversations

<http://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>
(accessed October 2, 2017)

Autism Speaks Canada, DSM 5 Diagnostic Criteria

Includes a description of severity levels of ASD

<http://www.autismspeaks.ca/about-autism/diagnosis/dsm-5-diagnostic-criteria/>
(accessed October 3, 2017)

Autism Risk and Safety Management

Training and information resources for first responders, law enforcement and the autism community. Provides access to a variety of resources and information sheets.

<http://www.autismriskmanagement.com>
(accessed October 3, 2017)

Asperger Autism Network, Asperger Syndrome in the Criminal Justice System

<http://www.aane.org/asperger-syndrome-criminal-justice-system/>
(accessed October 2, 2017)

Asperger Autism Network, Sample Wallet Card

http://www.aane.org/docs/resources_aane_wallet_card.pdf
(accessed October 3, 2017)

Autism West Midlands, Autism and the Criminal Justice System: Advice and guidance for professionals

http://www.autismwestmidlands.org.uk/upload/pdf_files/1406643451_InformationSheets_CJS_Web.pdf
(accessed October 2, 2017)

Also available through: <http://www.actcommunity.ca/resource/2638/> (accessed October 3, 2017)

National Autism Association (2012) Be Ready to Find a Missing Child with Autism

<http://nationalautismassociation.org/docs/BigRedSafetyToolkit.pdf> (accessed October 3, 2017)

Autism: See the Potential, Autism Ontario

<https://vimeo.com/144769608>
(accessed October 2, 2017)

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FASD RESOURCES



Aboriginal Legal Services Toronto

Includes information on preparation of Gladue Reports in Ontario.
<http://www.aboriginallegal.ca/> (accessed October 3, 2017)

Canadian Centre on Substance Abuse

<http://www.ccsa.ca/Eng/topics/First-Nations-Inuit-and-Metis/Pages/default.aspx>
(accessed October 3, 2017)

Diagnostic Services in Ontario - FASD One website

<http://www.fasdontario.ca/cms/service-areas/diagnostic/diagnostic-services/#4>
(accessed October 3, 2017)

Fetal Alcohol and the Law

<https://www.youtube.com/watch?v=n6ZWkSzTAqkFASD>

Finding Hope

Information Videos:
<http://findinghope.knowledge.ca/home.html>
(accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder & The Youth Criminal Justice System: A Discussion Paper – Department of Justice Canada

http://www.justice.gc.ca/eng/rp-pr/cj-jp/yj-jj/rr03_yj6-rr03_jj6/rr03_yj6.pdf (accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder Ontario Network of Expertise (FASD ONE)

Includes list of diagnostic services available in Ontario.
<http://www.fasdontario.ca/cms/service-areas/justice/>
(accessed October 3, 2017)

FASD Toolkit for Aboriginal Families, Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/publication/fasd-toolkit-aboriginal-families>
(accessed October 3, 2017)

FASD Guidebook for Police Officers, Royal Canadian Mounted Police, Ottawa, Ontario

Laporte, A., Lisakowski, Z., Chudley, A.E., Conry, J. (2002). Includes sections on Conducting Interviews and Taking Statements, Re-planning Your Investigation, and an Investigation Checklist.
http://www.asantecentre.org/_Library/docs/latestfasguide.pdf
(accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder (FASD) National Screening Tool Kit, Canadian Association of Paediatric Health Centres

<http://www.caphc.org/fasd/fasd-national-screening-tool-kit/>
(accessed October 3, 2017)

Fetal Alcohol Spectrum Disorder and Justice

<http://www.fasdjustice.ca>
See Screening Tools and Strategies for Stop, Look and Listen and ALARM:
<http://fasdjustice.ca/recognizing-fasd/screening-tools-and-strategies.html>
See also Primary Disabilities – Justice Implications:
<http://fasdjustice.ca/media/primary.pdf>
See also Secondary Disabilities – Justice Implications:
<http://fasdjustice.ca/media/secondary.pdf>
(accessed October 3, 2017)

NeuroDevNet

A Canadian Network of Centres of Excellence helping children and their families overcome the challenges of neurodevelopmental disorders. The FASD resource page includes videos, links and a Challenging Behaviours Resource Package
<http://www.neurodevnet.ca/resources/fasd-resources>
(accessed October 3, 2017)

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The Assante Centre

Provides services in British Columbia to children, youth and adults suspected of living with FASD, ASD and other brain-based disabilities. The FASD resource page has information regarding promising practices, communication disabilities and youth probation (including a screening and referral tool).
http://www.asantecentre.org/asante_resources.html
(accessed October 3, 2017)

Substance Abuse and Mental Health Services Administration (SAMHSA), Fetal Alcohol Spectrum Disorders Centre for Excellence

<https://www.samhsa.gov/fetal-alcohol-spectrum-disorders-fasd-center>
(accessed October 3, 2017)

Thinking Differently: A Resource in Support of Neurodevelopmental and Fetal Alcohol Spectrum Disorders (2014) Grey Bruce Fetal Alcohol/Neurodevelopmental Leadership Team

<http://www.community-networks.ca/en/resources?tx=Special+Needs+Offender&pos=>
(accessed October 3, 2017)

SCREAMS: Seven Secrets to Success

<http://come-over.to/FAS/brochures/SCREAMSbroch.pdf>
(accessed October 3, 2017)

Aboriginal Legal Services

<http://www.aboriginallegal.ca/index.html>
(accessed October 10, 2017)

Ontario Federation of Indigenous Friendship Centres

<http://www.ofifc.org/about-friendship-centres/programsservices/justice>
(accessed October 10, 2017)

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REPORTON



What is ReportON?

The Ministry of Community and Social Services (MCSS) is committed to promoting the safety and well-being of adults with developmental disabilities and has taken steps to support prevention and reporting of abuse within the adult developmental services system.

ReportON is a telephone line, email address and TTY service to report alleged or witnessed abuse or neglect of adults with a developmental disability.

The abuse or neglect may involve a stranger, friend, caregiver or the person's family. ReportON does not replace existing emergency services.

1-800-575-2222

reportONdisability@ontario.ca

TTY: 416-916-0549 or

Toll Free: 1-844-309-1025

How does it work?

Abuse	Physical or Sexual CALL 911 IMMEDIATELY
Abuse	Verbal (e.g., bullying, belittling, etc.) Contact ReportON
Neglect	Poor living conditions Not receiving the necessities of life (e.g., food, water, shelter) Being denied personal care (hygiene, medical) Prevented from interacting with others, community involvement Contact ReportON

Requested actions of Police Services

Following a reported incident, ReportON may contact local police services to request a **Well-Being Check, also known as a Wellness Check**. In these situations, the alleged victim may require support or special accommodations, such as an abuse coordinator, mental health worker or a mobile crisis response team, to accompany the police officer. ReportON will then contact the investigating officer for an update on the **Well-Being/Wellness Check**.

If police services attend a situation where a person with a developmental disability and/or their family may need additional **non-emergency services or support**, they would be encouraged to contact their local Developmental Services Ontario (DSO) office.

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Reference Group:

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Southern Community Network of Specialized Care

Northern Community Network of Specialized Care

Eastern Community Network of Specialized Care

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