



# Southern Network of Specialized Care RESEARCH DIGEST

2016

## Welcome to Volume 9 of the Research Digest

Welcome to Volume 9 of the Southern Network of Specialized Care (SNSC) Research Digest. In this issue, we bring you some key highlights from the 8<sup>th</sup> annual Research Forum that was held on September 21<sup>st</sup>, 2015, in Brantford. This issue will profile and celebrate the role of student researchers from regional university and college programs who specialize in the clinical care of people with varying disabilities, mental health issues, and everything in between. Please enjoy these articles, and join us in celebrating this talented group of next-generation researchers whom we predict will bring us trends and highlights from the field of research and evaluation.

### **Mapping Disability — My Life in the City Project: Dr. Ann Fudge-Schormans, Faculty of Social Sciences, School of Social Work, McMaster University.**

Dr. Ann Fudge Schormans and her team of student researchers have discovered that people with developmental disabilities (DD) are very much engaged in their lives in the city of Toronto. But what are these urban experiences like for people? Schormans and her research team are finding out a lot about the geo-spatial lives of 12 people with DD as they go about their daily lives. Her innovative research project, “My Life in the City,” is using GPS and Geographic Information System technology, voice recordings and iPads to record experiences and map their community connections. If successful, Schormans hopes to expand the pilot project to northern and rural communities across Ontario and Canada. This research is funded through a grant from the federal Social Sciences and Humanities Research Council.



A typical week for some includes: delivering baked goods via public transit for a part-time job with Lemon & Allspice Cookery in Leaside; boarding the College streetcar to attend a Bollywood dance lesson at the National Ballet School’s Jarvis St. studios and then zipping down the University subway to attend self-advocacy meetings at a midtown community centre. One person regularly eats out in restaurants in Little India on Gerrard; attends literacy classes at Frontier College near Yonge and St. Clair; and volunteers at St. John’s Mission near Broadview and Queen.

“It’s not just where they go, but why they go there, what they do, and who they talk to,” she says. “Did they choose to go there on their own, or did a social worker or someone else send them? And is this somewhere they even want to go?” Questions of safety and whether this group feels excluded, ostracized or discriminated against are largely (to date) undocumented, Schormans says. “What places do they avoid and why? What is it about a place that makes them come back?”

Dr. Ann Fudge-Schormans can be contacted at [fschorman@mcmaster.ca](mailto:fschorman@mcmaster.ca)

A fascinating video clip that describes the study can be viewed at:

[http://www.thestar.com/news/gta/2013/07/25/mcmaster\\_research\\_studies\\_everyday\\_lives\\_of\\_intellectually\\_disabled.html](http://www.thestar.com/news/gta/2013/07/25/mcmaster_research_studies_everyday_lives_of_intellectually_disabled.html)

Dr. Fudge-Schormans has been invited to key-note at the Research Special Interest Group (RSIG) conference on April 8th, 2016 after the OADD conference in London, Ontario.

# Knowledge Mobilization and Exchange via the SNSC Research Digest

**Researching the Social Return on Investment (SROI) of Common Ground Co-operative— Research Team: Frances Owen<sup>1</sup>, Jennifer Li<sup>1</sup>, Lisa Whittingham<sup>1</sup>, Jennifer Hope<sup>2</sup>, Courtney Bishop<sup>3</sup>, Anne Readhead<sup>4</sup>**  
<sup>1</sup>Brock University, <sup>2</sup> Common Ground Co-operative, <sup>3</sup> Hamilton Brant Behaviour Services, <sup>4</sup> Community Living Port Colborne-Wainfleet

Common Ground Co-operative (CGC) offers an innovative approach to employment supports for person with intellectual and developmental disabilities in Toronto. It began in 1998 as a “little cookie business” started by one woman, her family and friends (Lemon, 2011, p. 1) but grew rapidly thanks to government grants that allowed it to start three social enterprises; a commercial kitchen, Lemon and Allspice Cookery, three retail Coffee Sheds and a toy sanitation business, CleanABLE, located at Surrey Place Centre. These enterprises are operated by persons with intellectual and developmental disabilities who are non-share capital partners. The enterprises are supported by CGC that provides administrative and job coach support and the Foundations training program that is the first step for all who want to become enterprise partners. Today, CGC is partially supported by Ministry of Community and Social Services funding as well as foundation grants, private donations, fee for service programs and a percentage of revenue generated at each enterprise for administrative purposes.

Enterprise partners aren't paid a salary; they receive a share of the monthly revenues that augments their ODSP (see Owen, Readhead, Bishop, Hope, & Campbell, 2015 for a case study of CGC).

Beginning in 2010, CGC and members of the research team became part of the SSHRC funded Social Business and Marginalized Social Group Community University Research Alliance (CURA) based at the University of Toronto. The CGC group was one of several project groups focused on learning about the impacts of social enterprises for groups that have traditionally experienced employment marginalization. Part of this examination included adopting the Social Return on Investment (SROI) approach to valuing social impacts of social enterprises (Owen et al., in press).



*Brock student research team: Kimberly Saldanha, Lisa Whittingham, Becky Ward, Allison Drake and Jeffery Esteves*

Traditional accounting methods capture the value of an organization's monetary assets but for social enterprises this is only part of the story given their focus on the double bottom line of both financial viability and social value.

There are various approaches to SROI analysis but the particular model used in our CURA is described in an online manual, *A Guide to Social Return on Investment* (Nicholls, Lawlor, Neitzert, & Goodspeed, 2012) that compares the value of all resources used to run the organization, including grants, revenues and the value of contributions in-kind, such as volunteer hours, to the value of the organization's social impacts. Valuing social impacts in monetary terms is the challenge of SROI. The primary method of determining this value was to calculate the cost of a combination of alternative programs and activities with expected impacts similar to CGC that partners might choose if CGC did not exist. The result showed that CGC's social impact value exceeded the amount used for its operation (see Owen et al., in press for a full account of this analysis).

SROI offers another method of expressing the value of social enterprises and social services however it is not a simple or formulaic process and has been criticized (Miller & Hall, 2013). It requires consultation with key stakeholders to determine the nature and extent of impacts and research to determine defensible proxy values of these impacts, such as the alternative programs used in our analysis. However, it does offer an additional way to express the value of impacts that, traditionally, have been described using narrative that may be somewhat inaccessible by readers outside of the social service field.

For more information, contact:

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### An interview with Fanshawe College student Holly Morris, DSW

#### ***What attracted you to the field of developmental disabilities?***

A volunteer opportunity at her community church exposed Holly to two adults with Intellectual/Developmental Disabilities that needed support. From there she discovered Community Living Cambridge, where she volunteered and paired with a support professional who took charge of their annual fundraising fashion show. This experience connected her so many people, the fun of this work, and to a young boy with autism, and she does 1:1 care with him on a volunteer basis. She learned the important role of trust and how this helped his personality emerge. When she was about to graduate from high school – she applied to “Programs” aimed at the Developmental Service Worker(DSW) program at Fanshawe which was close to home.

#### ***What did you like about DSW studies?***

Holly liked how much it opened her eyes to a whole “other” perspective about life for these people; for example institutional life, the history of care and support, which put everything into perspective for her. Currently, she works in a high behavioural home for women who have had sexual trauma and knowing their history has helped understand “get them” when and if challenging behaviours occur. Additionally, Holly enjoyed a course that exposed her to the importance of professional documentation, research and health care, [which focused the health needs of this population.] She now supports people with Insulin dependent diabetes and she feels she is ready to test blood sugars and give insulin.

#### ***What have you enjoyed about “practical learning” in the field?***

She enjoyed so many things including learning People First language and Social Role Valorization. Many practical things she learned were easy to remember and were applied widely with this population.

#### ***Who is your mentor?***

Karen Klee, nurse, teacher and mentor in developmental disabilities. Holly really enjoyed learning from Karen during the DSW program as she is so knowledgeable. Even though I finished the program 8 months ago... we are still in contact. Karen goes above and beyond the call of duty her students feel special and appreciated! She is a teacher that made us want to work a bit harder for and to impress; she always acknowledged “my efforts” and made a point to affirm me along the way.



#### ***Tell me about your interest in research... “in your own words”.***

“Initially, I was not interested in being a part of Karen’s research project; however, once I realized how hands- on the project would be, I wanted to be a part of it. I was able to help mark the interview tests and see people with DD (study participants) improving and learning. I enjoyed visiting different developmental service agencies and meeting many new people in a short period of time. I enjoyed working in teams, preparing and teaching with our partners, collecting data, and learning about group dynamics. I think what challenged me the most was seeing how vulnerable this population is to abuse. It was scary to think that so many of the participants may have already suffered and not known who to tell or what to do about it.”

Holly has joined an abuse prevention committee at her current work and will be teaching an altered version of the abuse prevention course that was used during the research project described above.

*Holly Morris, DSW, Fanshawe College,  
co-presenter at the 8th Annual SNSC  
Research Forum, 2015*



## Evaluation of an Abuse Protection Education Program for Adults with Developmental Disabilities

**Author:** Karen Elizabeth Klee M.Ed., RN

### **Introduction:**

Some of Ontario's most vulnerable citizens are at heightened risk for maltreatment. A number of studies have documented significantly higher rates of abuse, especially sexual abuse, amongst children and adults with intellectual disabilities. In a meta-analysis of the literature for the broader definition of interpersonal violence, Hughes, Lund, Gabrielli, Powers, and Curry (2011) noted the lack of empirical research for this population, but were able to suggest that lifetime experiences of all types of abuse for women with disabilities range from 26-90% and lifetime abuse for men with disabilities ranges between 29 - 86%. In efforts to address the higher rates of abuse amongst people with developmental disabilities, Ontario's Ministry of Community and Social Services introduced Quality Assurance Measures: Regulation 299/10 in January 2011 under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*. A large component of Regulation 299/10 dictates the need for abuse education at all levels of support, right from volunteers to board members and yearly abuse for people supported.

Formal and informal curricula are widely available to assist educators (staff or clinicians) to meet the educational needs of people with developmental disabilities, but very few of these curricula have been empirically studied to determine knowledge acquisition and retention resulting from their implementation.

To help address the gap in evidence-based strategies, an evaluation of an abuse protection education program was conducted for adults with developmental disabilities who receive supports and services from two Community Living Ontario agencies.

### **Methods:**

Evaluation of the *Preventing, Recognizing and Reporting Abuse* program developed in Waterloo Region, involved both a randomized control study ( $n = 61$ ) and a case study comparison ( $n = 13$ ).

In the total sample of 74 participants there was equal representation from men and women and was inclusive of a wide variety of capabilities. The three groups in the study: an Information Only (IO) group who received six hours of education over one week and were provided only three information-based lessons; an Information and Behaviours Skills (IBS) group who received 12 hours of education over one week and were provided all 10 information and behavioural skill-based lessons; and a control group who did not receive abuse prevention education. Case study participants received the entire curriculum and therefore acted as an authentic ecological group that would form naturally at the hosting agency for any group training opportunity. Their posttest and retest results were compared to a similar group of participants in the randomized study.

Assessment of abuse protection knowledge was measured using the *Abuse Protection Concept Questionnaire (APCQ)* and abuse protection skills were measured using the *Abuse Protection Decision-Making Task-Analysis Checklist (APDTC)*. These data collection tools were modeled on research questionnaires and checklists for children's programs and adapted with permission for this project (L. Tutty, 1995, Wurtele et al., 1992).



Holly Morris with Karen Klee and SNSC Research Facilitator, Beth Anne Currie.

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## Results:

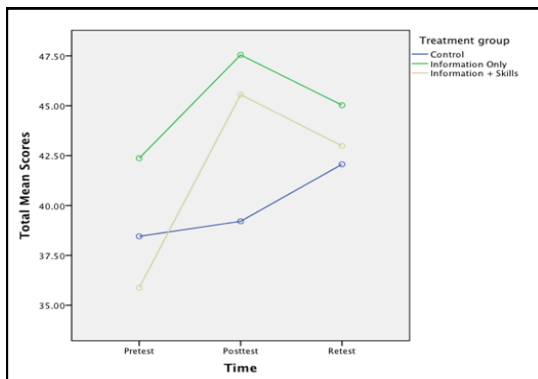
Although most participants improved from pretest to posttest in either of the two treatment groups, caution is required because the gains were small (less than 10%), not always sustained five-weeks post-intervention and with the exception of the knowledge subscale for the IBS group, scores were not statistically significantly different than the control group.

Participants in the IBS group demonstrated retention of abuse protection knowledge significantly better than either the IO or control groups. The IBS group had the largest mean change in score from pretest to posttest, although the difference between their performance and that of the control group failed to meet the criteria of statistical significance. Overall, however, gains made by both treatment groups eroded over the 5 weeks from posttest to retest.

Figure 1 illustrates the effect of educational intervention over time.

**Figure 1**

**Changes Over Time for Total Test Scores for the IBS, IO and Control Groups**

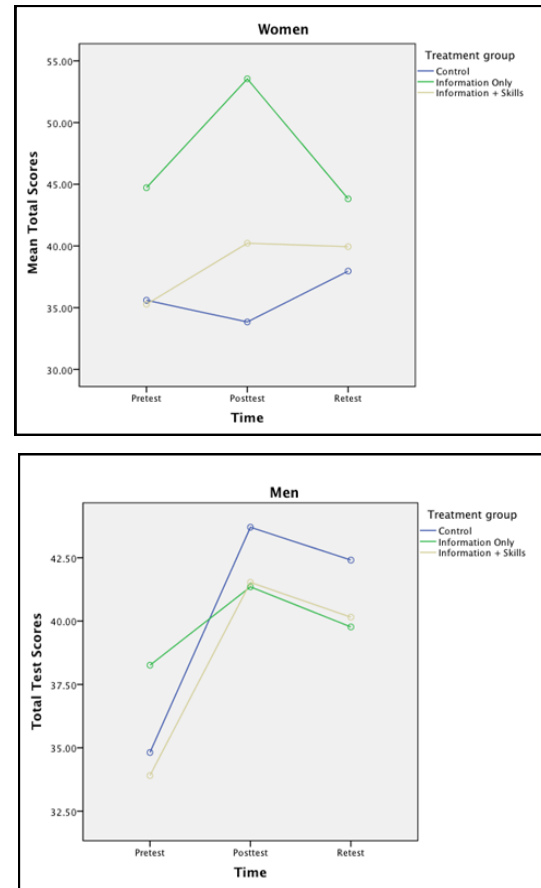


Moderating factors such as gender, age, and level of ability were also assessed. It is acknowledged that the sample sizes are too small to permit confidence in outcomes, however, these analyses point to important possible implications for further investigation.

There was statistical evidence to suggest that adults with developmental disabilities who had *higher* skills performed better than adults with *moderate* or *lower* skills. There was also limited evidence suggesting that women performed better than men on posttest scores and a comparison of their results can be seen in Figure 2. Age however, did not appear to affect scores. Both anecdotal and statistical evidence suggest that men in the control group took the opportunity to learn the abuse protection skills outside the research setting.

**Figure 2**

**Comparison of Total Test Scores Between Men and Women Over Time**



The naturalistic case study group performed similarly to participants in the randomized study for posttest results but lost even more ground on retest scores as compared to participants in the randomized study. Case study participants had never received formal abuse education prevention in the past. Finally, as part of the evaluation of classroom context, participant feedback surveys were analyzed.

Overwhelmingly, participants found the educational approaches employed in the *Preventing, Recognizing and Reporting Abuse* curriculum helpful, easy to understand and engaging.

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## Discussion:

Overall, the results support the use of the information, motivation and behavioural skills model of education that was employed in the IBS group for abuse awareness for adults with developmental disabilities.

Demonstration of knowledge and skills are essential to repel or report abuse and therefore the gains made by the IBS group in knowledge should not be interpreted as sufficient evidence to indicate that safety has been improved. Rather the lack of significant improvement in abuse protection skills, given the intensive training program undertaken by the IBS group, suggests that even more opportunity to learn and practice skills may be required to improve safety. However, these results do suggest that providing abuse awareness using flyers or brief educational opportunities is likely less effective than the program evaluated here.

Participants in the control group began to show a rise in scores at the retest interval and may be signs of a contaminated control group but may also highlight the importance of peer tutoring and teachable moments by care providers. Generally, women performed better than men and this may be the result of previous exposure to similar curriculum content.

There are significant limitations to the above findings primarily arising from the small sample size, diffusion of treatment and a lack of both educational opportunities and assessment tools that meet the needs of people who do not use words to communicate.

## Conclusion:

After comparing results and considering classroom context, the *Preventing, Recognizing and Reporting* curriculum, when delivered in its entirety, represents an effective abuse education program for adults with developmental disabilities. The program utilized well-trained and consistent facilitators to deliver a curriculum that encompassed the evidence-based information, motivation and behavioural skills model in an interactive and engaging manner that participants found helpful. This program has been developed to be easy to use, inexpensive, sensitive to victims of previous abuse while still being comprehensive. It has shown promise, from a practical and statistical perspective, to improve abuse protection skills in adults with developmental disabilities. Participants, especially women, demonstrated improved conceptual knowledge and the skills related to abuse protection at posttest, although erosion of skills was evident five weeks' post-intervention.

This study addresses the gap of information regarding what effective programs can look like for a broader audience and on a broader set of topics, while still demonstrating practical significance. Further research is required to develop more accurate measurement tools and to make training materials more accessible for people with severe developmental disabilities. Abuse prevention education that is provided over a longer period of time and more often over a longer may enhance future results. Abuse prevention programs for adults with disabilities should be considered as only one part of an integrated model of risk reduction. Safety should not be assumed until research demonstrates that systemic approaches have reduced the rates of abuse for this vulnerable population.

For more information see:

<http://scholars.wlu.ca/etd/1796> or

Contact the author at [kklee@fanshawec.ca](mailto:kklee@fanshawec.ca)



Karen Klee with student Holly Morris presenting at the 8th annual SNSC Research Forum, 2015

## Exploring Interactions between Police and People Living with Mental Illness

**Authors:** Dr. Jennifer Lavoie, Department of Criminology, University of Waterloo  
Krystle Shore, PhD Student, University of Waterloo



Krystle Shore, with Dr. Jennifer Lavoie and Beth Anne Currie.

### Context:

People living with mental illness (PMI) have increased contact with police relative to those who do not have mental health challenges (Cotton & Coleman, 2010; Heslop et al., 2013), and are overrepresented in the criminal justice system (Sapers & Zinger, 2012). In Ontario in 2007, over 40,000 police encounters involved PMI, and 16,000 police encounters resulted in apprehensions under the province's Mental Health Act (Durbin, Lin, & Zaslavskaya, 2010). A trifecta of factors that have been theorized to contribute to the reported rise in police—PMI contact include:

- 1) Long-standing public stigmatization of PMI as dangerous and unpredictable, often fueled by media sensationalization of rare violent events perpetrated by a person in mental health crisis, (Phelan & Link, 2004)
- 2) Deinstitutionalization of mental health treatment coupled with underfunded community based mental health services (Chaimowitz, 2011)
- 3) Reforms to civil commitment criteria that have stricter admission requirements for involuntary holds (Shen & Snowden, 2014 Mental Health Act, RSO 1990, c. M. 7). Together, these factors contribute to limited access to mental health care that result in calls for police service.

As emergency service first responders, police are often called upon to assist with people displaying erratic, bizarre, or substance-affected behaviours (Brink, et al., 2011; Short, et al., 2014). Approximately 5% of police interactions involve people in mental health crisis, with estimates ranging widely from 1%-31% across the nation (see Brink, et al., 2011 for review). As such, police are often referred to as 'front-line mental health workers' (McLean & Marshall, 2010). Police officers play a key role in determining the result of incidents that involve people in mental health crisis because they exercise wide latitude in resolving these encounters (Green, 1997; Watson, et al., 2010). Officers' abilities and resources to manage encounters significantly influence whether PMI are diverted from the CJS, receive treatment, languish in their current situation, or become criminalized.

An interaction between a police officer and PMI is thus an opportunity to divert a person away from the criminal justice system, and toward mental health assistance that, when engaged, may mitigate future crisis situations necessitating police intervention. Implications of police-PMI contact include risk of criminalization (Godfredson et al., 2011), strain on police resources (Charette, et al., 2011), lack of training leading to crisis escalation (Borum et al., 1998; Cotton & Coleman, 2008); and ineffective collaboration with emergency hospital services resulting in lengthy wait times (Atzema et al., 2012)

### Research Gap:

There is a lack of research available on police encounters with PMI in Canada. This knowledge gap is most profound in smaller Canadian police services and corresponding municipalities where resources to deal with mental crisis-related calls are limited.

Continued on page 8...



## **Objective:**

The current study formed part of a larger multi-phased research project exploring police interactions with PMI. The goal of the study was to examine calls for police service that were classified by police as primarily mental-health related through conducting a quantitative descriptive analysis of client demographics, situational aspects of the encounter; and the outcomes of police interactions with PMI.

## **Method:**

This study comprised a secondary archival analysis of de-identified official police data of mental-health related calls for service placed to a police service in Southern Ontario over a six-month timeframe (January 1 2014 - June 15 2014). The case study took place in a mid-sized municipality (population of ~ 90,000), in which the majority of the population was Caucasian (3.6% Aboriginal). The city was characterized by lower education, higher unemployment, and higher poverty rates compared to provincial and federal rates. In terms of available mental health services, the city had one hospital (~2300 staff) including an emergency psychiatric unit, and community services including a crisis line, case management, counseling, peer support as well as CMHA-supported programming and services. The police service was mid-sized, comprising approximately 170 sworn officers (16% female, 30% Crisis Intervention Trained).

## **Results Highlights:**

### **PMI Client Descriptive:**

- 400 calls for service (293 unique clients) were analyzed (52.7% male, 86.8% Caucasian, mean age 37 years (SD = 18.87).
- High proportion of youth (15.6%)
- High Proportion of Aboriginals (9.1%)
- Frequent and repeated encounters with police: 21.1% of clients had more than one encounter with this police service during the six-month timeframe. The median total occurrences each client had (dating back to 2005 RMS system implementation) was 11.0, with one client having as many as 162 previous police encounters.

## **Situation Characteristics:**

- Police interactions were initiated most commonly by family members (23.8%) and EMT services (16.9%)
- Calls for police service typically take place at home in private residences (60%).
- Advocates supporting clients were on scene in half of occurrences.
- Substances were noted in half of occurrences. The vast majority of substances involved prescription medication (prescription medication not taken as prescribed (17.7% occurrences); medication taken as prescribed (14.4%). The presence of alcohol was noted in 15.4% encounters)
- Threatened or actual violence towards self occurred in 21.1% of cases. Threatened or actual violence towards others noted during 10.3% of occurrences.

## **Outcome Characteristics:**

- Police are resolving most of the situations formally with apprehensions under the Mental Health Act (54.8%). In 59.2% of encounters, these apprehensions resulted in the client being admitted into hospital care under a Form 1, indicating a discrepancy in the application of police apprehension and hospital admission criteria.
- Direct engagement in community MH services in non-apprehension encounters was low (27%).
- Clients were arrested in 5.5% of occurrences and charged with offences in 3.5% of occurrences.
- The presence of substances ( $OR=1.75, p<.05$ ), and violence (directed towards self or others) ( $OR = 2.26, p<.05$ ), were significant predictors of MHA apprehensions ( $-2LL = 453.68, model \chi^2 = 46.54, p < .001$ ), whereas the client initiating the call reduced the likelihood of police apprehension ( $OR = 0.26, p<.05$ ).





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Dr. Lavoie and Krystle Shore in discussion with a participant at the SNSC Annual Research Forum in September 2015.

### **Implications and Conclusions:**

The present study explored profile characteristics of PMI who come into contact with police during primarily mental health-related calls, as well as typical characteristics of these occurrences. Results of this study were consistent with previous findings that PMI who encounter police do so frequently (Hartford et al., 2005). Findings underscored the necessity to consider proactive strategies to assist special populations of clients with mental health needs, such as youth and people of aboriginal heritage. Given that Aboriginal people living with mental health challenges may have a unique set of needs due to differences in cultural and socio-economic status, police might consider development of specialized strategies for these encounters, such as a partnership with Aboriginal mental health services.

Results suggested that less than 60% of clients who are appended by police under the MHA are admitted to hospital under a Form 1 despite almost identical criteria. This poor conversion rate of client hospital admission post-MHA apprehension is a key finding of the study that has several implications. The *revolving door phenomenon* (frequent but short-term police and hospital contact for PMI) increases the risks of criminalization for people living with mental illness, diminishes treatment for mental health symptoms, causes frustration among officers, and places unnecessary strain on police services, the client, and their families (Markowitz, 2011; Shen & Snowden, 2014).

PMI who are in serious crisis and are deemed by police as in immediate need of hospitalization often wait for hours with police in hospital waiting rooms before seeing a doctor (Markowitz, 2011). It is possible this discrepancy is due to differential application of criteria by police in comparison to hospital staff. Officer decision-making can be influenced by the presence of existing police information on the client, the perceived time that each outcome will take, officer knowledge about community mental health resources, and an officer's history of experience with people living with mental illness (Short et al., 2014). Further, due to lengthy wait times in hospital, symptoms of mental health crises may subside (either naturally or through administration of medical sedation) before clients are seen by a physician and thus no longer meet criteria for involuntary hospital admission. Findings indicate an immediate need for enhanced collaboration between police and emergency hospital services.

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# Knowledge Mobilization and Exchange via the SNSC Research Digest

## Searching for Accommodations within the Ontario Criminal Justice System for Persons with Fetal Alcohol Spectrum Disorder: Views of Social Service Agency and Justice Professionals

Author: Samantha Stromski, MA

### **Purpose of Present Study:**

Although persons with intellectual disabilities have been conceptualized as having rights to equality in Canada and internationally, there continue to be gaps in the delivery of justice when they are involved within the criminal process. Despite recent research that reveals the challenges individuals with intellectual disabilities encounter when interacting with the justice system in a broad context, and a handful of suggested accommodations for persons with FASD, there is a lack of empirical research that examines the accommodations that are currently available and needed in the justice system in Ontario to address the difficulties encountered by persons with FASD more specifically. It is important to examine this specific population as the primary disabilities associated with FASD including impulse control, linking cause and effect, suggestibility and understanding increases their risk of false confessions, waiving their legal rights and other vulnerabilities when interacting with the justice system (Hamelin et al., 2011; Roach & Bailey, 2009)

The current project represents an attempt to fill this gap in the literature. Unlike other research, the current study examines the ways that accommodations and supports are being used to assist individuals with FASD throughout the various stages of the justice system in Ontario as well as what is still needed in order to support this population effectively.

### **Methodology:**

#### **Participants:**

20 working professionals within Ontario including:

Social Service Agency Workers: 3 program directors of community agencies, 3 behaviour consultants  
2 support workers, 1 psychologist.

Justice Professionals: 4 defense lawyers, 1 Crown attorney, 1 victim witness support worker and 4 police officers.

- Participants were recruited through snowball sampling.

**Data Analysis:** In-depth semi structured interviews were conducted, transcribed, coded and analyzed. Grounded theory was used in order to facilitate the emergence of more general and specific themes (Creswell, 2009).

### **Results:**

#### **(1) Awareness, Education & Training**

This theme involved the lack of awareness, training and education of FASD by professionals in terms of the characteristics of the disability and how to effectively support them through the Criminal Justice System. 70% of the participants mentioned a need for more in terms of awareness, education and understanding of FASD and a need for increased education and understanding of FASD and the ways to support individuals with FASD through the court system.

#### **(2) Identification**

This major theme revolved around the lack of formal identification of FASD within the Criminal Justice System (CJS). The in-depth interviews revealed the challenge professionals experience in knowing where to go to get an individual diagnosed who they suspect has FASD.

*"I mean I can't imagine how many people are down in Ontario court, criminal... sitting up in front of a judge pleading guilty or not guilty have fetal alcohol and nobody knows it, the Crown, the defence lawyer doesn't know" (Defence Lawyer)*

#### **(3) Challenges in Understanding, Memory and Suggestibility**

80% of participants highlighted difficulty in understanding the CJS as a challenge for those with FASD. 40% touched on the challenges individuals with FASD face in remembering important appointments such as meeting with their lawyer, going to probation or attending court dates on time. Although minor, three participants highlighted that individuals with FASD were vulnerable to manipulation to taking part in crime and could be led by police during the interview process.



## **(4) Legislative and Structural Changes**

50% of the participants highlighted that the rights of individuals with intellectual disability more broadly are often not met within the justice system, which results in these individuals not receiving the support necessary to meet their individual needs.

*“So it’s a reality of the way that the justice system is structured that most people have rights that are theoretically the same. Law applies to both the rich person and the person with an*

*intellectual disability except you can do whatever you want with a person with an intellectual disability and no one is going to do anything about it” (Defence Lawyer)*

*“...things aren’t going to change unless the laws are changed and I think that’s really the start place is that when umm it’s mandated that we have to do certain things. That’s when things get done.” (Victim Witness Support Person)*

## **(5) Multidisciplinary Accommodations—Suggestions for specialized Support**

### **1. Community Collaboration**

*“I don’t think we can put all the blame on law enforcement or people in the criminal justice system because it is such a multi-system issue” (Psychologist)*

### **2. Support Person**

*“I think that when we are dealing with people with mental health issues or FASD that there should be some sort of support person there that can make sure that they do what they need to so and that they are comfortable” (Defence Lawyer)*

### **3. Trained Interviewers**

*“In an ideal world you would have somebody trained with dealing with FASD or mental health issues or cognitive deficit issues during the interview” (Defence Lawyer)*

### **4. Education about the court process for those with FASD**

*“You know educating the person too on the process” (Director of a Community Program)*

### **5. Individualized Report**

*“It would be nice actually if we had some type of report before court that would say this is this person’s limitations, right so that we could focus and make it more individualized I guess” (Victim Witness Support Worker)*

## **Next Steps and Future Directions**

Future research can examine the support for those with FASD within a larger range of jurisdictions, as well as explore the perspectives of those with FASD more directly and the effectiveness of a comprehensive model of support that incorporates: professional training, identification screening tool and specialized accommodations for those with FASD.

It is time for change. This research study seeks to raise awareness of the struggles individuals with FASD face and to bring attention to the need for structural changes within the justice system that promotes a multi-disciplinary approach to support for this population.

Only this way can substantive equality be achieved



**Samantha Stromski, Dual Diagnosis Justice Case Manager (Sept. 2015)**

For more information, contact Samantha at [sstromski@bethesdaservices.com](mailto:sstromski@bethesdaservices.com)



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The Southern Network of Specialized Care (SNSC) with the Advisory Committee are pleased to support opportunities for linking with researchers in the field of Dual Diagnosis. Please consider joining us at the annual Southern Network Research Forum that occurs each fall.

If you would like more information on the annual SNSC Research Forum, or, if you would like to discuss a potential research or evaluation project — please email the SNSC Research and Evaluation Facilitator, Beth Anne Currie at [bethannecurrie@sympatico.ca](mailto:bethannecurrie@sympatico.ca) or the SNSC Coordinator, Liz Froese at [froese.network@sympatico.ca](mailto:froese.network@sympatico.ca)

Also, find links to research publications, research funding, research applications and more on our website at [www.community-networks.ca](http://www.community-networks.ca)

The SNSC with the Advisory Committee wish to thank the SNSC Research Committee for their ongoing work. We would like to welcome new members:

Dr. Laura Mullins, PhD, Regional Support Associates, Woodstock, ON

Courtney Bishop, Behaviour Consultant, Hamilton Brant Behaviour Services, Hamilton, ON

And special guest reviewer, Dr. Rob Nicolson, CPRI, Associate Scientist, Children's Health Institute, London, ON, thank you for joining us this year.



[www.community-networks.ca](http://www.community-networks.ca)