Assessment of an educational training program to help attain Fitness to Stand Trial in a dually diagnosed adult male in a hospital setting

by

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A thesis submitted to the School of Community Services
in partial fulfillment of the requirements for
the degree of
Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
April 2014
Dedication

To my parents for always believing in me and making this dream possible
Abstract

In *Jackson v. Indiana* (1972) (as cited in Siegel & Elwork, 1990), the court ruled that the main legal rationalization for committing an unfit defendant was to offer them efficacious treatment. Assessments of Fitness to Stand Trial are one of the most common forensic evaluations needed by the courts today and this trend will continue based on increases in criminal court cases with the concern of “fitness” (Bloom & Schneider, 2006). Through an extensive literature review, it was shown that Fitness programs that contain an educational and behavioural aspect are prosperous in restoring or attaining Fitness. The Slater Method is an educational tool developed in the United States for mental health professionals working with patients Unfit to Stand Trial, and was quite successful. The focus of this study was to determine if the Slater Method (with appropriate Canadian adaptations), along with other beneficial methods, can help attain the fitness of a dually diagnosed adult male in a hospital setting within the context of a one-on-one educational counseling format. Prior to intervention implementation, baseline data was obtained by the participant’s attending psychologist using the Competence Assessment to Stand Trial for Defendants with Mental Retardation (CAST-MR). Results yielded the same scores from baseline to intervention aside from one sub-category, which decreased by one point. This thesis focused on the development of the manual, not on its implementation. Therefore, intervention duration was one of the main limitations of this study as it was quite minimal; as a result, the efficacy of the manual is limited.
Acknowledgements

I would first like to thank my thesis participant in this study for always being willing and open to work with me, sometimes multiple times a day. He provided me with an invaluable learning experience, to which I will always be thankful. I would also like to extend a huge thank you to all the staff at Providence Care – Forensic Services, including occupational therapy, social work, nursing, psychology and psychiatry for making my thesis placement a truly unforgettable and amazing experience that helped confirm my desire to pursue a career in Forensic Psychology.

This thesis would not have been developed and implemented without the guidance and support from both my placement supervisor Dr. Rebecca Douglas and college supervisor Dr. Geris Serran. The feedback given by the both of you throughout this thesis process was priceless and I am forever thankful for the patience and respect you provided.

Last but not least, I would like to thank all of my friends and family for always being there for me and collectively providing me with constant support in more ways than one to help me accomplish my personal and educational goals. Thank you for always being there even when it was just for someone to vent my frustrations to during the writing process!
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Chapter I: Introduction

In *Jackson v. Indiana* (1972) (as cited in Siegel & Elwork, 1990), the United States Supreme Court reported that commitment of a criminal defendant indeterminately, based on being “unfit” to stand trial, violated their Fourteenth Amendment right to due process. It specified that “at the least, due process requires that the nature and duration of commitment bear some reasonable relationship to the purpose for which the individual is committed” (pp. 57 as cited in Siegal & Elwork, 1990). Therefore, the court ruled that the main legal rationalization for committing an unfit defendant would be to offer them efficacious treatment (Siegal & Elwork, 1990). Assessments of Fitness to Stand Trial represent one of the most common forensic evaluations sought out by the courts today (O’Shaughnessy, 2007). There has been an exceptional increase in the number of accused who are entering the criminal justice system that suffer from a mental disorder, where the concern of “fitness” has emerged (Bloom & Schneider, 2006). Schneider (2000) states that statistics have shown that throughout the last 10 years, those entering the criminal justice system that have been diagnosed with a mental disorder has increased at a minimum rate of 10 percent annually (as cited in Bloom & Schneider, 2006). Meanwhile, the general arrest and prosecution rates have been decreasing. Despite the fact that the Intellectually Disabled (I-D) embody 0.3 to 3.1 percent of the general population, estimates propose that the I-D population constitute 4 to 10 percent of adults who face criminal charges in the United States and 2 to 40 percent around the world (Wall & Christopher, 2012). These statistics make it evident that there is an increasing need to find the best practice in restoring and/or attaining Fitness to Stand Trial.

What does it mean to be found unfit to stand trial? In Canada, the guidelines for Fitness to Stand Trial are outlined under the Criminal Code of Canada (CCC) (as cited in O’Shaughnessy, 2007). Due to changes in the Code in 1992, mentally disordered offenders were addressed in Section 2 of the CCC. “Unfit to stand trial” is defined as:

Unable on account of mental disorder to conduct a defense at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and, in particular, unable on account of mental disorder to (a) understand the nature or object of the proceedings, (b) understand the possible consequences of the proceedings, or (c) communicate with counsel. (O’Shaughnessy, 2007, pp. 505)

The Slater Method is an educational tool developed by the Eleanor Slater Hospital within the Rhode Island Department of Mental Health, Retardation and Hospitals in Cranston, Rhode Island. The Slater Method was developed by Barry Wall, MD, Director, Forensic Service; Brandon Krupp, MD, Director, Adult Psychiatric Service; and Tom Guilmette, PhD, neuropsychologist (Wall, Krupp & Guilmette, 2003). It was designed to assist mental health professionals with patients found unfit to stand trial. The purpose of the tool is to provide patients with education about the legal system, in an effort to restore/attain their fitness and proceed to trial. The Slater Method is a unique restoration program because it was designed specifically for the intellectually disabled population. Content within the modules were examined by a neuropsychologist to guarantee that the vocabulary and language employed was appropriate for defendants with I-D (Wall et al., 2003).
Wall et al. (2003) report that an intellectual disability can commonly diminish one’s ability to function in more ways than one. In regards to Fitness to Stand Trial, three areas of deficiencies that are particularly relevant are: communication, cognition, and emotional/behavioural impairments. How these deficiencies can negatively affect the court process will be explained further in the literature review.

Unique dilemmas present themselves to mental health professionals when working with individuals with intellectual disabilities in the forensic system. Several studies have acknowledged that the presence of an intellectual disability is predictive of a clinical finding of not fit to stand trial (Wall & Christopher, 2012). Information on attainment/restoration programs for those with I-D is minimal, which may be in part due to the fact that some individual’s disabilities are so arduous that fitness attainment/restoration is out of the realms of possibility. Albeit, the fact that many I-D individuals are found fit at the time of preliminary screening and others originally found unfit, subsequently attain fitness, validates the need for more specialized restoration/attainment programs (Wall & Christopher, 2012). The Competency Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR) is a 50-item instrument that is broken up into three sections and assesses the defendant’s level of competency (Everington & Dunn, 1995). The CAST-MR is the data collection tool that was used at both baseline and intervention for this project. A more comprehensive description of the tools and their modules is discussed later in the paper. Wall and Christopher (2012) provided statistics that show those who had participated in the Slater Method training achieved clinical trial competence (61.1%) compared to those who took part in traditional treatment alone (16.7%). The focus of this present study is to determine if the use of the Slater Method (with appropriate Canadian adaptations), along with other methods that have been proven beneficial, can help attain the fitness of a dually diagnosed adult male in a hospital setting within the context of a one-on-one educational counseling format. Validation for using this instrument is provided through relevant data, which is discussed in detail in the literature review.
Chapter II: Literature Review

Employing a treatment that is effective in setting social and behavioral expectations in order to increase cooperation in the criminal justice system is vital. Due to the nature of the legal system, developing a program tailored to reduce or eliminate specific symptoms that affect competence is advantageous, especially with those who present with intellectual disabilities (Wall & Christopher, 2012). This literature review examines a multifarious collection of different articles analyzing competency restoration/attainment programs. A variety of different treatment approaches were studied including one-on-one sessions, group sessions, use of visuals, programs tailored for participants with intellectual disabilities and so forth.

In a study conducted by Siegel and Elwork (1990), they set out to determine if treatments tailored to trial competence produced more efficacious results than the traditional mental health approaches. A brief questionnaire was sent out to 128 forensic facility directors throughout the United States. Of the 128 facilities, 67 replied (52%) and of those 54 (42%) disclosed that they were treating patients who were found incompetent to stand trial. Twenty-three (43%) of the facilities stated they had specific treatments tailored for incompetent defendants while 31 (57%) reported they do not treat incompetent defendants differently than other patients.

This was an experimentally controlled study with 41 patients taking part in group treatment three times a week (Siegal & Elwork, 1990). Psychoeducation on the trial process was provided to the experimental group including possible outcomes of the trial, as well as problem solving techniques on how to appropriately communicate with lawyers. Learning materials such as vignettes of actual trials and a wooden model of the court room were used to further optimize learning. The control group also received psychoeducation, in a similar treatment design, although content was focused on basic psychiatric needs (Siegal & Elwork, 1990).

The two groups demonstrated notably divergent scores on the Competency Assessment Instrument (CAI) at post-treatment, which can be attributed to the experimental group as the mean scores on the CAI increased from 37.05 (SD = 10.69) at pretreatment to 45.10 (SD = 9.50) at post-treatment (Siegal & Elwork, 1990). In comparison, mean scores for the control group remained almost identical from pretreatment (37.70) to post-treatment (37.30). Additionally, Siegal and Elwork (1990) organized an analysis of hospital staffs’ advice regarding patients’ competency. Forty-five days after treatment, 43% of experimental group participants were judged as competent, compared to only 15% in the control group.

Siegel and Elwork (1990) reported no observable differences between groups on demographic measures (i.e., age, sex, index offence, diagnosis). There were no significant differences between groups on pre-treatment scores on the CAI. The positive results from this study helped further validate the use of psychoeducational techniques (i.e., video tapes and court room model) as they will be capitalized in this project in conjunction with other strategies.

In a recent study, Wall and Christopher (2012) tested whether the Slater Method changed attainment rates in regards to Competency to Stand Trial (U.S equivalent of “Fitness to Stand Trial”). This was considered to be significant as the Slater Method specializes with individuals with intellectual disabilities and multiple studies have acknowledged that the existence of an ID
is prescient of being found incompetent to stand trial. The results of this study found that those who were receiving the Slater Method for treatment had a higher probability of being found competent to stand trial by the courts as opposed to the control group receiving traditional standards of care (61.1% vs. 16.7%). Traditional standards of care included medication, psychotherapy and social treatments. The patients in the Slater Method treatment group also received these traditional standards of care in addition to the Slater training. The Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR) was the tool employed to obtain competency assessment scores (Wall & Christopher, 2012).

In regards to factors influencing competency attainment, age was the only factor where there was a significant difference between the two groups. A hierarchical logistic regression analysis was administered to determine whether age was a confounding factor. The Slater Method treatment group obtained higher competency attainment rates even with adjustment for age.

Attainment success rates were reported to vary due to a variety of factors including severity and type of the defendant’s disability, index offence and any other comorbid psychiatric disorders that may have an effect on trial competence. The results indicate that an attainment/restoration program that is specialized for the needs of those with an intellectual disability can notably improve the frequency to which a patient attains/restores trial competency, when compared to those receiving traditional standards of care alone (Wall & Christopher, 2012).

Wall, Krupp, and Guilmette (2003) discussed the development of the Slater Method and how to properly use this training method as a tool for restoring competency. The authors believe that this training tool provided an advantageous format for restoration of competency in those diagnosed as intellectually disabled. The Slater Method is unique in that it is specially tailored for defendants with an intellectual disorder. All material is presented orally, making literacy superfluous to acquiring understanding. It is imperative to have a restoration/attainment tool for this population as a growing number of defendants with a mental disorder are entering the system (Wall et al., 2003). As mentioned earlier, intellectual impairments can create a variety of different issues, particularly in regards to problems around communication, cognition and emotional/behavioral control.

**Communication Impairments**: includes inadequate articulation, poor fluency (disturbance in rate, quality, and repetition), impaired syntax (word order) and phonology (sound of words) (American Speech-Language-Hearing Association, 1993). A client presenting with an I-D may have difficulty organizing his or her thoughts and can make it extremely difficult to answer questions, especially in the courtroom setting. These individuals may understand what is being asked and know the correct answer but unable to put their thoughts into words. This is problematic as the court may mistakenly assume the client is unable to understand what is happening (Wall et al., 2003).

**Cognitive Impairments**: includes deficiencies in problem solving abilities and logical reasoning. With minimal resiliency and high levels of frustration, the client’s foresight and strategic thinking can be quite diminished (Wall et al., 2003). Due to the large amount of external stimuli within a court room, it can be quite an arduous task for a client with intellectual
disabilities to pay attention during the proceedings. In addition, the individual may present with disturbed memory. In an effort to address these issues, training sessions were conducted with the patient for shorter more frequent sessions, as studies have shown that these time intervals can ameliorate learning (Turnure & Thurlow, 1973).

Behavioral/Emotional Impairments: some individuals with intellectual disabilities may feel as though they are under the control of those around them and therefore become quite passive (Wall et al., 2003). Feelings of hopelessness and withdrawal, as well as yielding to social pressures can be an obvious issue within the court room context, as a defendant with intellectual disabilities may admit to committing a crime he or she is not guilty of, in an attempt to have the judge/crown attorney stop questioning them in court. If the defendant is unable to inhibit his/her anger during the trial process, he or she may frequently stand up and yell when frustrated (Wall et al., 2003).

Turnure (1991) states that it is possible for an I-D defendant to learn educational material at a rate equivalent to that of a defendant without an I-D diagnosis, provided teaching occurs with suitable methods that utilize appropriate stimuli. Some evidence has shown that the use of visuals paired with verbal explanations can also improve learning (Whitely & Taylor, 1973). The Slater Method has two overarching goals summarized by the MacArthur Research Network on Mental Health and the Law: competency to assist counsel and decisional competency (Bonnie et al., 1997). Competency to assist counsel refers to “the capacity to understand the charges and the purpose of criminal prosecution, the capacity to reason with information about the case and to appreciate ones situation as a defendant” (Bonnie et al., 1997, p. 253). With regards to the second goal, decisional competence consists of “the ability to make the specific decisions regarding the defense that are encountered in the process of criminal adjudication” (Bonnie et al., 1997, p. 253).

When developing the Slater Method, a distinction needed to be made between the defendant’s knowledge of the material presented and their actual understanding (Wall et al., 2003). Turnure, Buium and Thurlow (1976) report that this is as beneficial when working with the I-D population as using strategies that necessitate the patient to answer certain “what” or “why” questions. This helps facilitate learning as it aids with processing which can improve both memory consolidation and retrieval (as cited in Wall et al., 2003). This need was met in the manual through two phases of questioning; knowledge based questioning and understanding based questioning, which is elucidated later. It is important to note that many hospital restoration/attainment programs are run in a group setting. The Slater Method occurs in a one-on-one setting as the type and severity of competency related impairments is not consistent among patients (Wall et al., 2003). In addition, they observed that patients were responding best to individual education sessions.

Brown (1992) discussed the use of a didactic group program employed at a public facility in Illinois to help defendants attain/restore Fitness to Stand Trial. The program is based around seven modules that cover topics such as review of criminal charges, what different verdicts mean and how to appropriately communicate with your lawyer. Brown (1992) characterizes the goals of the program as establishing appropriate behavioral and social expectations in regards to engaging within the legal system. In addition, educating the defendants on factual and applicable
information about the court system and helping the treatment team identify the issues that are related to fitness. Videotaped vignettes, role plays, and two short tests are used to help patients learn material. Results from the tests are used for further discussion and to help identify which areas still need to be addressed.

Brown (1992) reported that the use of psychotropic medication was also employed in this study if the patient had an Axis I disorder that was impairing his or her ability to attain/restore fitness. The group leader reported on patient’s behavior throughout the modules and medication may be altered throughout treatment in response to observed group behavior. Some of the reported benefits of this program included the ability to provide pertinent information to patients that helps set certain expectations in regards to appropriate participation in their trial process. Brown reported that with minor adaptations of the modules this program has been employed favorably with patients who are illiterate. Although the program was not created for participants with intellectual disabilities, it has been successful in helping some attain fitness. It should be noted that the I-D defendants that participated in this project were higher functioning; therefore deficits in attention and memory were minimal. Although this article did not give tangible results, this program was identified as being successful in restoring/attaining fitness. The only population for whom this program had limited effectiveness was those with unrelenting problems in areas such as attention and goal-direction (Brown, 1992).

Morris and DeYoung (2012) developed a program for restoring competency based on the McGarry criteria. This was an array of 13 functions connected to a defendant’s competency to cope with the trial, as well as educational pieces on the court process. The psychological functions that make up the McGarry criteria were developed by McGarry amid the formation of the Competency to Stand Trial Assessment Instrument (CAI). It should be noted that the functions in the McGarry criteria are analogous with the modules used in the Slater Method including ability to plan a legal strategy and understanding of the court procedure. Morris and DeYoung (2012) grouped all 13 McGarry items into three subgroups correlative to basic behavior and outlook (managing behavior and suitable motivation), accurate legal understanding (conceivable penalties, court procedures) and realistic lawyer assistance (challenging witnesses, disclosing applicable information). These groupings were then subjected to an analysis of variance (ANOVA) at the three and six month evaluations to determine their significant ability in predicting restoration. It was hypothesized at the beginning of the study that participants with a diagnosis of mental retardation would have a significantly lower probability of restoring fitness. This finding was supported by a number of different studies focusing on restoration/attainment of competency (Brown, 1992; Morris & Parker, 2008; Mossman, 2007).

In the first three months of restoration training, 260 of the 455 (57.1%) criminal defendants’ fitness were restored (Morris & DeYoung, 2012). Mental retardation was considerably more prevalent in the group of defendants that remained unfit to stand trial, as predicted. After six months, defendants that remained in training had their fitness reassessed. Morris and DeYoung (2012) report that of the remaining 194 defendants, 110 (56.7%) were declared fit. There still was a higher prevalence of mental retardation in those who remained unfit after six months. However, this data was not statistically significant (p-value 0.201) as it was at the three month period (p <.001). In regards to the three subcategories of the McGarry
criteria, ANOVA results exhibited that the legal understanding and lawyer assistance categories had notably better ability in predicting restorability than the basic behavior and outlook category.

A fundamental find in the study by Bertman et al. (2003) was that psychoeducational programs were found to be more successful in restoring competency when held more frequently and in a one-on-one setting. The patients who gave consent to participate in this project were allocated to one of three groups: deficit-focused remediation (DFRT, experimental group); legal rights education (LRE, a control group); or standard hospital treatment (SHT, second control group). The authors reported that those assigned to the SHT group took part in four 30-45 minute LRE sessions a week, which utilized a group format. Those assigned to the LRE group were given individual sessions two times a week for six weeks. Psychoeducation in this group focused on possible pleas, the six legal rights of the defendant and roles of different court room staff. Participants in this group also took part in the SHT group sessions once a week. The DFRT group took part in individual training two times a week for three weeks. Information presented in this group addressed the individual’s specific deficits. Unlike the other two control groups, the DFRT group focused on the individual’s charges and their psychiatric and criminal history. All information presented in the three groups was presented in question form oppose to lecture format to ensure understanding (Bertman et al., 2003).

There were no considerable differences in baseline scores among the three groups. The DFRT and LRE groups obtained notably higher post-treatment scores (50% increase) on the selected competency measures when compared to the SHT group. Results from this study indicate that frequent individualized LRE training is effective in restoring/attaining competency. Minimal difference in post-treatment scores between the DFRT and LRE group indicated that focusing on individual deficits is unnecessary in competency training (Bertman et al., 2003).

In a study by Pendleton (1980), a treatment program created to help attain/restore competency was analyzed. The treatment process began with staff conducting a Competency to Stand Trial (CST) assessment to determine patient’s competency. Some of the dimensions of competency covered in the assessment included organizing a legal strategy, ability to disclose important information to the lawyer and challenging witnesses (Pendleton, 1980). Once this was complete, the interdisciplinary treatment team met with the defendant to help create a treatment plan that would assist in minimizing symptoms that are negatively affecting their competency. Pendleton (1980) states that standard methods of treatment were also employed in this study, including the use of psychotropic medication. However, these were used in conjunction with tailored individual and group therapies that concentrated on building the necessary skills to assist the defense lawyer.

Once the defendant’s deficiencies have been recognized and ameliorated, the treatment team designates them to a competency class. Competency class covers basic information in regards to the court process such as proper courtroom behavior and requires defendants to achieve a passing grade of 70% on the written examination administered at the end. The final stage in the treatment process is a videotaped mock trial. Pendleton (1980) describes the individualized mock trial for each defendant, which was developed with the help of judges and attorneys as a teaching tool used to give the defendant an idea of how the court process occurs.
Pendleton (1980) reports that 184 (90%) of the defendants who took part in the treatment were discharged as competent. Of those 184 competent defendants, 97.5% of them were able to successfully complete their trial process.

A pilot study conducted by Montgomery and Brooks (2005) used the crime drama “Law & Order”, combined with educational material such as handouts on various areas of New York criminal procedure law, to promote restoration of fitness. The educational curriculum used was similar to those described above and was modeled after the McGarry Assessment Instrument.

The researchers hypothesized that progression would be made in the areas of understanding, reasoning and appreciation after participating in even one cycle of the restoration group (Montgomery & Brooks, 2005). Segments of the show used included pre-trial and trial situations such as commitment of the crime and plea arrangement negotiations. The efficacy of the study was determined using the MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA). The Wilcoxon signed ranks test was also used to evaluate the results of the MacCAT-CA at both pre and post treatment. The Wilcoxon results demonstrated notable post-treatment scores in the hypothesized direction in all three areas. Additionally, post-treatment scores on the MacCAT-CA improved considerably.

In an article by Noffsinger (2001), the effectiveness of a re-constructed competency restoration program was discussed. Before the revamping of this program, psycho-education on the court process was provided through four to five hours of weekly lectures. The authors’ main concerns with this program were that it was one-dimensional and there needed to be a larger variety in the way material was presented (i.e., not just lectures). A multidisciplinary team was
developed to create a new program that incorporated seven modules and ran for roughly 15 hours a week (Noffsinger, 2001). The modules contained the following:

1. **Educational Module:** This was the substitute module for the previous didactic lecture which was led by the program social worker. In the updated group, lectures were run by multiple members of the treatment team in an effort to make material more appealing.

2. **Anxiety Reduction Module:** Participants individually met twice a week for one hour with a psychologist. These meetings focused on fostering techniques participants could use in court for anxiety management/reduction and relaxation (i.e., guided imagery and self-hypnotic skills).

3. **Guest Lecture Module:** On a weekly basis, court staff (i.e., judges, probation officers, crown/defense attorneys) were invited to speak with participants and answer any questions they may have.

4. **Mock Trial Module:** Participants take part by playing roles of assorted courtroom personnel.

5. **Video Module:** Participants are shown vignettes of actual courtroom proceedings which are followed by group discussion led by staff.

6. **Post-Restoration Module:** Defendants who have had previous experience with the court process share their experiences in a peer-led discussion.

7. **Current Legal Events Module:** Newspaper articles and local televised news involving criminal trials are analyzed and discussed.

Noffsinger (2001) reported that according to the Ohio Revised Code, the duration of competency restoration varied based on the severity of the offense. Defendants who have been charged with a misdemeanor (or other more minor charges) are mandated to be restored within six months and those with a more serious offense to be restored within one year. The author states that the results of the revised intervention were positive for all three groups with 81.5% of the misdemeanor group being restored; 90.9% for minor charges; and 85.7% for more serious offenses. The typical duration of stay in the new competency restoration program was roughly 80 days, which Noffsinger (2001) noted is shorter than the average length of stay in the old treatment program.

Mueller and Wylie (2007) studied the efficacy of the Fitness Game. The sample consisted of 38 defendants referred for competency restoration treatment. They were trying to establish whether competency focused programming, would substantially contribute to progress toward competency restoration. The Fitness Game (FG) is a board game that is utilized with individuals to help educate them on different aspects of the legal system. This game helps bolster problem solving and reasoning skills. The control group took part in another board game called The Healthy Behaviors Game (HBG). It was tailored to have the same formatting as the FG. Mueller and Wylie (2007) explained that the content questions in the HBG were adopted from other programs within the hospital such as substance abuse issues and symptom/medication management. Both games have been designed so that information can be taught in a group format.

The MacCAT-CA was the scoring system employed in this study and was administered to all participants at both pre and post-treatment (Mueller & Wylie, 2007). Both the experimental (FG) and control groups (HBG) had notable pre-test to post-test increases on the Understanding
and Appreciation subscales of the MacCAT-CA. However, there were no significant differences on the reasoning subscale between both groups at post-treatment. The researchers determined that the Fitness Game was no more effective at restoring competency than the control group which did not cover any legal psychoeducation (Mueller & Wylie, 2007).

Finding competency programs designed to meet the needs of individuals with intellectual disabilities is evidently advantageous. Denjowski and Denjowski (1985) estimated that 14,000 to 20,000 of offenders with intellectual disabilities currently reside in state and federal prisons, with another 12,500 that populate residential facilities (as cited in Anderson & Hewitt, 2002). The authors state this as an issue as many of these incarcerated defendants did not receive a CST evaluation. It is reported by many mental health professionals that with specialized training, it is possible for offenders with intellectual disabilities to attain/restore Fitness to Stand Trial (Anderson & Hewitt, 2002). Forness and Kavale (1993) confirmed these findings in a meta-analysis of 268 studies (as cited in Anderson & Hewitt, 2002). These studies suggested that adolescents who have been diagnosed with mild levels of mental retardation (now known as intellectually disabled) can experience significant gains from training that focuses on their insufficiencies in both memory and learning.

In the current study, there were 75 participants who had an intellectual disability and had been previously found not competent to stand trial by the legal system (Anderson & Hewitt, 2002). The program consisted of seven, one-hour classes in a group format. Sessions covered topics such as legal status, criminal charges and assisting the defense lawyer. Class material was presented in a lecture and question and answer format with a small role-playing component. Anderson and Hewitt (2002) reported that only one third of the participants in this study were restored to competency. As this research project adopts similar educational modules as the Slater Method, it was unforeseen that so few participants would attain fitness/competency. One of the only factors that differed between studies was the Slater Method’s use of educational materials such as vignettes of actual trials, a diorama and courtroom pictures as well as more individualized one-on-one work.

The successful training programs discussed in this review approached fitness restoration/attainment through the use of didactic/psycho-educational training which was utilized in this project. The focus was on articles that discussed programs tailored specifically for the intellectually disabled population as this project was implemented with a client with intellectual disabilities. The literature suggests that it is conceivable to develop a fitness restoration/attainment program if it is designed correctly. Some of the variables that are present in the effective training programs, that were capitalized in this project, include: use of multiple different methods to teach psycho-educational material (i.e., photos, dioramas, videos); and shorter, more frequent training sessions that include a group and one-on-one component.
Chapter III: Method

General Methodology for Manual

This manual was created for mental health hospital staff that work with forensic populations. It can be used as the single tool or in conjunction with other fitness training tools. This manual was designed to use with the intellectually disabled population to help reduce impairment issues that may arise. However, it can be used with other patients that may present with normal functioning. The initial part of the method section outlines a general approach to using the training manual, followed by a specific description of the methodology for the current study.

Purpose of this Training Tool

A person can be found unfit to stand trial if, due to a mental illness: they are unable to understand the nature or object of what happens in court; understand the possible consequences of what happens in court; or communicate with, and instruct, their counsel (Bloom & Schneider, 2006). If the individual is assessed as unfit by a hospital psychiatrist, the judge may order treatment for up to 60 days, for the purpose of returning the individual to a “fit” state. This is called a “make fit” order, or a treatment order. Clients are sent to Mental Health hospitals to receive a fitness assessment when, during the court process, the concern of the individuals’ fitness are raised. This manual was created to be used by hospital personnel during treatment orders. It is hoped that by helping educate the client on critical areas in the legal system, they can become “fit” and be able to return back to court.

Content of the Manual

Information presented in this manual is categorized into five educative modules. The layout has been constructed so that education about the legal process can be taught through the use of knowledge and understanding-based questions. As impairments in the intellectually disabled population are unique to each individual, training sessions should be tailored to concentrate on the client’s specific weaknesses. A tip sheet on how to interview persons with intellectual disabilities can be found in Appendix A. The five modules are:

1. Module 1: Purpose of Training; Review of Charges, Pleas and Potential Consequences
2. Module 2: Courtroom Personnel
3. Module 3: Overview of Courtroom Process, Trial and Plea Bargain
4. Module 4: Communicating with Lawyer, Giving a Testimony, and Assisting in Defense
5. Module 5: Tolerating the Stress of Court/Courtroom Behavior

All five modules can be found in Appendix B. Each module has sample questions and answers. It is suggested that trainers develop new questions to prevent participants from memorizing the questions. Nevertheless, it is important to remember that modules have been
constructed to assess particular content areas so it is imperative during the training process to not deviate too far off topic when modifying questions.

Answers to module questions should be documented on the designated answer sheets found in Appendix C. These answer sheets are employed to record two things: the client’s answers to module questions and the trainer’s evaluation of the quality of the client’s answer. The answer sheets help the trainer keep track of client’s progress, or lack thereof. For example, after completing multiple training sessions, you may document progression by stating something such as: “During the first four training sessions, Mr. Allen was under the impression that the judge and jury were against him and wanted to see him in jail. After going through the modules again and centralizing on Module 2: Courtroom Personnel, Mr. Allen now understands that the judge and jury are neutral and listen to both sides of the story”.

Appendix D contains ten photographs of different areas of the courtroom. These photos can be used to help further develop courtroom knowledge such as asking the participant who sits where in the courtroom and then asking him to explain this staff’s role in the court process. Another educational strategy that can be implemented with the use of photos is showing pictures of witnesses in court. Use these photos with the participant to create stories of what a witness may say, or what they might say if called as a witness.

A chart of various internet links that can be used to watch different court room vignettes, to help further develop the participant’s understanding of the courtroom processes, can be found in Appendix E. Vignettes cover different areas including people committing different contempt’s of court (i.e., yelling out during court) and witnesses testifying.

Appendix F includes a chart of different courtroom personnel. This chart is to be used in conjunction with Module 2 but can be used throughout training to assess progress. Have your client place a check mark or “X” under the corresponding column he or she believes the court staff to fall under. If the client incorrectly labels a staff member, have them explain their reasoning and then provide them with the correct column with a brief educational component (i.e., explain to the participant why this is the correct column). A courtroom personnel slide show was created to be used in conjunction with this chart that includes different photos of courtroom personnel, to help prompt the participant.

An online interactive court website can also be utilized throughout all modules of training. It is a noteworthy educational tool to use as it presents the required educational information in a different format, which helps minimize the risk of the participant becoming bored during the training sessions. Some of the valuable tools on this website include an animated interactive courtroom where participants can click on different areas/people in the courtroom and read a simple explanation of what the item/person does. It also includes numerous witness tips (before, during and after court), interactive courtroom education games and information on the justice process (such as guilty plea, bail and appeals). Link: http://courtprep.ca/

An additional stimulus utilized in training was a diorama of a courtroom that is kept within the hospital. It includes small wooden dolls to represent various courtroom personnel and can be used with participants to discuss who sits where, their roles in court and so forth. Arranging a field trip to a local court house can also be an advantageous interactive stimulus for
the participant, as it gives them an idea of what an actual courtroom looks like. If allowed, it is recommended to attend an actual courtroom proceeding so the participant can see how an actual hearing/trial plays out. Arranging for a mock trial with the participant at the hospital can also be a valuable training tool as it gives the trainer an idea of how the participant can handle the stress of the court process. Additional handouts that can be used throughout training, at the trainers’ discretion, can be found in Appendix G.

The Training Process

Numerous methods are available to assess one’s comprehension of presented material. This manual capitalizes on two means of evaluating understanding. The first way focuses on having the client explain concepts in their own words in an effort to indicate their level of understanding. Grisso (1986) states that having participants reword content that has been taught, is beneficial in estimating understanding of material (as cited in Wall, Krupp & Guilmette, 2003).

The second method employed to determine the participant’s level of understanding was to ask questions that required processing of the information taught during Phase I. Individuals with an intellectual disability may find it challenging to answer open-ended questions spontaneously. In addition, identification of previously learned material may be recalled with greater ease, when prompted by a question, as opposed to impromptu recall. Therefore, all of the training modules contain understanding-based training questions to help the trainer assess the participant’s level of understanding.

Questions are presented in a fashion that builds upon knowledge presented through each of the preceding questions (Coles, 1996). The manual was designed so that questions that assess one’s understanding are presented after the basic knowledge questions, as they employ the use of this knowledge in a more advanced form. One limitation that may emerge during the training process is that by frequently going over the same questions and answers, participants may be exhibiting their understanding of a larger number of details of the same central information. Moreover, you may just be testing their capacity to memorize answers rather than appreciation of concepts (Wall et al., 2003). Coles (1996) describes this as a common predicament when evaluating a client with intellectual disabilities understanding.

The training process involved reviewing all five modules with the participant in sequential order over an adjustable period of time. All clients and their presenting impairments are unique. Some may only need one session to complete a module successfully; whereas others may require several. Module training occurred in two phases described below.

**Phase I:** Knowledge-based training occurred in Phase I of module training. In this phase, the participant was given essential information on the legal system to learn by rote (memory technique based on repetition). Knowledge-based training covers all three areas of impairment discussed earlier (communication, cognitive and behavioural/emotional). The goals of knowledge-based training are listed in Column A in Appendix H. All knowledge-based questions are listed in column A of all five modules. For Phase I of training, present the participant with knowledge-based questions only and skip all understanding-based questions (Column B).

**Phase II:** Understanding-based training occurs in Phase II of module training. This is the more critical phase in training where you help the participant comprehend the meaning of the
material learned during Phase I. The participant must be able to understand the material presented, as opposed to simply repeating the information. It is an active progression of making sense of the module material. The goals of understanding-based training are listed in Appendix H in Column B. Unlike Phase I of training, during Phase II present the participant with both understanding-based questions (Column B) and knowledge-based questions (Column A). Encourage the participant during this phase to answer questions spontaneously. This helps the trainer achieve a further understanding of the participant’s level of comprehension of the material taught.

A flow chart with the appropriate sequence of training is listed in Appendix I. The first step in training is to go through Phases I and II of all five modules to develop an outline of the participant’s answers to create a baseline. Baseline data can be obtained using other forms of data collection such as the CAST-MR, which was utilized in this thesis for baseline and intervention results (discussed in more detail later). Once baseline is established, return to knowledge-based training questions in Phase I for a minimum of three times, then move onto Phase II. Once both training phases are completed, arrange for the participant to take part in a mock court scenario.

This manual is to be employed with in-patient populations that are in the hospital under a “make fit” or treatment order. The setting of training varies within each hospital, although it is recommended to implement training in a quiet room that has minimal distractions (i.e., a room with low levels of traffic and noise). The trainers of this manual can include a number of in-hospital staff including psychiatrists, psychologists, social workers, occupational therapists, nurses and, with proper training, students. It is important when writing down answers on the designated sheets that the trainer does not write down any incriminating statements. This is not part of the fitness restoration/attainment process.

Methodology for Thesis Intervention

Participant

The participant was an older adult male, who has been dually diagnosed as intellectually-disabled with a comorbid psychotic disorder. The patient was referred by his attending psychologist (immediate supervisor) who obtained baseline data that was used for this thesis. Informed Consent was obtained through the use of an informed consent letter from the college given to the patient’s sister, who has been assigned as his substitute decision maker (Appendix J). Once informed consent was received, verbal assent was obtained from the client.

Design

An AB treatment design was used, in a one-on-one format, in the psychiatric hospital setting. The student implemented treatment under the supervision of a psychologist on the unit. The hospital and the student provided all the required materials for treatment. The use of materials included: pen and paper for recording answers; court room photos; a previously designed diorama of a court room setting; a computer with internet access; and miscellaneous handouts completed by the participant that centered around the legal system. Some of the computer-related materials utilized in training in conjunction with the modules include: an
interactive courtroom website, slides show on courtroom personnel and courtroom etiquette, and vignettes of different courtroom scenes.

**Procedures**

All training sessions during this intervention were held in an empty TV room on the ward or in the trainer’s office. These settings were chosen for intervention implementation as they had minimal additional stimulus, which helped decrease the patient’s distractibility. Furthermore, training sessions were only conducted if the participant had recently had a smoking break. In addition, the trainer occasionally took the participant to the in-hospital cafeteria for a coffee or soda. These techniques helped increase his attention, which resulted in more productive training sessions. A detailed chart can be found in Appendix K describing each training session including: date of session, duration, what modules were covered, additional stimuli used and a description of anything considerable that occurred during the session.

**Data Collection**

Baseline data was obtained by the participant’s attending psychologist using the Competence Assessment to Stand Trial for Defendants with Mental Retardation (CAST-MR). The CAST-MR is a tool designed to assess Competency to Stand Trial, the U.S equivalent for Fitness to Stand Trial. The CAST-MR was developed to be used with I-D populations and utilizes simplified language and an easy response format (multiple choice) (Everington & Luckasson, 1992). Standardized-assessment tools that are not tailored for individuals with intellectual disabilities can possibly over-or-under estimate knowledge and ability. As the CAST-MR is a formal forensic psychological assessment tool, which is intended to be administered by a psychologist and the results of the assessment were to be included as part of a formal legal proceeding and not just part of a project, the participants attending psychologist completed the assessment at both baseline and intervention. Additionally, as the Slater Method is an American tool, it is protected by the US legislation on trade secrets. When tests are used in a Canadian context, purchasers are expected to also protect these test materials, items, and scoring criteria as confidential, copyrighted, and trade secret material. For these reasons, a copy of the CAST-MR will not be included in any of the thesis literature.
Chapter IV: Results

The participants’ intervention lasted from November 18\textsuperscript{th}, 2013 until December 6\textsuperscript{th}, 2013, in which he took part in twelve separate training sessions. The average duration of training sessions lasted 28 minutes and took place in two different offices on the forensics ward. In these 12 sessions, the trainer went through all five modules with the participant including both Phases I and II for baseline. Following the Module flow sheet, the trainer was able to go through all knowledge-based questions from Module 1 and Module 2 twice. In conjunction with the systematically correct way to proceed with Modules, Modules 3 to 5 were unable to be completed as the participant was unable to give fair-good level answers for Modules 1 and 2 (a requirement in proceeding to new modules). An intervention procedures chart can be found in Appendix K which includes: all session dates; the duration; modules covered; additional stimulus used; and the scoring on these sections (used for comparative purposes).

Baseline Results

Prior to intervention implementation, baseline data was obtained by the participant’s attending psychologist using the Competence Assessment to Stand Trial for Defendants with Mental Retardation (CAST-MR) shown in Table 1.

Intervention Results

The results in Table 1 indicate that all scores remained the same from baseline to intervention minus the sub-category of “Basic Legal Concepts” which decreased by one point (4.7\%) from baseline to intervention as shown in Figure 1.1. The total score on the “Skills to Assist Defense” for both baseline and intervention was 7/15 as shown in Figure 1.2. The “Understanding Case Events” total scores remained consistent at 4/10 during both baseline and intervention as shown in Figure 1.3. A graph of total score percentages on the CAST-MR can be found in Figure 1.4.

Table 1

<table>
<thead>
<tr>
<th>CAST-MR</th>
<th>Baseline Results (May 2013)</th>
<th>Intervention Results (December 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Category</td>
<td>Score</td>
<td>Percentage</td>
</tr>
<tr>
<td>Basic Legal Concepts</td>
<td>8/23</td>
<td>34.7%</td>
</tr>
<tr>
<td>(prorated as 2 items omitted as US-specific legal concepts that are not applicable in Canada)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills to Assist Defense</td>
<td>7/15</td>
<td>47%</td>
</tr>
<tr>
<td>Understanding Case Events</td>
<td>4/10</td>
<td>40%</td>
</tr>
<tr>
<td>Total Score</td>
<td>19/48</td>
<td>39.6%</td>
</tr>
<tr>
<td>(prorated as 2 items omitted as US-specific legal concepts that are not applicable in Canada)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
With respect to the trainers’ impression of the participants’ progression throughout training, he always appeared willing to start training sessions when asked and always appeared to be genuinely interested. However, taking the participant to the in-hospital canteen to purchase a refreshment before training (something he was only allowed to do with staff accompaniment) was identified as a reinforcer. The addition of a desired drink was proven to be effective in increasing his concentration, in regards to decreasing in-training interruptions (i.e., asking if he could take a break to go to the canteen) which was beneficial for the training process; however, this could have created a superficial eagerness to complete training.

During training sessions, the participant was easily distracted and appeared to be only superficially listening to what the trainer was saying. As a reciprocal question format was used, he appeared to be listening to the trainer’s question but this seemed to be for the sole reason of answering it as quickly as possible so he could ask his question. When the participant was asked if he was listening to what was just asked, he always stated “yes”, but was rarely ever able to communicate back what was just said. The trainer believed this was correlated to his lack of attention during training, as well as some issues around comprehension of what was being taught. During many of the training sessions, he would automatically answer questions with an “I don’t know”. Occasionally, if the trainer left a brief moment of silence (5-10 seconds), the participant spontaneously answered the question after he stated “I don’t know”. When he was not answering questions with an “I don’t know”, he often answered the question with the last few words in the question. The participant also at times answered the question with terms he previously learned (i.e. if he was asked the name of the lawyer NOT on his side, he would state judge, defense attorney, bailiff, simultaneously in hopes of providing the correct answer).

Sessions ended based on the participants schedule and how long he wished to proceed. Generally, he informed the trainer he was “ready to be done soon” or that he wanted to go back to the ward to lie down. Frequently, the participant stated this at the beginning of the session when asked the first training question. Depending on what stimulus was being utilized, the trainer increased the duration of training by asking if they could go through two more slides (e.g., two more questions, work for two more minutes, and so forth). For the most part, he agreed to the increased training time. If not, the session was terminated immediately.
Figure 1.1.

Figure 1.2.
Figure 1.3.

Figure 1.4.
Information on CAST-MR Norms

In regards to scoring norms on the CAST-MR, in a study by Everington and Luckasson (1992), of 46 defendants without an intellectual disability, the scores were quite high, averaging 45.4/50, with a standard deviation of 2.73 (i.e., 99% of the defendants without an I-D scored a minimum of 78%). In comparison to 51 defendants with an I-D that were found Fit to Stand Trial, the mean score was 37.0 and the score for those who were NOT found Fit to Stand Trial, the mean score was 25.6. This is still significantly higher of a score than the thesis participant received. The standard deviations for both I-D samples were not included as they were taken across three studies.

Cut-off scores for Fitness to Stand Trial are not included in the CAST-MR as it is designed to be used as a portion of a larger assessment by an experienced forensic examiner. What is required of the participant in regards to his case and the complexity of his case should also be taken into consideration when interpreting performance on the assessment.

Data Collection Instrument

The implementation of the CAST-MR at both baseline and intervention was an arduous experience for the participant. In regards to the first two sections of the CAST-MR (Basic Legal Concepts and Skills to Assist Defence) he correctly answered some questions, signifying a score greater than chance (i.e., he did marginally better than he would have done by just guessing). Despite these scores, he was still incorrect on more than half the answers, which demonstrates a significant lack of critical knowledge about different aspects of the court system. During the Basic Legal Concepts sub-category, the participant was able to provide the accurate meaning for a number of legal definitions. However, it is possible that many of these correct answers may have been by chance as there is a one-in-three chance of answering correctly on any given term. Despite repetitively going through a number of other legal terms throughout training, the participant was unable to provide the correct definitions. The participant was quite deficient in his knowledge during the Skills to Assist Defence section of the CAST-MR. Areas of significant impairment included the “appropriate responses to different courtroom situations”, “appropriate courtroom demeanor”, “the types of information that should be shared with others” and “overall knowledge of basic rights”. In regards to the third and final section of the CAST-MR, “Understanding Case Events”, the participant had a narrow understanding of not only his current allegations but also the relation between the charges and the legal process. When the participant was questioned about his alleged index offense, he provided reasons for his admissions to the forensics ward, albeit minimal and requiring continuous prompting from the interviewer. The participant was able to give an account of his problematic behaviours that he has engaged in throughout the years but was unable to autonomously differentiate these behaviours from his index offence (i.e., unsuccessful in identifying which behaviours resulted in his current legal situation and which ones are unassociated). When queried about the particulars of his index offense, he was unable to account where the offense transpired, who was around and what had specifically occurred. When further questioned, he seemed to formulate an improbable series of elements to the event. He was incapable of producing an answer to what occurred when he was arrested although was able to identify his charge correctly. The participant was able to accurately identity that his index charge could result in him going to prison and was able to elucidate the nature of the behaviour in which this specific charge refers to.
Chapter V: Discussion

Summary of Thesis and Training Manual

In response to the positive results obtained by the U.S instrument “The Slater Method”, a training manual was developed, modeled after this tool, with appropriate Canadian adaptations. The purpose of this tool was to provide patients with education about the legal system, in an effort to restore/attain their fitness so they may proceed to trial. The focus of this thesis was to determine if the use of this manual, with additional stimuli, could help attain the fitness of a dually diagnosed adult male in the hospital setting, within the context of a one-on-one educational counselling format. As the literature review exhibits, the use of the Slater Method, as well as other educational programs in restoring/attaining Fitness to Stand Trial can be prosperous for defendants with intellectual disabilities. Unfortunately, following intervention, there was no notable change in the client’s knowledge or understanding of the court proceedings or legal system based on the scores for the CAST-MR. Therefore the intervention was not considered successful. There are various possible reasons why the intervention was not successful with this client, despite the success noted in the literature. As mentioned in the limitations section, typically in other studies, the intervention duration lasted much longer (up to 3 years in some cases); this intervention was very brief by comparison. It is possible that with more time, the client would be able to integrate the information. It is also possible that the intervention was not effective for this particular client. Even successful interventions are not effective for every client and there could be unique client characteristics (e.g., lack of motivation) that affected the likelihood of change.

This training manual offers information to those individuals with an intellectual disability who have been charged with a crime in a structured format. Aside from the information provided, it also sets expectations for participation in the fitness restoration/attainment process, gives the trainer central information related to the clients fitness-related deficits, and helps accelerate the clients return to court.

Multilevel Challenges

Society: Those who are diagnosed with a mental illness and/or an intellectual disability often live their lives plagued by stigma and discrimination. Many people within our society believe forensic mental health patients are unfit members of society who should be locked away. Unfortunately, these stigmas can create fear and uneasiness within these patients, resulting in high levels of anxiety about re-integrating into the community. This can seriously deter many patients progress in their rehabilitation and even cause some to self-sabotage their progress in an effort to continue living in the hospital. This is a considerable issue to address as it only causes the negative cycle to continue.

Program: The difficulty at the program level was trying to explain the purpose of training to the patient and why it was important. As the client has a developmental disability, it was arduous to explain to him what Fitness to Stand Trial meant and the purpose of training. How to appropriately fade the trainer out at the program level was another challenge faced. As the trainer was a student, she had an abundant amount of time to be able to work one on one with the client. As this individual was the participant in the thesis, an ample amount of time went towards doing some therapeutic work with him every day. Fulltime hospital staff do not have the ability to work with the client this closely, which needs to be addressed in order for the progress attained by the participant to be maintained.
**Organization:** In a mental health institution, it is commonplace that patients have more than one issue that needs to be addressed. Consequently, a multidisciplinary team is necessary to ensure the patients are receiving the most effective treatment possible. This indicates that the numerous different staff will be meeting with the client and therefore a high degree of effective communication needs to be in place. This can be an arduous task as staff may come from many different areas of the hospital as well as off site. Therefore, it is critical that all members of the team have effective communication. Strong communication skills can also prevent members of the team from repeating work that has already been completed by another member of the team (i.e., assessments that require primarily identical information). This will be an ongoing challenge as the trainer is no longer implementing the thesis. Although the trainer supplemented her supervisor with specific instructions and had her shadow during some of the training sessions, other staff within the ward will be implementing the training at times.

**Client:** The challenge presented at the client level was the difficulty of working with a client who due to his mental illness has deficiencies in his ability to stay focused to the task at hand. The intervention that was implemented contained two phases; Phase I provided knowledge based information for the client to initially learn by rote and Phase II asked understanding-based questions, where the client makes sense of the material presented in Phase I. An ability to stay focused is critical so the client can comprehend what is being taught. These absences make it difficult for the client to stay concentrated and effectively comprehend material being taught leading to progression in training to be extremely minimal and slow.

**Limitations of Thesis Intervention and Thesis Manual**

One of the most significant limitations of this intervention was time. Most successful implementations of the Slater Method and other similar fitness attainment tools are executed anywhere from six months to three years. Research studying the rates of fitness restoration/attainment steadily indicated that the majority of defendants (80 – 90%) have their fitness restored/attained within 180 days and an even larger number are restored within one year (Zapf, 2013). Therefore, expecting a substantial change in scores on the CAST-MR from baseline to intervention in three weeks is infeasible for any client presenting with numerous intellectual and mental health issues. This was an especially impractical time line for the participant of this thesis as he had significant issues with attention and comprehending material. Most material taught in sessions was not retained, regardless of how much the material was presented to him. The reasoning for the short intervention implementation timeline was that the development of the manual was the first priority and focus. Therefore, any data gathered to determine the manuals efficacy is minimal.

Another limitation of this thesis was the sample size. As only one client was in the study, the generalizability of results is fairly restricted. In other words, we were unable to determine if this training manual was effective with different populations with various and diverse co-founding variables such as age, gender, presenting diagnoses, severity of intellectual disability, substance abuse problems, IQ, original CAST-MR scores, educational level, criminal history, Global Assessment of Functioning score, genetics and so forth. Lastly, there is the potential that any positive effects that may be achieved by the training manual can be attributed not solely to the manual, but the increase in social interactions/attention by the trainer(s) and the increase in
stimulation from the manual. These reasons also limit the power of the results created from the manual.

A third limitation of this thesis is that court fitness training gives the illusion that defendants have attained fitness when they have only acquired minimal abilities related to trial fitness. The degree to which any fitness training attempts prevail is contingent on a number of different components including the severity of the client’s disability, severity of his index offence and the possibility of a comorbid disorder (i.e., substance, psychiatric) that may have a direct influence on fitness. As the data from Wall and Christopher (2012) exhibit, some defendants may not be able to attain trial fitness, regardless of the volume of Slater Method training.

Objectivity was another limitation as the intervention implementer/trainer was also the developer/adapter of the manual. Therefore, there may have been some objectivity towards the success of the intervention subconsciously from the trainer in regards to pressure to arrive at the results that provided evidence of a successful intervention. Ideally, anyone implementing the manual will be free of objectivity as they did not have a direct hand in adapting and developing it. Standard interventions to decrease bias, such as random assignment to assigned treatment groups and the use of a placebo control group, were not plausible in this study.

**Strengths of Thesis Intervention and Manual**

An advantage of this program is that it can be used with minimal modifications for those who have literacy deficits. All module questions are communicated by the trainer, and do not require the client to read. In regards to the additional stimuli used, the only one that would require a higher functioning individual are the handouts, as they require the participant to read questions and write their answers. These were not employed with the client during this training program as he had difficulty writing and reading.

One of the major strengths of the manual is rooted in the literature review with a number of articles producing high restoration/attainment results using an educational component in their interventions.

In regards to the strength of fitness training programs, they are advantageous as they supply the participants who have the capacity to achieve Fitness to Stand Trial, the occasion to exercise their right to a fair trial. Without challenging the participant’s abilities, the chance of restoring/attaining their fitness is disregarded, which in turn jeopardizes the integrity of the legal proceedings.

**Implications for the Behavioural Psychology Field**

This project has contributed to the field of behavioural psychology by providing an overview of effective and well-established individual fitness treatments for offenders with intellectual disabilities. As a prominent aspect in the field of Behavioural Psychology is devoted to encouraging positive behaviour change, developing effective interventions that improve the client’s quality of life is imperative. This thesis and training manual contributes to this goal as it provides an educational treatment approach that is supported by an abundant amount of
literature. In addition, this thesis helps to increase the conceptual understanding of not only the fitness process but educational procedures that can be employed in order for those with an intellectual disability to attain their maximum capability.

*Future recommendations*

Additional research is needed to fully understand why some defendants are found not fit to stand trial, what specific interventions have a better rate of attainment/restoration, and what variables prevent individuals from attaining fitness. It may also be beneficial to include an anxiety reduction component. An anxiety reduction element can contribute by adding relaxation techniques that defendants can employ in court when and if they begin feeling anxious. As mentioned in the limitations section, this study only had one participant, limiting the generalizability of the results. Therefore, future fitness studies should examine how different co-founding variables can influence individual’s fitness training ability, through the use of a larger treatment sample.

This thesis features some components of a successful effort to restore/attain fitness for an individual with intellectual disabilities. The Slater Method alone did not appear sufficient and this is why additional stimuli were added. Although the influence of each stimuli (courtroom vignettes, courtroom personnel slideshow, diorama etc.) is not clear. Future studies should challenge to generalize and isolate these elements of this training.

Finally, additional research should be conducted in order to concentrate on inter-relater reliability of adequate versus inadequate answers and the validity and reliability of the training tool. It would be valuable for empirical research to be conducted on the IQ element in conjunction with this training tool as it may make it plausible to develop a predictive component in regards to participant’s ability to be attain/restore their fitness. Aside from this, it may also be beneficial to have a component in the training tool that can assess and identify malingering.
References


Appendix A: How to Interview a Person with Intellectual Disabilities

How to Interview a Person with Intellectual Disabilities

1. Avoid using abstract terms and ideas (Wall, Krupp & Guilmette, 2003). Those with an intellectual disability have difficulties understanding abstract concepts. Ensure you are using shorter sentences that employ the use of concrete terms and deal with only one topic at a time (D’eath, 2005).

2. Use simple language. In an attempt to avoid increasing the client’s confusion, simplify language as much as possible. For example, instead of “prosecuting/crown attorney”, use “other sides’ lawyer” or the “bad lawyer” (Wall et al., 2003).

3. Avoid response bias. Individuals with intellectual disabilities have an increased inclination to acquiesce, respond pessimistically or answer with the last thing mentioned (recency) (D’eath, 2005). Phrase questions to avoid these biases.

4. Never raise your voice or pressure the client to answer a question. This can amplify their anxiety and make the learning process arduous. Keep your voice calm and speak clearly (Wall et al., 2003).

5. Ensure questions do not contain part of the answer (leading questions). (Note: During module training, some of the questions will contain material that has been taught earlier (Wall et al., 2003).

6. Avoid questions that can be answered “yes” or “no”. Questions that can be answered with a simple yes or no can create the assumption that the client understands what is being asked; when in reality they may not understand the question at all.

7. To avoid the client simply parroting back answers, rephrase the questions multiple times (Wall et al., 2003). As modules are to be taught multiple times, try and reword the question with every new training session.

8. Do not rush through training. Take your time so the client does not feel pressured.

9. Always give praise and encouragement.

10. Withhold from asking aggravating questions about time or explanations for behaviour (e.g., “What date were you arrested?” or “Why did you do (individual’s charge)?”, unless you are positive they can answer these easily and correctly.

11. Never show any frustration you may have with the client. This will directly affect their participation in training and negatively affect your therapeutic rapport with them.

12. Emphasize and repeat critical information in training to ameliorate memory retention.

13. Minimize distractions during the training process (e.g., in a quiet room with minimal traffic).

14. If the client answers a question inappropriately or is not communicating suitably, provide them with honest and specific feedback.

15. Pay attention to your own body language during training (e.g., do not nod your head “yes” or “no”) or present other nonverbal cues that may unintentionally assist the client in answering questions.

16. Take breaks during training and hold sessions more frequently with shorter durations.
Appendix B: Training Modules

Module 1: Purpose of Training; Review of Charges, Pleas and Potential Consequences

(Questions and answers (answers in italics) provided are samples; they can be revised or elaborated on by the person in charge of implementing training)

<table>
<thead>
<tr>
<th>Column A: Knowledge-based questions</th>
<th>Column B: Understanding-based questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who sent you here? (The judge, a doctor)</td>
<td>A. Why are you in trouble? (Some people said I did a crime, that I did something bad)</td>
</tr>
<tr>
<td>2. Why are you here? (The judge has found me unfit to stand trial, I have to come here for treatment and to learn about court)</td>
<td>B. Because you are in trouble does that mean you are going to jail? (No)</td>
</tr>
<tr>
<td>3. They sent you here because you are charged with a crime, what is a crime? (A crime is committed when someone breaks the law; even if someone does not know about the law that was broken. You did something bad)</td>
<td>C. Why not? (I have to admit I did the crime or the other side has to prove I did it)</td>
</tr>
<tr>
<td>4. What are you charged with?</td>
<td>D. Why is it bad to (tailor to clients specific crime, i.e. if it was shoplifting, ask “Why is it bad to take something from a store without paying?” (Because the law says you have to pay for it. When going through modules multiple times can rephrase question to “Is it bad to take a chocolate bar if you have paid for it? (No) “Why” because I paid for it and that’s right thing to do when you want something from a store).</td>
</tr>
<tr>
<td>5. What does that mean? (Individual, if the charge is shoplifting, a correct response would be “I took something from a store that I did not pay for”)</td>
<td>E. If you say you are not-guilty will the judge and jury agree with you? (i.e. is a plea the same thing as a verdict). (No)</td>
</tr>
<tr>
<td>6. When did this happen? (Only ask if client is good with timing)</td>
<td>F. Why not? (A verdict is the final decision the judge/jury make, they may agree with my plea but they make the decision on their own).</td>
</tr>
<tr>
<td>7. What is a plea? (When the judge asks me if I did the crime, it’s the answer I give)</td>
<td>G. Why did the judge send you to this</td>
</tr>
</tbody>
</table>
12. What is a verdict?
*The final decision the judge makes about my case, if I am guilty or not-guilty.*

13. What happens if I am found not-guilty?
*I get to go back to my (whatever their living arrangement is).*

14. What does it mean if the judge/jury finds me guilty?
*The judge or jury believes I did commit the crime. The crown attorney was able to show that I did do it.*

15. What happens if they say you are guilty?
*I get some form of punishment (a sentence). I may have to go to jail.*

16. What is a sentence?
*A sentence is the form of punishment the judge gives me*

17. What are the forms of punishment I could get?
*Jail or probation*

18. What is probation?
*I don’t have to go to a jail or a hospital, I can go back home but if I do something bad again I will have to go back to jail/hospital. I have to follow rules the judge gives me*

---

Additional stimulus to use with this module:

- My pleas hand out (Appendix G)
- My charges hand out (Appendix G)
- Interactive courtroom website (http://courtprep.ca)
**Module 2: Courtroom Personnel**

(Questions and answers (answers in italics) provided are samples; they can be re-vised or elaborated on by the person in charge of implementing training)

<table>
<thead>
<tr>
<th>Column A: Knowledge-based questions</th>
<th>Column B: Understanding-based questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Can go through these questions with a blank layout of the courtroom and go through who sits where, as well as pictures of the courtroom and courtroom staff.</td>
<td></td>
</tr>
<tr>
<td>1. What does the judge do? <em>(The judge is in charge of the courtroom. They decide whether I am guilty or innocent (use not-guilty if this is the term you have been using previously). The judge makes sure both sides play fair.)</em></td>
<td>A. Is the judge on your side in court? <em>(The judge is neutral. They do not take sides until the end of court when they make the verdict)</em></td>
</tr>
<tr>
<td>2. Are you allowed to talk to the judge? <em>(Yes)</em></td>
<td>B. Why does the jury listen to your side of the story? <em>(It is their job to listen to both sides of the story. They then decide who they believe)</em></td>
</tr>
<tr>
<td>3. When? <em>(When they ask me a question)</em></td>
<td>C. Why does the crown attorney want to make you look bad/be found guilty? <em>(It is their job to try and make the jury and/or judge send me to jail)</em></td>
</tr>
<tr>
<td>4. Are you allowed to ask the judge questions when they come up? <em>(No, I can tell my lawyer what I have to say)</em></td>
<td>D. Who is on your side in the courtroom? <em>(My lawyer, some witnesses may be on my side and possibly family if they attend)</em></td>
</tr>
<tr>
<td>5. What does the jury do? <em>(They decide if I am guilty or innocent)</em></td>
<td>E. Who is not on your side in court? <em>(The crown attorney and some witnesses may not be on my side)</em></td>
</tr>
<tr>
<td>6. Who decides if you are guilty or innocent if there is no jury? <em>(The judge)</em></td>
<td>F. Who is neutral in court? <em>(The judge and the jury until the end. Bailiff and court reporter)</em></td>
</tr>
<tr>
<td>7. Are you allowed to talk to the jury? <em>(No)</em></td>
<td>G. Show them photos of witnesses testifying (appendix D) and ask them who is sitting where. As they name off different courtroom personnel, you can review the above questions with them to make sure they understand.</td>
</tr>
<tr>
<td>8. Is there any time in the court process that you can talk to the jury? <em>(No)</em></td>
<td></td>
</tr>
<tr>
<td>9. How many people are on the jury and where do they come from? <em>(12 people from the community)</em></td>
<td></td>
</tr>
<tr>
<td>10. Who is on your side in the courtroom and wants to prove you are not guilty? <em>(My lawyer)</em></td>
<td></td>
</tr>
</tbody>
</table>
11. What is your lawyer’s job?  
*(To help me with my case. They can talk to me throughout court and give me advice. They can help me figure out what to say in court and listen to what I have to say)*

12. Can you talk to your lawyer during court?  
*(Yes)*

13. When?  
*(Before, during and after court)*

14. If you have to talk to your lawyer during court, how should you do it?  
*(Quietly)*

15. What is the name of the lawyer who is not on your side?  
*(Crown attorney)*

16. What is the crown attorney’s job?  
*(To try and make the judge and/or jury believe that I am guilty)*

17. Can you talk to the crown attorney?  
*(Yes)*

18. When?  
*(Only if they ask me a question when I am on the witness stand)*

19. What is a defendant?  
*(The person being charged with committing the crime/me)*

20. What is a witness?  
*(Someone who was there when the crime happened. They come into court and tell the judge and jury what they saw.)*

21. Can you talk to the witnesses?  
*(No)*

22. Is there any time throughout the court process that you can talk to any of the witnesses?  
*(No)*

23. If another person sits in the box beside the judge what are they called?  
*(A witness)*

24. When someone is talking in the box, what do you do?  
*(Sit beside my lawyer quietly, I am not allowed to talk to them or ask them questions)*
25. What is your job when you go to court?  
(To talk to my lawyer about my case and let him know if there is something I don’t understand. I must listen to everything going on and I may be called to be a witness).

26. How do you know when you are a witness?  
(When I sit in the witness box)

27. If you sit in the witness box, what is your job?  
(Answer all questions that the lawyers and the judge may ask me. I have to tell the truth. If I don’t understand a question I have to tell the judge or my lawyer.)

28. What does a bailiff do?  
(A bailiff is the police officer in the courtroom)

29. What does a court reporter do?  
(Types everything that is said in court?)

Additional stimulus to use with this module:

- Courtroom personnel chart (Appendix F)
- Courtroom personnel slide show (Link?)
- Interactive courtroom website (http://courtprep.ca)
- Courtroom Diorama
- Courtroom Pictures (Appendix D)
- Field Trip to a Court House
Module 3: Overview of Courtroom Process, Trial and Plea Bargain

(Questions and answers (answers in italics) provided are samples; they can be re-vised or elaborated on by the person in charge of implementing training)

<table>
<thead>
<tr>
<th>Column A: Knowledge-based questions</th>
<th>Column B: Understanding-based questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What happens when you go to court? <em>(Different courtroom personnel discuss my case and I)</em></td>
<td>A. Why do you have to go to court? <em>(Because they say I did something bad. Because they think I did something bad they have charged me and are taking me to court. Because that’s how the law works, they have to hear both sides of the story and decide if I did it or not (guilty/innocent))</em></td>
</tr>
<tr>
<td>2. Having a trial is different from just going to court. You will only need to go to trial if you plead not guilty. If you plead guilty you receive a sentence from the judge. a) If you say you are guilty is there a trial? <em>(No)</em> b) If you say you are not guilty is there a trial? <em>(Yes)</em> (As these are yes and no questions rephrase the questions to ensure client is understanding content. Ex. What are your pleas? Which results in a trial?).</td>
<td>B. If you plead not-guilty why do you have to go to court? <em>(Because my lawyer and I have to prove that I did not do it, we have to prove the people who are saying I did do the crime are wrong)</em></td>
</tr>
<tr>
<td>3. What is a trial? <em>(A trial is a process in which they have to determine if I am guilty or innocent of the crime I am charged with.)</em></td>
<td>C. Why don’t you need a trial if you plead guilty or take a deal? <em>(Because they already have an answer to the question since I told them I’m guilty or that I did something bad)</em></td>
</tr>
<tr>
<td>4. What happens during a trial? <em>(Both sides get to tell their version of the story. They take turns telling their side and each side asks questions. The judge and jury listen to both sides and then make a decision if I am guilty or not guilty)</em></td>
<td>D. How come you probably won’t go to trial? <em>(Because they probably want me to take a deal)</em></td>
</tr>
<tr>
<td>5. If there is no trial what does this mean? <em>(I pleaded guilty to the crime)</em></td>
<td>E. When is it that there is no jury? <em>(When I take a deal or plead guilty)</em></td>
</tr>
<tr>
<td>6. What happens then? <em>(The judge gives me my punishment for the crime (sentence). There is no jury and they don’t have to listen to both sides.)</em></td>
<td>F. Why is that? <em>(Because when I plead guilty or take a deal there is no trial)</em></td>
</tr>
<tr>
<td>7. If you decide to take a deal, called a plea bargain there is also no trial. This means you admit you did something bad and are making a deal to get an easier punishment. What’s good about taking a deal? <em>(I get a lesser punishment; I may be able to stay out of jail)</em>.</td>
<td>G. What’s in it for you if you take a deal? <em>(I probably will not have to go to jail. I will probably be on probation)</em></td>
</tr>
</tbody>
</table>
| 8. What courtroom personnel have to agree to the plea bargain before it can be accepted? *(My lawyer and I, the crown attorney, the judge and/or jury)* | H. What’s the difference between court and a trial? *(When you go to court, they talk about your case and your court dates. A trial is a*
9. Some bad things can also happen if you take a plea bargain. You may have to give up some rights, and give up the right to a trial, where the jury makes a decision. (Discuss with the client some of the negative consequences of making plea bargain)
- You have to admit you did something wrong
- You don’t get to go back to court and tell them your side of the story (explain that this is called an appeal)
- Even though it will be a lesser punishment, you will definitely still get a punishment. You may have been found not guilty if you went to trial which would result in no punishment)

10. What are the bad things about taking a deal? (I have to tell them I did do the crime even if I didn’t or I don’t want to tell them. I don’t get a second chance to the court about my charge and my side of the story)

11. What is a second chance to talk about your charge called? (An appeal)

12. Will you go to trial? (I won’t know until my lawyer and I talk. But it is unlikely. (Note: this varies depending on the persons charge)

13. What happens when you make a deal (a plea)? (I have to say that I did do the crime/did something bad. I don’t get a trial and I don’t get a chance to go back to court if I do not like the outcome)

Review with your client about witnesses and being on the witness stand. Explain that even though the Crown Attorney is not on their side, they may be called into the box where the Crown can ask them questions. Explain that this is called a cross examination.

14. What is a cross examination? (This is when the crown can ask me or witnesses on my side questions. This also means my lawyer can ask witnesses who aren’t on side questions, especially if they are lying about what happened or challenge there evidence)

15. What is evidence? (Evidence is anything that can prove I am guilty or innocent. Evidence can be what a witness says or items such as finger prints)

I. When could you go to court and not have a trial? (If I say I am guilty or take a deal)
- Interactive courtroom website (http://courtprep.ca)
- Field Trip to a Court House
- Vignettes of Courtroom (Appendix E)
Module 4: Communicating with Lawyer, Giving a Testimony, and Assisting in Defense.

(Questions and answers (answers in italics) provided are samples; they can be re-vised or elaborated on by the person in charge of implementing training)

<table>
<thead>
<tr>
<th>Column A: Knowledge-based questions</th>
<th>Column B: Understanding-based questions</th>
</tr>
</thead>
</table>
| 1. Who will you talk to before you go into the courtroom?  
(My lawyer) | A. Why is it important to tell your lawyer if you do not understand what is being said in court?  
(Everybody in court is here to talk about me. It is important I know what people are saying about me and my case. I might miss something) |
| 2. Who can you talk to in court whenever you want?  
(My lawyer) | B. Why is it important to not talk to the other sides lawyer/crown attorney?  
(They are not on my side. They want to send me to jail. They may use what I say against me) |
| 3. You can also speak to other people in court, but only when they ask you a question. Who are these people?  
(I can only talk to the judge when they ask me a question. I can only talk to the other sides lawyer (the crown) when they ask me a question when I am on the witness stand). | C. Let’s talk about what you just told me (Question 9). What are the most important things you told me? Why are these important?  
(Use your best judgment) |
| 4. Who can you never talk to in court?  
(I cannot talk to the jury or the witnesses) | D. Why do you tell your lawyer if somebody lies about you?  
(I am not allowed to talk to the witness myself. I need to tell my lawyer because the lie could make me look bad) |
| 5. If you have to go to the washroom while you are in court, who can you tell this to?  
(My lawyer) | E. Why do you tell your lawyer if somebody says things to you that you don’t like?  
(I am not allowed to talk to the witness myself. I need to tell my lawyer because I want to look as good as possible to the judge/jury). |
| 6. If you don’t understand what is being said about you in court, who can you tell this too?  
(My lawyer) | F. Why is that important?  
(Because it is my lawyers job to help me in court. If I don’t feel comfortable with my lawyer, I need to tell somebody) |
| 7. What do you say to your lawyer if you do not understand what is going on?  
(I say “I don’t know what is going on”) | G. Take the client through a number of |
11. What do you do if a witness says something mean about you or something you that you do not like?  
(Tell my lawyer)

12. What do you do if your lawyer tells you to do something that you don’t like? Example: If they tell you to change your story.  
(Tell my lawyer so we can talk about it. Tell somebody that I know and can trust (such as a staff or family member))

13. What would you do if your lawyer wants you to take a deal and you do not want to?  
(Talk to my lawyer about it, tell them I do not want to).

14. If you talk to lawyer about a deal and he still wants you to take it, and you’re not happy about it, who else can you talk to?  
(Family and/or staff members)

15. The other sides lawyer/the crown attorney may try to confuse you on the witness stand. When they ask you a question that you do not understand, what would be the wrong thing to say?  
(Yes, I understand)

16. What should you stay instead?  
(I don’t understand what you are saying, can you ask me again?)

Additional stimulus to use with this module:

- Vignettes of Courtroom (Appendix E)
- Field trip to a Court House
Module 5: Tolerating the Stress of Court/Courtroom Behavior

(Questions and answers (answers in italics) provided are samples; they can be re-vised or elaborated on by the person in charge of implementing training)

<table>
<thead>
<tr>
<th>Column A: Knowledge-based questions</th>
<th>Column B: Understanding-based questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How should you behave in court?</td>
<td>A. Why can’t you laugh or yell in court? (Because I have to look good in court and doing those things will make me look bad. Going to court is serious)</td>
</tr>
<tr>
<td>(Be nice, polite, and quiet. I should never yell, just talk to my lawyer)</td>
<td></td>
</tr>
<tr>
<td>2. Can you laugh in court</td>
<td>B. Why is it important to speak up during court? (Because they are talking about me and my case)</td>
</tr>
<tr>
<td>(No)</td>
<td></td>
</tr>
<tr>
<td>-Rephrase yes/no questions</td>
<td></td>
</tr>
<tr>
<td>3. Is it good to sit quietly in court</td>
<td>C. Why is it important to not stand up and move around when court is going on? (It would make me look bad. I need to look good in court to help my case)</td>
</tr>
<tr>
<td>(Yes)</td>
<td></td>
</tr>
<tr>
<td>4. Does that mean you can never talk in court?</td>
<td>D. Make some direct comments on the client’s emotions and behaviors, and work with them to minimize undesirable behavior/increase positive behaviors.</td>
</tr>
<tr>
<td>(No, I can talk in court sometimes)</td>
<td>-For example (negative behaviors): I notice that you giggle a lot when we discuss court, you giggle a lot, why is that? Can you do that in court? Why not? Let’s practice talking to your lawyer right now. I want you to discuss your case without giggling.</td>
</tr>
<tr>
<td>5. Can you tell jokes in court?</td>
<td>-For example (positive behaviors): You are doing a good job talking about your case. Make sure you talk about this with your lawyer, its important.</td>
</tr>
<tr>
<td>(No)</td>
<td></td>
</tr>
<tr>
<td>6. Can you yell in court?</td>
<td></td>
</tr>
<tr>
<td>(No)</td>
<td></td>
</tr>
<tr>
<td>7. Why not?</td>
<td></td>
</tr>
<tr>
<td>(Because going to court is serious. I have to look good in front of people in the court)</td>
<td></td>
</tr>
<tr>
<td>8. Is it a good to talk quietly in court?</td>
<td></td>
</tr>
<tr>
<td>(Yes)</td>
<td></td>
</tr>
<tr>
<td>9. Can you get mad in court?</td>
<td></td>
</tr>
<tr>
<td>(Yes, but I cannot yell or scream)</td>
<td></td>
</tr>
<tr>
<td>10. What do you do if you get mad/upset?</td>
<td></td>
</tr>
<tr>
<td>(Tell my lawyer. Ask to take a break)</td>
<td></td>
</tr>
<tr>
<td>11. How should you dress for court?</td>
<td></td>
</tr>
<tr>
<td>(Clean with formal clothing)</td>
<td></td>
</tr>
<tr>
<td>12. What is contempt of court?</td>
<td></td>
</tr>
<tr>
<td>(When I misbehave in court)</td>
<td></td>
</tr>
<tr>
<td>13. What is the punishment for contempt of court?</td>
<td></td>
</tr>
<tr>
<td>(The judge will decide my punishment)</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
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<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14. What is perjury?</td>
<td><em>(When I lie when being asked questions in the witness box)</em></td>
</tr>
<tr>
<td>15. What is the punishment for perjury?</td>
<td><em>(I could have to go to jail or pay a fine)</em></td>
</tr>
<tr>
<td>16. Can you walk around in court?</td>
<td><em>(Not while they are talking about my case)</em></td>
</tr>
<tr>
<td>17. Why not?</td>
<td><em>(Because it is not allowed and I have to look good)</em></td>
</tr>
<tr>
<td>18. What would happen if you got up and talked to the judge directly?</td>
<td><em>(They would tell me to sit down. They may get mad/upset)</em></td>
</tr>
<tr>
<td>19. What would happen if you got angry and screamed/yelled in court?</td>
<td><em>(They would remove me from the courtroom)</em></td>
</tr>
</tbody>
</table>

Additional stimulus to use with this module:

- Courtroom behavior slide show
- Field trip to a court house
- Vignettes of a Courtroom (Appendix E)
- Mock trial
Appendix C: Answer Sheets

Answer Sheets

Trainers Name: _________________________ Date: __________________

Start Time: _________ End Time: _______

Module #(___): ______________________________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Comments</th>
<th>1 POOR</th>
<th>2 FAIR</th>
<th>3 GOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>A.</td>
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<td>B.</td>
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</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Poor: Question isn’t answered, question is answered incorrectly, patient answers with “I don’t know”, “I don’t remember”, etc.
2. Fair: Patient answers question although may be confusing answer, mixed up different concepts taught or only partially answered question.
3. Good: Answer is for the most part complete and understandable. Answer is correct.
Appendix D: Courtroom Photos

Photo 1: Overview of Courtroom Personnel

Photo 2: The Judge
Photo 3: The Defense Attorney and the Client

Photo 4: The Crown Attorneys
Photo 5: The Jury

Photo 6: Examination of another Witness by the Crown
Photo 7: Examination of another Witness by the Defense Attorney

Photo 8: Swearing in of a Client as a Witness
Photo 9: Direct Examination of Client

Photo 10: Cross-Examination of Client
## Appendix E: Internet Links to Courtroom Vignettes

### Courtroom Vignettes

<table>
<thead>
<tr>
<th>Vignette Number</th>
<th>Areas of Court Vignettes Covers</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contempt of court: accused yells at judge and lunges at co-accused.</td>
<td><a href="http://www.youtube.com/watch?v=7uoCyU_8PhY">http://www.youtube.com/watch?v=7uoCyU_8PhY</a></td>
</tr>
<tr>
<td>2</td>
<td>Contempt of court: witness yells out during trial and is escorted out of the courtroom</td>
<td><a href="http://www.youtube.com/watch?v=hxJu1QiIOAI">http://www.youtube.com/watch?v=hxJu1QiIOAI</a></td>
</tr>
<tr>
<td>3</td>
<td>Scene from the movie Law Abiding Citizen (key part begins at 1:50). Accused is found in contempt of court.</td>
<td><a href="http://www.youtube.com/watch?v=yRyQi8qWfxI">http://www.youtube.com/watch?v=yRyQi8qWfxI</a></td>
</tr>
<tr>
<td>4</td>
<td>Perry Mason Episode (Courtroom scenes begin at 31:00) General witness questioning</td>
<td><a href="http://www.youtube.com/watch?v=In9s2DCQYko">http://www.youtube.com/watch?v=In9s2DCQYko</a></td>
</tr>
<tr>
<td>5</td>
<td>Perry Mason Episode (Courtroom scenes begin at 19:32)</td>
<td><a href="http://www.youtube.com/watch?v=r_vjpKD8_Z0">http://www.youtube.com/watch?v=r_vjpKD8_Z0</a></td>
</tr>
<tr>
<td>6</td>
<td>Courtroom scene from Matlock (general witness questioning)</td>
<td><a href="http://www.youtube.com/watch?v=pRx17y5PmEY">http://www.youtube.com/watch?v=pRx17y5PmEY</a></td>
</tr>
<tr>
<td>7</td>
<td>Courtroom scene from Matlock (4:20 jury reads verdict, 18:14)</td>
<td><a href="http://www.youtube.com/watch?v=kSE1GZEgl48">http://www.youtube.com/watch?v=kSE1GZEgl48</a></td>
</tr>
<tr>
<td>8</td>
<td>Courtroom scene from Matlock (8:30 on)</td>
<td><a href="http://www.youtube.com/watch?v=PcBUrne51V4">http://www.youtube.com/watch?v=PcBUrne51V4</a></td>
</tr>
<tr>
<td>9</td>
<td>Courtroom scene from Matlock (27:00 courtroom outburst)</td>
<td><a href="http://www.youtube.com/watch?v=q77gW6kLws4">http://www.youtube.com/watch?v=q77gW6kLws4</a></td>
</tr>
</tbody>
</table>
Appendix F: Chart of Courtroom Personnel

Courtroom Personnel

Who is for you, against you and who listens to both sides?

<table>
<thead>
<tr>
<th>Courtroom Personnel</th>
<th>For You</th>
<th>Against You</th>
<th>Both Sides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown Attorney</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defense Lawyer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bailiff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court Reporter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnesses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Can use in conjunction with the court room personnel slide show. Help prompt participant by showing picture of personnel when going through chart.
Important People Involved in your case

Judge = Runs the court, decides your case and sentence, the judge wants you to do well
Your Judge: ________________________________

Defense Lawyer = speaks for you, defends you, counsels you on your case, on your side
Your Lawyer: ______________________________

Crown Attorney = presents evidence against you, public safety, protects you and the community
Your Crown Attorney: ________________________________

Doctor = helps with your illness and medication
Your Doctor: ________________________________

Caseworker = help you with appointments, meds, teaches you about your case and other skills
Your Caseworker: ________________________________

Other Support:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
My Pleas

Guilty

I did it. I did the crime. The judge will decide my penalty.

What does this mean for me?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

____________________

Not Guilty

I did not do it. I did not commit the crime. There has to be a trial.

What does this mean for me?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Plea Bargain

I admit I did the crime. I am making a deal to get an easier punishment.

What does this mean for me?

______________________________________________________________________________

______________________________________________________________________________
My Charges

What were you arrested for?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What could be my punishment if found guilty?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
### Appendix H: Summary of Training Manual

#### Summary of Training Manual

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Knowledge-based training</th>
<th>Understanding-based training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>The client must learn:</td>
<td>The client must understand that:</td>
</tr>
<tr>
<td></td>
<td>- The expectation of training sessions (1*)</td>
<td>- That this is an adversarial proceeding and they are the ones who have been accused (1,3)</td>
</tr>
<tr>
<td></td>
<td>- The charges (1)</td>
<td>- Just because they are charged, does not mean they will be punished (1,3)</td>
</tr>
<tr>
<td></td>
<td>- Possible pleas (1)</td>
<td>- A finding in court is different than a plea (1,3)</td>
</tr>
<tr>
<td></td>
<td>- Potential consequences (1)</td>
<td>- It is unlikely, but this case may go to trial (1,3,4)</td>
</tr>
<tr>
<td></td>
<td>- The role of courtroom staff (2)</td>
<td></td>
</tr>
</tbody>
</table>
Phase I: Knowledge-Based Training

**Step 1:** Phase I, Module 1: Knowledge based training only (Column A)
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 2:** Phase I, Module 2: Knowledge based training only (Column A)
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 3:** Phase I, Module 3: Knowledge based training only (Column A)
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 4:** Phase I, Module 4: Knowledge based training only (Column A)
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 5:** Phase I, Module 5: Knowledge based training only (Column A)
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

Phase II: Understanding-Based Training

**Step 6:** Phase II, Module 1: Knowledge-based AND understanding-based training (Columns A & B).
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 7:** Phase II, Module 2: Knowledge-based AND understanding-based training (Columns A & B).
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 8:** Phase II, Module 3: Knowledge-based AND understanding-based training (Columns A & B).
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 9:** Phase II, Module 4: Knowledge-based AND understanding-based training (Columns A & B).
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 10:** Phase II, Module 5: Knowledge-based AND understanding-based training (Columns A & B).
- Go through this module a minimum of three times. When client is able to give fair/good answers use additional stimulus and then move onto the next step.

**Step 11:** Arrange a field trip to a local court house with the participant. (This step can come earlier in training if appropriate).

**Step 12:** If you feel that the participant is ready for a “mock trial”, contact Forensic Services.
Appendix J: Signed Informed Consent

**Project Title:** Assessment of the application of an educational training program to help attain Fitness to Stand Trial in a dually diagnosed adult male in a hospital setting.

**Principal Investigator:** Taylor Simpson

**Name of Supervisors:** Dr. Rebecca Douglas, C. Psych.; Geris Serran, Ph.D., C. Psych.

**Name of Institution:** St. Lawrence College

**Name of Partnering Institution/Agency:** Providence Care, Forensic Services

**Invitation**

Your brother is being invited to take part in a research project. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Providence Care with Forensic Services. As part of this placement, I am completing a research project (called an applied thesis). I would like to ask your help to complete this project. The information on this form will help you understand my project. Please read the information carefully and ask any questions you might have before you decide if you would like him to take part.

**Why is this project being done?**

The clinical team feels it may be possible for your brother to attain Fitness to Stand Trial. Therefore, a training program is being developed and will be implemented with your brother. As part of my thesis project, I am working on the development of this training program and will be involved in the implementation. We will be using an educational tool from the United States called the Slater Method which was developed at Eleanor Slater Hospital. This tool has been proven to have a strong success record at attaining fitness in intellectual disabled defendants in the U.S. Goals of this project are to adapt this tool to be consistent with the Canadian legal system and evaluate whether this tool might be successful with intellectually disabled clients in this setting. It is hoped that using this adapted tool will help your brother attain Fitness to Stand Trial. Your brother’s participation may be helpful in determining further necessary revisions to the training process for use with other clients.

**What will your brother need to do if he takes part?**

If you choose to allow your brother to take part in this project, he will begin educational sessions using the Slater Method. The tool is split up into five modules which have been tailored to help him learn about the legal process through questioning, pictures and a diorama of a typical court room setting. Some of the topics that will be covered include a review of different pleas, charges, courtroom personnel, their roles and how to appropriately communicate with his lawyer. The sessions will be held at the hospital on a one to one basis. The sessions will be run by myself under the supervision of Dr. Douglas, or by Dr. Douglas directly. Sessions will be approximately two times a week for 20-30 minutes each. Frequency and duration of session will be modified based on his needs.
What are the potential benefits of taking part?

Benefits of taking part in this research project include increasing your brother’s knowledge about the court process. Having a better understanding of the legal system is necessary for him to attain Fitness to Stand Trial.

What are the potential benefits of this research project to others?

The potential benefits to others include finding an effective tool in attaining Fitness to Stand Trial in intellectually disabled defendants in Canada. This would be invaluable to a number of mental health professionals as well as the Canadian legal system as a whole. Results from this project may be used to make revisions and further optimize this tool.

What are the potential disadvantages or risks of taking part?

Risks from taking part in this research project are minimal but may include becoming upset from answering questions about the court system. It is possible that angry and/or upset feelings may develop when your brother recounts his own personal charges and previous experiences with the court system. The goal of this training program is for your brother to attain Fitness to Stand Trial. Should this training be successful, he may have to return to court. The outcome of the court process cannot be predicted.

What happens if something goes wrong?

If your brother experiences any negative or strong reactions to any of the material or questions, he can talk to the clinical team. Dr. Douglas will be supervising this training and will alert you if there are any concerns.

Will the information I collect in this project be kept private?

We will make every attempt to keep any information that identifies your brother strictly confidential unless required by law. Any incriminating statements will not be recorded, as obtaining a confession is not part of the process. The completed consent forms, as well as any other written information, will be kept in a filing cabinet in a locked office within the hospital. Any information saved electronically will be password protected. Your brother will not be identified by name in any reports, publications, or presentations that may result from this project, including the written thesis and thesis poster. Any project results that contain identifying information will be for clinical use at Providence and will not be shared outside of the hospital.
Does he have to take part?

Having the results obtained from this training program including in this research project is voluntary. If you agree, you will be asked to sign this consent form. If you allow him to participate, you may still withdraw him at any time, without giving reason and without incurring any penalty or negative effects.

Contact for further information

This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Geris Serran, my supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, please email me at simpson@providencecare.ca or tsimpson07@sl.on.ca. You can also contact my College Supervisor, Geris Serran at Geris.Serran@csc-scc.gc.ca or you may also contact the Research Ethics Board at reb@sl.on.ca.

Consent

If you agree to take part in this research project, please complete the following form and return it to Dr. Douglas or myself as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].

By signing this form, I agree that:

✓ The project has been explained to me.
✓ All my questions were answered.
✓ Possible harm/discomforts and benefits (if any) of this project have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am able now, and in the future, to ask any questions I have about the project.
✓ I have been told that personal information will be kept confidential.
✓ I understand that no identifying information will be released or printed without asking me first.
✓ I understand that I will receive a signed copy of this consent form.
I hereby consent to take part.

Substitute Decision Maker Name  Signature of Substitute Decision Maker  Date

Student Printed Name  Signature of Student  Date

Witness Printed Name  Signature of Witness  Date
### Appendix K: Intervention Procedures Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Started</th>
<th>Time Ended</th>
<th>Modules Covered</th>
<th>Additional Stimulus Used</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-18-2013</td>
<td>3:38pm</td>
<td>4:00pm</td>
<td>Module 1 Questions 1-18</td>
<td>N/A (Baseline)</td>
<td>29</td>
</tr>
<tr>
<td>11-19-2013</td>
<td>1:35pm</td>
<td>2:00pm</td>
<td>Module 1 Questions A-H Module 2 Questions 1-14</td>
<td>N/A (Baseline)</td>
<td>M1 A-H (8) M2 1-14 (24)</td>
</tr>
<tr>
<td>11-21-2013</td>
<td>1:50pm</td>
<td>2:30pm</td>
<td>Module 2 Module 3 D-G Module 4 1-10</td>
<td><a href="http://www.courtprep.ca">www.courtprep.ca</a> - Used interactive courtroom (Module 2) Courtroom Personnel Slide Show (Module 2)</td>
<td>M3 D-G (4) M4 1-10 (11)</td>
</tr>
<tr>
<td>11-26-2013</td>
<td>2:10pm</td>
<td>2:50pm</td>
<td>Module 5 Question D,E Module 1 Questions 1-? (2nd round) Module 2 (Diorama)</td>
<td>Courtroom Diorama Courtroom Personnel Slide Show (Module 2)</td>
<td>M5 D,E (6) M1-15 (25) (+-?)</td>
</tr>
<tr>
<td>12-02-2013</td>
<td>3:45pm</td>
<td>4:10pm</td>
<td>Module 2 Questions 16-29</td>
<td>Courtroom Personnel Chart</td>
<td>M2 16-29 (20)</td>
</tr>
<tr>
<td>12-03-2013</td>
<td>2:00pm</td>
<td>2:26pm</td>
<td>Module 2 Module 1 Questions 1-15</td>
<td>Vignette #5 Courtroom Personnel Chart</td>
<td>M1 1-15 (22)</td>
</tr>
<tr>
<td>12-05-2013</td>
<td>3:10pm</td>
<td>3:25pm</td>
<td>Module 2 Questions 1-4</td>
<td>Courtroom Diorama Courtroom Personnel Slide Show</td>
<td>M2 1-4 (5)</td>
</tr>
<tr>
<td>12-06-2013</td>
<td>1:50pm</td>
<td>2:20pm</td>
<td>Module 2 Questions 5-24</td>
<td>Courtroom Vignettes #5,8</td>
<td>M2 5-24 (37)</td>
</tr>
</tbody>
</table>