Understanding the Offender with a Dual Diagnosis

Developed in Partnership with

SOUTHERN NETWORK OF SPECIALIZED CARE

Bethesda
Supporting People in the Spirit of Christ

RSA
Regional Support Associates

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Second Edition, December 2009.

SOUTHERN NETWORK OF SPECIALIZED CARE

Dear Colleagues;

We understand that as your duties continue to change and develop you may often be expected to support or come into contact with individuals that could be identified with a Dual Diagnosis in your work. We would like to offer you this resource that has been developed in partnership with Regional Support Associates, Bethesda and the Southern Network of Specialized Care to share knowledge and insight with you about individuals with a Dual Diagnosis. The original manual was developed for a training day that took place with the Elgin/Middlesex Detention Center but due to the interest in this material, this is the 2nd edition. It is our hope that this manual can start to provide information about how to identify and work effectively with these marginalized and vulnerable special needs offenders.

It is felt that this resource will offer an opportunity to gain new insight into issues that the offender with a Dual Diagnosis may face. We understand the difficult work you do each day and hope this may help in some small way to provide information and understanding when you meet these individuals.

Thank you for taking your time to read and use this resource! It is our hope that you find this manual a worthwhile addition to your resources!

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SOUTHERN NETWORK OF SPECIALIZED CARE

What is a Dual Diagnosis?

To avoid confusion it should be noted that in the past the term 'dual diagnosis' has been used to refer to a condition in which a person has both a mental illness and a substance abuse problem. In Canada the term for the disorder where there is both a mental illness and a substance abuse issue is often referred to as a 'concurrent disorder.' **As used in this manual the term 'dual diagnosis' refers to a condition in which a person has both a mental illness and a developmental disability.**

It is important to note that this vulnerable sector of the population can be much more susceptible to drug and alcohol misuse (defined as 'concurrent disorders' for the purpose of this reading). Often dually diagnosed individuals can be seen to misuse drug and substances for many reasons such as:

- wanting to fit in with a particular crowd of people, ie. "everyone else I socialize with takes drugs."
- self-medication because they can not afford other medications, don't know how to access ODSP dollars for medication or because they think that this is a better way to medicate rather then use prescription medication
- they feel or have been told that street drugs have less negative side effects then prescribed medication
- the medication they are taking is prescribed but since they are responsible for taking their own medications and often unable to remember or understand how and when to take this, they abuse the recommended dosage.

Let's further examine the two identified components of what can be defined as the dual diagnosis condition. What is Mental Illness and what is a Developmental Disability?

What is Mental Illness?

Mental illness is a biologically based brain disorder. **This term is used to describe disorders in which mood, behavior, thought process, relationships and the ability to cope are disrupted.** A mental illness can develop gradually over time or can strike very rapidly regardless of one's development and generally results in deterioration of functioning. The age of onset of a mental illness generally occurs during late teens to young adulthood (after the age of 18). Mental Illness can include disorders such as schizophrenia, bi-polar, depression and personality disorders. Although these types of illnesses can significantly disrupt an individual's life, most are treatable through a combination of counseling and medication. When treatment goals are met and the reduction or elimination of symptoms takes place, there can be a successful return to the person's level of functioning prior to the illness.

Prevalent Characteristics of Mental Illness

- Unfounded anxiety panic or fright
- Hearing, seeing, feeling imaginary things (hallucinations)
- Need for immediate gratification
- Unusual sleeping patterns (insomnia or lengthy periods of sleep)
- False Beliefs (delusional thinking or paranoia)

- Deterioration of personal hygiene
- Inappropriate emotional response
- Reactive/moody
- Impressionable
- Accelerated speaking or hyperactivity

What is a Developmental Disability?

A developmental disability is a lifelong condition that affects a person's ability to learn and function independently. Although all individuals develop and learn, those with a developmental delay learn more slowly and with greater difficulty. Developmental disability involves two major factors.

The first of these is the person's ability to learn, think, problem solve and make sense of the world. This is often referred to as a person's **intellectual functioning**.

The second factor is to examine whether the person has the skill needed to care for him or herself and live independently. This is referred to as **adaptive functioning**. Evidence or limitation in adaptive functions must be seen to occur in two or more of the following: Home living, self-care, communication, self direction, social skills, functional academics, work, leisure, health and safety and community integration.

Intellectual functioning is referred to as one's IQ (intelligence quotient) level. It can be tested or assessed through a psychological assessment.

The **DSM IV-TR Diagnostic Categories for Mental Retardation** include:

A. an IQ score of approximately 70 or below

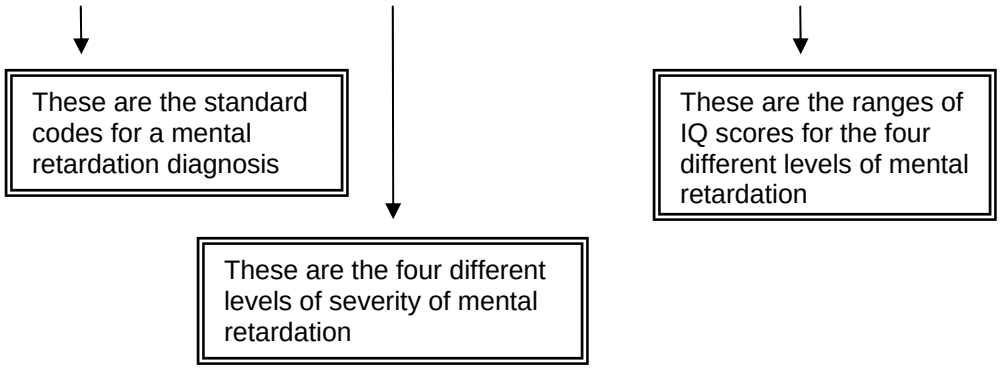
B. deficits in at least two areas of adaptive functioning (social skills, self care, etc.)

C. onset before the age of 18 years old.

Unlike mental health illnesses, a developmental disability cannot be eradicated or cured through the use of medication and/or counseling. Counseling and medication can be used to manage issues that are common in this population but will not change the level of cognitive abilities. It should be noted that an individual that has a brain injury before the age of 18 could be developmentally disabled as well since this brain injury has interrupted the normal development path.

DSM IV-TR Diagnostic Categories for Mental Retardation

Codes	Levels	Range
317	Mild Mental Retardation	50-55 to 70
318.0	Moderate Mental Retardation	35-40 to 50-55
318.1	Severe Mental Retardation	20-25 to 35-40
318.2	Profound Mental Retardation	Below 20 or 25



Although developmental disability is seen in the four degrees of severity, 85% of this special needs population that lives in the community independently falls within the mild range of functioning (tested IQ level of 55-70).

Most individuals living independently in the community that have a developmental disability would be assessed in the mild range of functioning. Individuals in the mild range of functioning would have academic skills to about a grade 6 level, have minimal impairment in sensory areas, usually can achieve minimal vocational skills and able to achieve self support. Many of the individuals that are in this range of functioning do not **"look"** like they are disabled. This can be a barrier to identification and subsequently a barrier to appropriate community supports. These individuals often do not have typical developmental or mental health supports available to them or they do not seek out these supports as they feel they have it "under control" in the community. These are the individuals that are often missed by the Special Needs Units or Mental Health Units at a Correctional Facility as they "look" like they may just be on drugs or sound uneducated. It is only with further investigation of the individual's past that it may become apparent they have a dual diagnosis.

- Often these are the individuals that are considered "trouble makers" as they do not understand the system inside correctional facilities.
- They may appear to "not get it" and do not understand why they get into trouble.
- It may appear that they are not listening or trying to cause trouble when in reality, they may just not comprehend what is happening or what is appropriate behavior for the situation.

Examples of **adaptive functioning limitations** are observable limitations such as:

- **Communication skills**- for example, no apparent comprehension of what is said, yes or no answers only, repetitive use of phrases, odd language usage

- **Lack of basic self care skills**- for example, hair uncombed, teeth not brushed, not bathing regularly
- **Unaware** of health and safety measures

- **Inappropriate social skills-** for example, touching others inappropriately, calling strangers buddy/friend, laughing at the wrong time, lack of emotions or inability to describe feelings, demanding of attention, little or no eye contact, no understanding of link between actions and consequences, impulsive, unpredictable mood swings, inability to understand concepts like time, dates

- **Lack of work/leisure skills** – for example, little initiation or motivation, lack of functional academic or work skills
- **Lack of home skills-** for example; can't cook or clean

See **Appendix I** for further examples of observations or questions to ask to assist in identifying an individual with a developmental disability.

Some other terms used when talking about a developmental disability are:

developmentally challenged, mentally retarded, intellectually disabled, developmentally delayed.

Prevalent Characteristics of Developmental Disabled:

- Poor communication skills- such as extra time needed to process information
- Impulsive
- Show poor judgment and lacks insight into outcomes
- Gullible
- Poor hygiene and life skills

- Limitations in understanding social relationships and common jargon(“DD for Developmental Delayed”, “scared as a rabbit”)
- Inability to understand differences in situations and how they are addressed- look at same solution no matter what the problem
- Easily influenced and eager to please
- Are concrete and absolute thinkers

Who are the Dually Diagnosed?

A “Double Jeopardy” effect on an individual occurs when two disabilities; a developmental and mental health issue are present at the same time, further marginalizing and disadvantaging them. This can have a profound effect on the individual’s life. *The result is often a diagnostic overshadowing, meaning that mental health problems are ignored because symptoms are judged to be part of the disability.* Since this individual has both issues, it becomes difficult to determine which of the person’s behaviors are due to a mental illness and what is due to the nature of the developmental disability. Often this person’s behavior becomes their defining traits and the mental health issues are minimalized.

Look for the following behaviours:

- Feelings and the expression of feelings may look confusing, as this person is unable to identify the actual emotion. For example, anger may be expressed, although what the person is feeling may be fear.
- This person can appear more irritated, isolated or impulsive about their actions and reactions.

- Everyday stressors are felt more acutely by the dually diagnosed as they often imply they are able to cope with more then they actually can.
- Sleep disorders are common, as are unusual appetites, and activity levels.
- Individuals with a dual diagnosis often have issues understanding relationships and may use touch and close contact inappropriately.
- Special needs offenders tend to be followers and easily led by others. Since they often do not understand the full consequences of their acts, they can be talked into things that others would not do.
- These individuals may also engage in "cheating to lose" which is a process that allows others to place blame on them, to avoid the other's anger.
- These individuals, because of their need for acceptance will often take on others bad behaviors in the correctional setting or will decide that the peer group met in the detention center continues to be an important group of peers to meet with once outside the correctional setting.

Often, both mental health professionals and developmental services are not equipped to serve these individuals as they feel the "other profession" has more knowledge around these individuals. Plus, due to the complex needs of these individuals, there are often no services available because of the high level of support required which is costly and resource intensive.

Sexual Offenders

Sometimes individuals who have a dual diagnosis may have been charged with sexual offences that are actually counter-deviant in nature rather then true sexual deviance or preference. This term refers to a condition that exists due to:

1. disparity of functioning, which has been stated as being at a Grade 6 level or
2. lack of age appropriate relationships.

Sexual deviance can also occur with these individuals, as they have no natural outlet for their sexual urges or no education around appropriate relationships due to restrictive social settings. Interactions with those who are younger often become the comfort level for social connections with these individuals. It is known that relationships are often very important but can be difficult for a dually diagnosed individual to maintain. Only through a thorough assessment can it be determined if functioning level is impacting on developing inappropriate relationships. This does not negate the inappropriateness of the individual's action but may be more an issue for increased education rather seen as intentional criminal deviance.

Another issue that may increase the number of individuals with a dual diagnosis that are charged with sexual offences may be that these individuals were often abused themselves. This then became a behavior for them to enact upon others. Consequences may not have been appropriate for the original perpetrator and therefore this individual does not understand the consequence of their behavior. Education and possible trauma counseling will need to be a priority for this person as they learn appropriate skills for relationships. Often these services are not readily available to this vulnerable population but needs to be found so recidivism can decrease.

Prevalent Characteristics of the Dually Diagnosed:

- Have difficulty with change
- Do not understand how to interact appropriately with others
- Do not learn from consequences
- Have an overestimation of abilities
- Lack insight
- May fall through gaps for community services
- Tend to want to please others and therefore put them at risk
- Often come from a defensive posture- "I didn't do anything, it's that guys fault."
- May give answer even though they don't fully understand the question
- Are often unable to sustain caring relationships
- Poor memory

Prevalence of Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to the spectrum of disabilities caused by alcohol consumption during pregnancy. FASD is a permanent physical and mental disability. It always includes some degree of brain damage and may include growth retardation and physical birth defects. The brain damage causes a recognizable set of dysfunctional behaviours, which often results in involvement with the justice system. These behaviours include;

- Acts too young for his/her age
- Can't concentrate/poor attention
- Can't sit still/restless/hyperactive
- Disobedient at home or in community such as school
- No guilt after misbehaving
- Impulsive/acts without thinking
- Lying or cheating

Prevalence of FASD in the general population is estimated to be *at least* 1 in every 100 live births and, of these people, 10% will have a developmental disability. It is estimated that 90% of those affected by FASD will also have one or more co-occurring mental health problems.

- Most days, the judicial system unknowingly deals with FASD affected people
- Most people with FASD have not been diagnosed. Court orders for assessment are helpful in obtaining a diagnosis and to begin the community support planning process.
- Identifying those individuals potentially affected by FASD is critical to determine what supports and intervention will be most effective. This is important because traditional behavioural interventions are often ineffective with this population.
- Currently, a pre-screening tool is being developed which will support the early identification of this sub group of dually diagnosed offenders (see http://www.cjcp.ca/pdf/FAR8009_koren_e344-e366.pdf for information on the pre-screening tool)
- To obtain more information on FASD in the justice system please visit http://fasdjustice.on.ca

Judicial Profile of the Dually Diagnosed Offender:

Type of Offence	Number Committing Offence	Frequency in Percent
Breaking & Entering	56	21
Theft	52	21
Assault	37	15
Escape attempt/parole violation	37	15
Sexual assault	20	8
Homicide	15	6
Forgery/uttering false document	11	4.5
Possession of dangerous weapon	6	2.5
Drug or alcohol offence	3	1
TOTAL	**248**	**100**

- **Alaskan Justice Forum**

Breakdown of Offences seen by the Southern Region Dual Diagnosis Justice Case Managers

April 1, 2007- September 30, 2009

Type of Offences	Number Committing Offence	Frequency in Percentages
Sexual Offence	58	16
Assault	118	33
Theft	54	15
Break and Enter	10	3
Possession of a weapon	11	3
Breach of Probation	69	19
Mischief	16	4
Drug possession	20	6
Murder/Manslaughter	1	1
Total	**357**	**100**

Total number of offenders seen since April, 2007	Number of female offenders seen	Number of Male Offenders seen
246	39	207

Southern Regional Data on Offenders seen by the Dual Diagnosis Justice Case Managers

- 2-3% of the general population worldwide is considered to have a developmental disability.
- 30-38% of this population is believed to have a dual diagnosis. It is felt that 33% of offenders have a mental health issue and of those offenders 10% have a developmental disability.
- More then 70% of offenders with disabilities are not identified at arrest.
- 10% are not identified until they begin to serve a jail sentence.
- When asked questions, individuals confessed and plead more often because they did not understand what was being asked.
- Past experience has proven that if one agrees with everything then eventually everyone would leave you alone.
- Plea-bargained less often, because despite the explanation of charges the person was still unsure thereby choosing a plea of guilty to avoid more questions.
- Dually diagnosed offenders were defended by court appointed counsel more often as most persons depend on ODSP or Ontario Works as their only income.
- Fewer appeals were made as they found this process very complex.
- They serve longer sentences and were denied parole more often.
- They receive less time off for good behavior often due to extreme victimization in the correctional system. People with intellectual impairment are more likely to receive disciplinary violations and are more often seen as non-compliant. They are twice as likely to experience exploitation (physical, sexually, financial and emotional injury).

Cloak of Competency?

- This term refers to the individual's ability to appear to understand more then they actually do. Special needs offenders use overcompensation to distract from their cognitive disabilities in attempts to avoid bullying or victimization. A person with a dual diagnosis may have fairly normal verbal functioning, however once more complex dialogue begins; their disability may be uncovered.
- In addition, these individuals may have skills that are termed "splinter skills". A person with splinter skills may use a large vocabulary of words even though many of them are not truly understood by the person. This offender is extremely skilled in one specialized area. Dually diagnosed individuals try to conceal their intellectual disability and/or mental illness using splinter skills and strengths. This can result in convincing others that they are more competent than they actually are. The concerns of the "cloak of competency" phenomenon are that the individual does not understand the magnitude of the situation, or what they have agreed to. Inappropriate social responses may lead to misunderstandings by others who do not realize the person has a dual diagnosis.

How to Identify the Dually Diagnosed Offender

There is a misconception that people with developmental disabilities or dual diagnosis can be identified on simple glance. This is a common myth that leads to lack of support, lack of identification and inappropriate correctional placement. The

dually diagnosed offender, in most instances has no identifiable physical traits. They look like most other offenders in the group. Stereotypes of “Downs Syndrome” as the prevalent special needs offender are incorrect. It is imperative that proper identification techniques are used to ensure safety of the dual diagnosis offender, as they may show no outward signs of their disability. Behavior of the offender is often the most appropriate indicator to successful recognition of dual diagnosis.

Identifiers

Special needs offenders have a minimal concept of the sub-culture within the correctional facility and they take much longer to adapt to this culture. They lack insight into common language used, the hierarchy of the institution or “how things work”. Often times the gathering of information can lead to key identifiers that you are working with someone with Special Needs. Some of the indicators can be found in the individuals past history. Some of your questions for early identification may include:

- Did the person attend special education classes?
- Was there a history of repeating grades?
- Did they ever work in a sheltered workshop or do they have previous stable work history?
- Does the person live in a group home, have some staff that is available within their housing situation or have a case manager in the community?
- Has this person ever been told they have any previous mental health diagnosis or developmental disability or learning disability?
- Is this person able to tell the time on a watch?

- If they are asked to pay for a bag of chips with $5, could they make change?

Many Special Needs Offenders do not wish to be identified. They may not answer questions regarding their past, educational, employment or daily living history. This is due to the double stigmatization of both a mental health issue and developmental delay. Most of these individuals do have an understanding that these labels make them more vulnerable to the rest of the inmate population. You may need to look at the overall presentation of that person to determine the possibility of a disability.

- Excessive need to "be accepted by all" can be seen as common factor.
- Lack of eye contact or appropriate eye contact is a common behavior in the special needs offender and one that can be misinterpreted as disrespectful, rude or non-compliant.

In addition, the dually diagnosed offender may engage in other unusual behaviors, such as:

- excessive crying,
- persistent conversation on specific topics
- disorganized speech
- ritualistic pacing/ hand wringing
- insistence on "sameness" –trouble adapting to change
- emotional states that are not consistent with the ideas they are expressing (ie: saying they are 'sorry' when they are laughing)
- increased destruction to property
- self-injurious behavior such as pulling at their hair, hitting self in the head or groin, or biting their hands
- isolation

- refusal of meals/ hoarding food
- dramatic weight changes (loss or gain)
- limited understanding of their behavior and lack of insight to consequences
- slow processing time - once statement is completed, individual may just stand still, looks like they are looking into space
- Lack of impulse control which can look like rage
- Lack personal space- may crowd others or touch inappropriately

Table 5.1
Prevalence of Behaviour Disorders among individuals with Mild ID
(Percents of Cases)

	Age Group in Years (N=60,847)						
	Mental disorders and ID and Non-Mental disorders and ID Combined						Mental disorders and ID only
	< 5	5 - 21	22 - 39	40 - 59	60 - 74	> 74	(All Ages)
Behavioural Category							
None	79	47	33	31	37	50	12
Assault/Sexual Behaviour	2	10	15	13	10	5	22
Disrobing	0	1	3	3	2	9	3
Self-Injury/Suicide Attempt	2	7	11	9	4	2	13
Delusions/Hallucinations/ Disorientation	1	4	5	8	11	13	16
Perseveration/Echolalia	2	5	5	5	4	3	8
Inability/Depression/Mood Changes	2	9	15	19	2	16	33
Pica/Handles Bodily Washes	1	2	4	4	3	3	3
Hyperactivity/Stereotypic Movements	5	16	13	10	5	2	16
Tantrums/Verbal Abuse/Resists Treatment	17	25	29	34	33	22	30
Inappropriate Affect/Socially unresponsive	5	17	20	20	17	15	31
Other	4	19	28	25	20	12	32

Strategies in working with a Dually Diagnosed Offender:

The best strategy in working with Special Needs Offenders is to educate yourself with as much information about this specialized population. This manual is designed to assist the front line worker in using effective communication strategies and information gathering to establish rapport and increase effectiveness. It is important to remember that each individual with a dual diagnosis is a unique person, however some of these of additional techniques would be useful when working with the complexities of the dually diagnosed offender.

- Structuring the environment in a correctional setting may be difficult, but when possible, reduction in external and internal distractions may assist effective communication.
- Focus on the person; take extra time to explain any expectations to hold the person's attention.
- The individual with a dual diagnosis is a concrete thinker, so when able, speak slowly and clearly
- Allow the person enough time to understand and respond.
- Check back with the person that they have understood the request and clarify terms that they may use.
- They may use common jargon or street terms but may not really understand it
- Give time for person to reflect about what you have asked
- Be careful with questions as often times special needs offenders are not "able to read between the lines" or discern intention
- Avoid questions that give alternatives or "leading questions"

- Be careful of “yes and no” questions as often these individuals may answer what they think is right or what they think you want to hear
- Always communicate in specific and concrete terms
- Lastly, use and beware of your own body language, as your “paraverbals” are speaking much louder then what your voice is saying. These individuals often read body language rather then hear the words spoken.

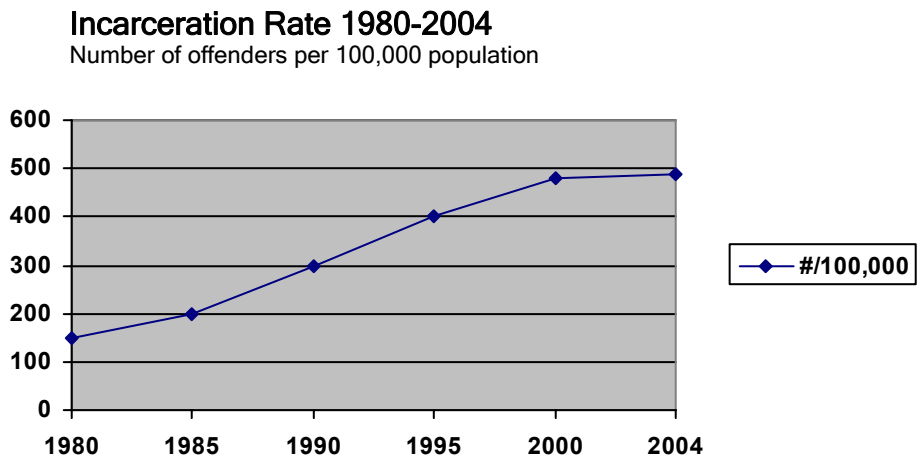
"As previously noted, dually diagnosed offenders with FASD often require further specialized supports and intervention. It is important to educate yourself about FASD and the specific interventions that will be helpful when working with this particular group."

Prevalence of the Dually Diagnosed Offender

Overall rates of incarceration are increasing. This is also true of Special Needs Offenders. Police and correction workers are now expected to be frontline staff for Special Needs Offenders. **Recently in a Toronto inquiry, police officers were asked if they felt comfortable and competent in dealing with a person with a mental health issue or developmental disability. The response was that less then 50% felt they had adequate training to deal with someone who is mentally ill or developmentally disabled.** Many correctional institutions do not have Special Needs Unit, which make this vulnerable population more at risk. These individuals are then often housed in isolation for their own protection, which can encourage a decline in skills such as how to talk to others. The following are statistics that strengthen the need for additional training and specialized units in correctional facilities as the incarceration rates increase.

- Special Needs Offenders are 10 times more likely to experience sexual assault compared to the general population
- Women are 4 times more likely to admit they are a Special Needs Person then men
- 44% of inmates require psychiatric care and do not request it
- Approximately 3% of the population has a developmental disability but more then 10% are incarcerated
- 80% of inmates in an American study completed in Texas, were found to have a grade 7 or less education
- Persons with a dual diagnosis are 4-10 times more likely to become a victim of a crime then non-disabled individuals
- 45% of people with a developmental disability did not understand the concept of guilty and some reversed the meaning of guilty and innocent

Although these statistics give a broad base summary of the prevalence of dually diagnosed offenders, they are not absolute. Canada has just recently developed and shared statistical data about Special Needs Offenders. Some of this information has been provided from other countries. In addition it is extremely difficult due to the 'cloak of competency' and stigmatization as well as other barriers to get an accurate number of Special Needs Offender currently incarcerated in Canada.



Summary:

Working with the offender who may have a dual diagnosis is always challenging. This population may be hard to identify and even harder to support for their period of incarceration. Often these are the individuals that add bad habits of others quickly to their repertoire as they try to be like those they associate with. This may add to the issues that you have in supporting these individuals in the justice system.

- This population continues to be over represented in the justice system and developing strategies to address their complex needs will enable you to establish rapport with this special population.
- They may lack a multitude of skills required to “survive” in a correctional facility.
- They may exhibit undesirable, unusual and sometime frightening behaviors that increase the intensity of supports required. This may lead to additional staff time required when dealing with these individuals. This is often difficult in the justice environments.

- Education about this population is the key to better understanding and developing rapport with this marginalized group. It is our hope that this manual will be used to address some or your concerns and increase your comfort level as you work with this vulnerable population.

Dual Diagnosis Justice Case Managers support individuals that have been charged with a criminal offence or are involved with the justice system at any point. For the Southern Region of Ontario there are two agencies that have DDJ Case Managers in their team. If you suspect someone has a Dual Diagnosis the first step in supporting them is to call:

Regional Support Associates- 519-433-7238 Ext. 2212
or
Bethesda Services- 905-684-6918 Ext. 318

Often community agencies that may support individuals with a dual diagnosis do not understand what happens to an individual once a charge has been laid. The chart in **Appendix II** shows the different paths an individual can take once a charge has been laid in the justice system.

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1. DSM IV-TR manual- Diagnostic Categories for Mental Retardation- pg 7
2. Alaska Justice Forum- Judical Profile of the Dually Diagnosed Offender- pg 14
3. Training Handbook of Mental Disorders in Individuals with ID, NADD - Table 5.1 Prevalence of Behavior Disorders- pg 19
4. Thorn Institute, www.thorninstitute.com- Incarceration Rates Graph – pg 23
5. www.bet.com- Front cover picture

APPENDIX I

Developmental Disability Checklist:

Developed by Gail Marr, Amber Merrick & Dr. Kerry Boyd, Bethesda.

A screen to identify individuals with a potential developmental disability

EDUCATION:

□ Completed grade: _____
□ Type of school attended- such as technical school:
_____
□ Had additional help with an EA or went to small classroom/special education
□ Problems or issues in school- not understanding teachers, fights with others, suspensions, failed grades

ASSESSMENTS:

Any **formal assessments** that say:
□ Lower IQ, ie, below 75
□ in the 1st or 2nd percentile
□ mental retardation, intellectual disability, autism spectrum disorder, specific learning disability

DIAGNOSIS:

Ever heard **diagnosis** such as:
□ mental retardation, developmental delay, intellectual disability
□ learning disability
□ Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD), Asperger's syndrome
□ Fragile X syndrome
□ Fetal Alcohol spectrum disorder (FASD)
□ other: _____

Childhood **Medical** Difficulties:

□ Prolonged seizures
□ Emergency delivery; problems at delivery or birth
□ Head injury before the age of 18
□ other: _____

LIMITATIONS:

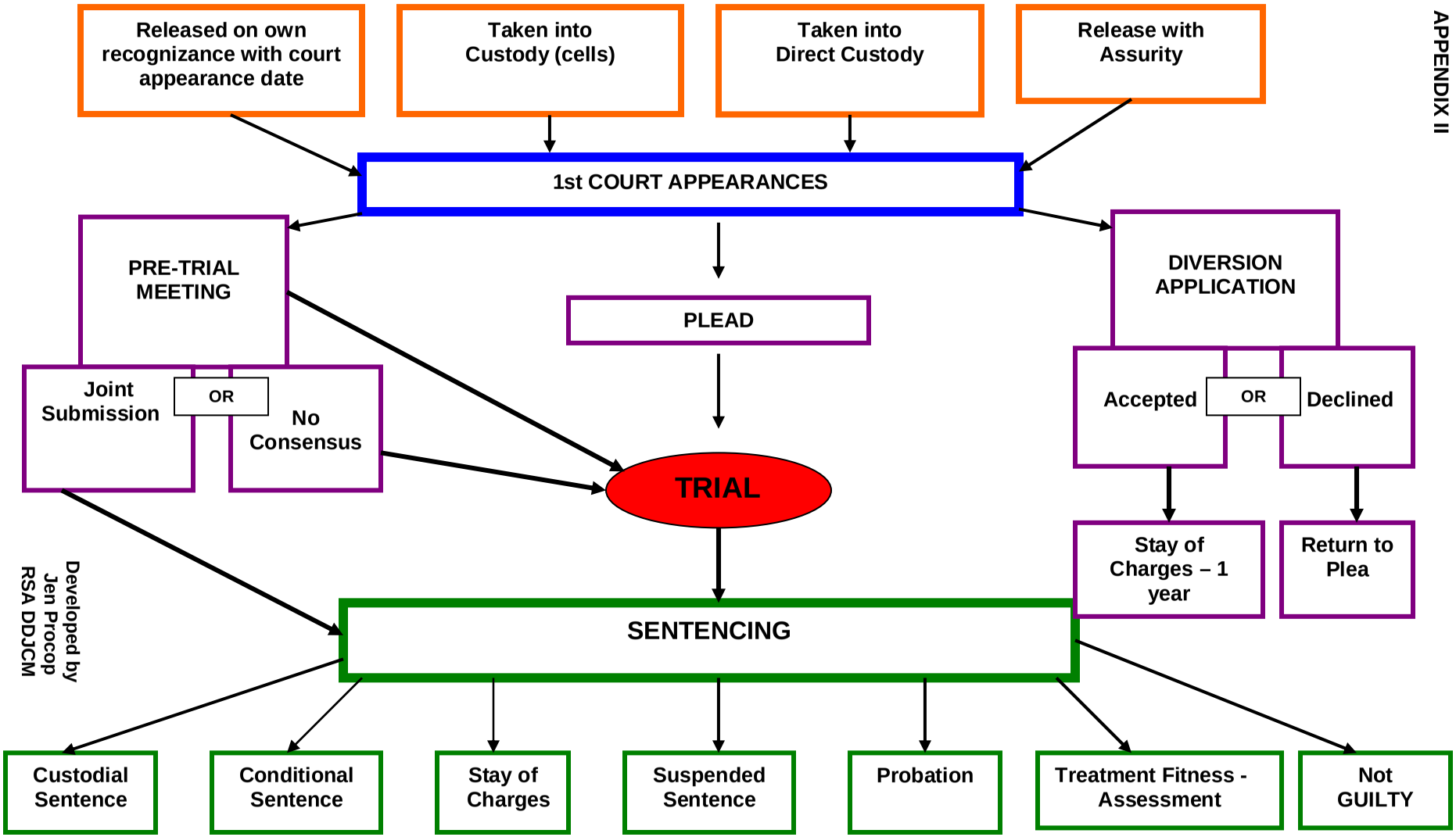
Any **observerable limitations** such as:

□ **Communication skills**- for example, no apparent comprehension of what is said, yes or no answers only, repetitive use of phrases, odd language usage
□ **Lack of basic self care skills**- for example, hair uncombed, teeth not brushed, not bathing regularly
□ **Unaware** of health and safety measures
□ **Inappropriate social skills-** for example, touching others inappropriately, calling strangers buddy/friend, laughing at the wrong time, lack of emotions or inability to describe feelings, demanding of attention, little or no eye contact, no understanding of link between actions and consequences, impulsive, unpredictable mood swings, inability to understand concepts like time, dates
□ **Lack of work/leisure skills –** for example, little initiation or motivation, lack of functional academic or work skills
□ **Lack of home skills**- for example, can't cook, clean

POLICE LAY A CHARGE

AT THIS POINT: POLICE ARE NO LONGER ABLE TO REVOKE A CHARGE.
YOU MUST NOW GO THROUGH THE CRIMINAL JUSTICE SYSTEM. AGE, CHARACTER, TYPE OF OFFENCE, PREVIOUS CRIMINAL ACTIVITY AND LEGAL REPRESENTATION ALL FACTOR INTO THE NEXT STAGES OF THE JUSTICE SYSTEM.

NEXT STEPS INCLUDE:



APPENDIX II

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