
by

Marissa Bryson

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, 2015

The procedures in this manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

This thesis is dedicated to my dog Bailey, who is a constant source of unconditional love and a reminder to live life to the fullest.
Abstract

Many federal inmates within the federal penitentiary system have special needs that decrease the likelihood of success within standardized correctional programming. At the time of this thesis, staff within the agency demonstrated a need for individualized programming for offenders with special needs. In order to meet the responsivity needs of this population, this thesis aimed to create a resource manual designed to facilitate the development of Individual Intervention Plans (IPPs), which could be implemented by agency staff working with adult, federally sentenced, male offenders with special needs. For the purposes of this thesis, “special needs” encompassed offenders diagnosed with learning disabilities, developmental disabilities, and acquired brain injuries. Information pertaining to these diagnoses was synthesized within the manual through a review of the current literature. This information aimed to increase staff awareness, including increasing staff ability to recognize symptoms of learning disabilities, developmental disabilities, and acquired brain injuries, as well as undetected deficits in order to make appropriate referrals for inmates requiring individualized support. Evidence-based practices from the literature were also reviewed in order to provide appropriate strategies in support of existing CSC programming for staff implementation. It was hypothesized that through the use of this manual, offenders would gain increased autonomy, accountability, motivation, and ultimately be primed for successful rehabilitation through standardized correctional programming. This thesis is limited to the development of the manual and provides recommendations for implementation and evaluation within the agency. Further recommendations, limitations, and implications for the field of Behavioural Psychology are also discussed within the thesis.
Acknowledgements

I would like to acknowledge each and every staff member at BI for providing me with an incredible experience as a result of your kind, welcoming natures. Thank you for allowing me to learn from each and every one of you.

To my agency supervisor, Kevin MacInnis: My gratitude to you is immeasurable. You taught me such a great deal, and allowed me to grow immensely through this process. With your busy workload, you took the time to maximize my learning experience through endless opportunities. I am so grateful to have had the opportunity to work with you and your team, as well as everyone you introduced me to along the way. Thank you for providing me with such a meaningful experience, you truly allowed me to gain a vast array of knowledge and opportunities beyond anything I could have envisioned.

To my college supervisor, Stephanie Daoud: Thank you for your guidance, feedback and support through this process and for all of the time you dedicated to helping me to complete this thesis.
Table of Contents

Dedication.......................................................................................................................... ii
Abstract............................................................................................................................... iii
Acknowledgements.......................................................................................................... iv
Table of Contents.............................................................................................................. v
Chapter I: Introduction ...................................................................................................... 1
Chapter II: Literature Review .......................................................................................... 3
  Learning Disabilities ........................................................................................................ 3
  Developmental Disabilities .............................................................................................. 4
  Acquired Brain Injuries ................................................................................................... 5
  Multidisciplinary Approach/Evidence-Based Resource Manual .................................... 6
  Motivational Interviewing ............................................................................................... 7
  Social Skills Training ....................................................................................................... 8
  Assistive Technologies .................................................................................................... 9
  Summary .......................................................................................................................... 10
Chapter III: Method ......................................................................................................... 12
  Participants ...................................................................................................................... 12
  Design ............................................................................................................................. 12
  Procedures ...................................................................................................................... 13
  Measures ........................................................................................................................ 14
  Feedback ........................................................................................................................ 14
Chapter IV: Results .......................................................................................................... 15
Chapter IV: Discussion ..................................................................................................... 16
  Strengths and Limitations ............................................................................................... 16
  Implications for the
    Field of Behavioural Psychology .................................................................................. 17
References......................................................................................................................... 19
Appendix A: Resource Manual: Individualized Intervention Plan (IIP) for Special Needs
  Offenders ....................................................................................................................... 23
Chapter I: Introduction

Effective treatment is an integral aspect upon the risk management continuum within offender rehabilitation, consequently deeming responsivity a critical factor for the subsequent success of correctional programming (Kennedy, 2000). Correctional Services Canada (CSC) provides rehabilitative offender programming addressing correctional, educational, social, mental health, and vocational domains in an effort to address each federal inmate’s individualized criminogenic needs (Correctional Service Canada, 2009). The ultimate goal in offering this programming is to reduce recidivism through an increase in successful community reintegration, thus enhancing public security (Correctional Service Canada, 2009). Intelligence, emotionality, and communication style are among responsivity factors that influence offenders’ experience within correctional interventions (Bonta, 1995).

Due to responsivity issues, offenders with special needs have a decreased likelihood of benefitting from standardized correctional programs designed to address criminogenic needs (Loucks, 2007). “Special needs” offenders is a term that encompasses individuals with intellectual disabilities, brain injuries, and deficits in communication and literacy skills (Keeling, Rose, & Beech, 2006). Although offenders with special needs make up a small amount of the total offender population, the amount of staff time and accommodations required is disproportionate, especially if there is a lack of staff training or familiarity with the challenges this population may present (Docherty, 2010; Loucks, 2007). To maximize treatment gains, individualized deficits and their impact on treatment outcomes must be examined and addressed through appropriate therapeutic intervention (Keeling & Rose, 2006).

The majority of staff employed within CSC identifies offenders with special needs as a population who necessitate heightened levels of staff support in order to increase their likelihood of success (CSC, 2009). Staff recommend several areas of improvement in order to enhance outcomes for this population of offenders through correctional programming, including the implementation of specific programming modules targeted to this population, adaptations of existing programming, and increased staff training (CSC, 2009). There is significant research to demonstrate evidence for existing correctional programming with non-special needs offenders throughout the literature, however, current empirical evidence regarding special needs offenders and therapeutic outcomes is limited. At the time of this thesis, there were limited resources available to support staff (i.e., educational staff, Correctional Officers, Parole Officers, and Correctional Program Officers) within the agency to provide guidance in accommodating special needs offenders to remain compliant with their correctional plan or to meaningfully participate within standardized correctional programming.

In order to address responsivity issues within the special needs offender population, a resource manual was deemed appropriate for creation and implementation within the agency in order to assist and guide staff in the development and successful implementation of an Individual Intervention Plan (IIP) for offenders. For the purpose of this thesis, an IIP refers to an individualized service plan developed through a multidisciplinary team based on an offenders strengths, needs, correctional plan, and personal goals. The IIP incorporates individualized strategies for staff implementation in order to maximize the offender’s goal attainment, successful completion of correctional
programming, and independent functioning within the correctional environment. The resource manual aims to increase staff awareness regarding specific factors impeding successful rehabilitation through standardized programming. Through increased staff awareness, it is hoped that staff ability to recognize symptoms of diagnoses and undetected deficits will consequently lead to an increase in appropriate referrals and accommodations. A manual containing strategies supporting existing CSC programming and resources allows the needs of this population to be more efficiently met without generating a demand for excess resources or funding. The resource manual also promotes a multidisciplinary staff approach in order to efficiently allocate existing resources and maximize beneficial provision of services and supports to offenders throughout the planning and implementation of the IIP. The focus of the resource manual will be the creation and implementation of an IIP based on individual assessment and tailored treatment. The resource manual encompasses best practices in order to assist with treatment planning and implementation, which include: motivational interviewing, social skills training, and assistive technology. Through the development and implementation of a resource manual designed to assist staff to accommodate and support special needs offenders, it is hypothesized that offenders will gain increased levels of autonomy, self-efficacy, and motivation, and ultimately be primed for inclusion and rehabilitation within standardized correctional programming.

The following chapter will review the relevant literature regarding special needs offenders, including information pertaining to the diagnoses of learning disabilities, intellectual disabilities, and acquired brain injuries. This information will include prevalence rates within the offender population, identification, symptomologies, comorbidities, and factors that may influence institutional adjustment and success in correctional treatment programming in relation to each diagnosis. Also included will be a review of the literature to demonstrate support for the implementation of each treatment modality with the given population. The treatments reviewed will include motivational interviewing and social skills training. Support for the use of assistive technology as an accommodation will also be included. The review will discuss best practices for increasing autonomy, motivation, and self-efficacy in special needs offenders while increasing their abilities to function within the correctional environment, and to ultimately achieve maximum therapeutic benefit through standardized correctional programming. Following the literature review, the method will be discussed, followed by an overview of the results including the presentation of the resource manual. Lastly, there will be a discussion, which will encompass a summary of the findings of the thesis, including strengths, limitations, contributions to the field of behavioural psychology, and implications for future research.
Learning Disabilities

There is a great deal of discrepancy throughout the literature regarding the definition of a learning disability, including diagnostic procedures, which complicates the accuracy of information regarding prevalence rates and evidence-based treatments (Brown, Fisher, Stys, Wilson, & Crutcher, 2003). Research indicates that there is an increased prevalence rate of incarcerated offenders with learning disabilities in comparison to prevalence rates in the general population (Fisher-Bloom, 1995). In Canadian federal correctional institutions for example, the prevalence rate of learning disabilities is estimated to range from 7% to 25% of the inmate population, while in the general population the prevalence rate of learning disabilities is estimated at 10% (Brown et al., 2003). Similarly, Talbot and Riley (2007) estimate that 20 to 30% of the inmate population has a learning disability. It is also estimated that an additional 20% of the prison population has an undiagnosed learning disability that impacts their ability to successfully engage in programming (Loucks, 2007). The estimated elevated prevalence rates of incarcerated offenders with a diagnosed or undiagnosed learning disability suggests the importance of increased staff awareness and support in order to increase service provision for this population.

The need for service provision beyond standardized correctional programming is demonstrated through the symptomologies associated with a diagnosis of a learning disability. Although the diagnosis of a learning disability is not determined to be a causal factor of offending behaviours, it may influence an individual’s comprehension of those factors determined to be directly associated with an elevated risk of offending (Hardy & Joyce, 2011). Offenders diagnosed with a learning disability are often reluctant to participate in standardized programming and often experience difficulties regarding institutional adjustment (Correctional Services Canada, 2006). The diagnosis of a learning disability is characterized by impaired social functioning and can negatively impact an individual’s social relationships and self-image (Fisher-Bloom, 1995; Talbot & Riley, 2007). These areas of impairment impact autonomy and independence, increasing the need for support. A diagnosis of a learning disability may also interfere with comprehension abilities with regards to new or multifaceted information and may also present difficulties related to activities of daily living (Talbot & Riley, 2007). Individuals diagnosed with learning disabilities can experience deficits in communication, problem-solving, memory, comprehension, and literacy skills, which could impact the ability to succeed within standardized correctional programming (Murphy & Clare, 1998). Within group settings, limitations in rapid thought arrangement may impact the likelihood of an offender to meaningfully engage in discussions (Fisher-Bloom, 1995). As a result, offenders diagnosed with a learning disability may cause frequent interruptions or refrain from participating when involved in group discussions (Fisher-Bloom, 1995).

In a CSC pilot program developed to address learning disabilities in the federal offender population, the majority of individuals were referred to the program due to a range of academic difficulties including deficits in the domains of memory, attention, and written language (Brown et al., 2003). Of those offenders referred to receive specialized assistance, 92.3% were referred due to limitations impeding successful completion of educational programming. Offenders were also referred to the program due to an
inability to successfully complete standardized programming aimed to address the 
domains of employment and substance abuse. Loucks (2007) suggested that individuals 
diagnosed with a learning disability have a decreased likelihood of successful program 
completion during incarceration, while Brown et al. (2003) suggested treatment failure 
within this population could be attributable to responsivity issues unaddressed through 
standardized correctional programs. Meanwhile, Loucks (2007) suggests exclusion of 
individuals diagnosed with learning disabilities from participation within programming 
can have negative impacts on the individual, including isolation, which increases 
susceptibility towards mental health difficulties.

Comorbid diagnoses can present supplementary areas of difficulty for offenders 
diagnosed with a learning disability. Individuals diagnosed with a learning disability 
have an elevated vulnerability of developing mental health difficulties due to an increased 
susceptibility of predisposing factors (Hardy & Joyce, 2011). For example, anxiety and 
depression frequently present in individuals diagnosed with a learning disability (Fisher-
Bloom, 1995). Other common comorbid diagnoses for individuals with learning 
disabilities include attention deficit hyperactivity disorder and personality disorders 
(Gerber, 2012). Increased staff awareness regarding possible comorbidities allows staff 
to recognize and acknowledge possible undetected illnesses or resultant difficulties in 
order to most effectively accommodate and support the offender.

In order to address responsivity and provide meaningful services for offenders 
with learning disabilities, Gregg (2012) recommended the implementation of a 
combination of accommodation strategies paired with effective instruction. It is 
suggested that these strategies have the potential to provide significant and improved 
learning outcomes for adult learners (Gregg, 2012). Provision of opportunities for 
engagement for individuals diagnosed with a learning disability has also demonstrated 
efficacy towards promotion of positive increases in self-worth, self-esteem, enjoyment, 
and happiness (Hardy & Joyce, 2011). Without appropriate intervention, the impacts of a 
learning disability can impede an offender’s ability to participate effectively in 
employment, programs, and education which will negatively impact successful society 
reintegration (Correctional Services Canada, 2006).

**Developmental Disabilities**

Among offender populations, prevalence estimates of intellectual disabilities vary 
from 2.6% to 39.6% due to the variance in methodologies applied (Holland, 1991). The 
American Association on Intellectual and Developmental Disabilities (AAIDD, 2013) 
defines developmental disabilities as “severe chronic disabilities that can be cognitive or 
physical or both” (para. 1) and that originate prior to the age of 22. Developmental 
disabilities is a term used to encompass numerous disabilities, including intellectual 
disabilities (AAIDD, 2013). The term intellectual disability is defined by AAIDD (2013) 
as a “disability characterized by significant limitations both in intellectual 
functioning (reasoning, learning, problem solving) and in adaptive behavior, which 
covers a range of everyday social and practical skills” (para. 5) and originates prior to the 
age of 18 years old.

Individuals diagnosed with a developmental disability often have deficits in the 
areas of social functioning and self-management (Ancil & Degeneffe, 2003). 
Limitations within these domains are likely to negatively impact successful performance
of valued adult roles (i.e., parent, employee, partner) creating difficulties for the individual (Anctil & Degeneffe, 2003). Additional symptoms experienced by individuals diagnosed with an intellectual disability include deficits in the domains of memory, cognition, and abstract thinking (Sturmey, 2004). Reduced functioning in these areas can impede an offender’s abilities to succeed within standardized correctional programming. McDermott suggested that offenders diagnosed with an intellectual disability may experience limitations in their abilities to generalize skills acquired during programming upon release, negatively impacting successful community reintegration (as cited in Ellem, Wilson, & Chui, 2012, p. 406). Institutionalization within the prison setting can also have traumatizing effects for offenders diagnosed with an intellectual disability, who are often vulnerable (Ellem et al., 2012). Among offenders with intellectual disabilities, there are increased rates of victimization (i.e., threats and violence from other offenders, manipulation), segregation, and isolation (Ellem et al., 2012). Offenders diagnosed with intellectual disabilities can also experience difficulties as a result of limitations in comprehension of rules, both formal and informal, within the prison setting (Ellem et al., 2012).

Treatment efforts towards individuals diagnosed with intellectual disabilities can also be impacted by possible comorbidities, which can include seizure disorders, visual and auditory impairments, autism spectrum disorder, and attention deficit hyperactivity disorder (Keeling, Rose, & Beech, 2008). In order to increase autonomy and success within correctional programming for offenders with intellectual disabilities, it is important that this population receives adequate levels of support and appropriate social skills adapted to meet their needs.

Acquired Brain Injuries

Within the offender population, there is an elevated level of traumatic head injuries when compared to the general population (Ross & Hoaken, 2010). For example, prevalence estimates of head injuries within the offender population range from 10 to 67%, whereas prevalence within the general public in comparison is estimated at 1 to 2% (Ross & Hoaken, 2010). Williams et al. (2010) reported a 65% prevalence rate of acquired brain injuries within the offender population through the use of a self-report questionnaire. Brain injuries are considered a major, chronic, health condition within the offender population (Williams et al., 2010). A survey conducted by Yuhasz (2013) suggested several misconceptions among correctional staff regarding brain injuries. These misconceptions include the effects of a brain injury on memory functioning (Yuhasz, 2013).

A diagnosis of a brain injury can impact abilities to succeed within standardized correctional programming. Individuals diagnosed with a brain injury can experience limitations in their abilities with regards to attention, memory, executive functioning, knowledge acquisition, task initiation, abstract reasoning, and emotion regulation (Ross & Hoaken, 2010). In addition, individuals often experience difficulties with literacy, verbal learning, and verbal processing (Lowings & Wicks, 2012). A diagnosis of a brain injury can also impact an individual’s impulsivity control, and consideration of the consequences of their actions (Williams et al., 2010). Acquired brain injuries resulting in frontal lobe impairments cause limitations in an individual’s ability to gain meaningful profits from the use of feedback, trivializing the efficacy of reinforcement strategies with
this population (Ross & Hoaken, 2010). Williams et al. (2010) also suggest a correlation between frontal lobe impairments and violent behaviours. In addition, moderate to severe brain injury is often associated with poor social outcomes (Williams et al., 2010). Individuals with acquired brain injuries also have an increased susceptibility towards comorbid mental health disorders, substance abuse problems, and decreased capacity for effective coping abilities (Williams et al., 2010).

It is essential that individuals diagnosed with acquired brain injuries receive individualized treatment planning incorporating accommodations adapted to address their responsivity needs. Williams et al. (2010) support the use of a multidisciplinary approach comprising educational, social, and health professionals when implementing specialized services for individuals diagnosed with acquired brain injuries.

**Multidisciplinary Approach/Evidence-Based Resource Manual**

The use of a resource manual assists to efficiently create staff awareness regarding the treatment of special needs offenders by providing psychoeducation about responsivity issues associated with specific diagnostic clusters as well as evidence-based treatments. The use of a manual will also support increased service provision through existing resources by utilizing a systematic approach to accommodate increased levels of need through existing support staff and distribution of staff time and accommodation. The use of a multidisciplinary approach will allow contributions of knowledge and experience from staff across varying domains. According to Schiffer (2010), staff training and awareness of the evolving demands and diversity of the inmate population is highly important within the field of corrections. Schiffer (2010) also suggested that staff training positively impacts staff morale and efficiency, while increasing the promotion of safety and health awareness within an institution. In addition, Jones, Menditto, Geeson, Larson, and Sadewhite (2001) stated providing training for proper implementation of behavioural interventions to staff of varying educational backgrounds working directly with offenders can positively impact treatment outcomes. Through direct observation, correctional staff perform an integral role in the identification of offenders experiencing possible mental health difficulties (Mullins & Paler, 2012). Increased staff knowledge and awareness of mental health diagnoses also leads to an improved ability for staff to recognize symptoms, and implement effective strategies when interacting with special needs offenders (Schiffer, 2010).

Boer, Dorward, Gauthier, and Watson (1995) demonstrated the efficacy of a multidisciplinary team approach through the implementation of a specialized program designed to accommodate intellectually disabled sex offenders. Throughout the study, the staff team communicated consistent messages through various modalities, optimising behavioural change in participants (Boer, Dorward, Gauthier, & Watson, 1995). The literature also suggested specialized programs have an increased likelihood of effectiveness when they are individualized to account for each client’s cognitive abilities and learning styles (Ellem et al., 2012). The implementation of simplified approaches, the provision of continuous support, and the reinforcement of acquired skills are recommended as beneficial components within specialized programming for special needs populations (Ellem et al., 2012).
Motivational Interviewing

Motivational interviewing (MI) is a client-centred therapeutic technique used to increase internal motivation for change by assisting clients to explore and resolve ambivalence surrounding change (Watters, Clark, Gingerich, & Meltzer, 2007). MI has demonstrated effectiveness in increasing motivation levels towards treatment engagement in various populations (Anstiss, Polaschek, Wilson, 2011; Austin, Williams, & Kilgour, 2011; Carrol et al., 2006; Rubak, Sandboek, Lauritzen, & Christensen, 2005). MI is considered a significant treatment method for the provision of positive results in increasing behaviour modification and commitment to goal achievement (Miller & Rollnick, 2013). According to Anstiss et al. (2011), low levels of client motivation are a substantial hindrance concerning subsequent engagement and retention within rehabilitation efforts. Principles of MI have been adapted within the field of corrections and promoted as a general approach to offender interaction and increasing engagement in programming (Stewart & Millson, 1995). A meta-analysis found evidence to suggest that the effects of MI were not directly related to the educational background of the counselor, supporting its use by a wide range of staff (Rubak et al., 2005). Watters et al. (2007) also suggested the style of communication implemented during MI sessions with offenders establishes appropriate context in which the principle of responsivity can be carried out, as the probability that offenders will actively engage, remain attentive, and be prepared to make changes is increased.

Several studies have been conducted in order to evaluate the efficacy of MI when conducted in the criminal justice setting and have found that MI as an effective treatment for use with the offender population (Anstiss et al., 2011; Austin, et al., 2011). For example, Anstiss et al. (2011) conducted a quasi-experimental study with 58 adult male offenders and a matched control group to further investigate the relationship between MI and recidivism rates following release. The intervention procedures consisted of weekly 1-hour individual sessions over three to five weeks (Anstiss et al., 2011). Anstiss et al. (2011) discovered significant reductions in recidivism and reincarceration rates in those offenders who received MI sessions compared to the control group. Specifically, in comparison to the control group, offenders in the MI treatment group reconvicted at a 21% lower rate.

In a similar study conducted by Austin et al. (2011), a motivational program was implemented with 38 high-risk incarcerated adult male offenders in an effort to increase engagement in rehabilitative programs following release. The intervention was also conducted through weekly 1-hour sessions over five weeks. Austin et al. (2011) assessed offender motivation levels pre- and post-intervention in order to evaluate treatment efficacy. A significant increase in offender motivation levels was reported following intervention (Austin et al., 2011). These studies demonstrate the efficacy of MI when implemented with the offender population to increase motivation for correctional programming and subsequent reduction in recidivism.

Integration of brief sessions of MI prior to treatment implementation has also proven to be effective towards increasing participant engagement (Carroll et al., 2006). Carroll et al. (2006) conducted a study across five outpatient treatment facilities for substance abuse with a population of 423 adults. Participants were randomly assigned to an intervention or control condition (Carroll et al., 2006). The intervention consisted of an integration of MI strategies during intake procedures (Carroll et al., 2006). Treatment
efficacy was evaluated through two follow up assessments measuring total session completion, and overall program retention following a 28- and 84-day period (Carroll et al., 2006). Increased session completion and continued attendance by participants in the treatment group demonstrated support for treatment effectiveness (Carroll et al., 2006). After a 28-day follow up, 84% of the treatment group remained actively in attendance to treatment compared to 75% of the control group (Carroll et al., 2006). Overall, this study demonstrated preliminary evidence towards the integration of MI prior to treatment in order to increase subsequent client engagement and retention. In addition, Mullins and Power (2012) suggested the involvement of offenders with mental health needs during assessment and treatment planning increases accountability.

There is also evidence within the literature to support the implementation of MI for individuals with impairments in cognitive functioning (Mendel & Hipkins, 2002; Rubak et al., 2005). To accommodate special needs offenders, it is suggested that the use of listening skills are refined, simplified language is used when questioning, increased levels of affirmations are used, and mental health issues are integrated into sessions (Watters et al., 2007). Through a pilot study, Mendel & Hipkins (2002) demonstrated promising preliminary evidence for the application of MI with offenders diagnosed with learning disabilities. The authors implemented adapted MI techniques with seven adult male offenders diagnosed with learning disabilities. Evaluation through pre- and post-measures demonstrated positive increases in offenders’ levels of motivation and self-efficacy. This study demonstrated promising results for the efficacy of adapted MI techniques with special needs offenders to increase self-efficacy and motivation.

Through the inclusion of MI procedures within the manual as a technique to be implemented during the collaborative planning process of the IIP with the offender, it is hoped that offenders will develop individualized objectives. In addition, it is hoped that through this process offender motivation, self-efficacy, and engagement in aspects of the IIP as well as standardized programming will also be increased.

**Social Skills Training**

Anctil and Degeneffe (2003) support the implementation of social skills training (SST) with individuals diagnosed with developmental disabilities in order to assist in reducing the negative impact of functional limitations within the community setting. Evidence suggests the incorporation of SST is also an important component within treatment programs for offenders diagnosed with intellectual disabilities (Day & Berney, 2001). As a result of limited social skills, individuals with special needs can experience profound impacts in their lives and careers (Anctil & Degeneffe, 2003). Given the possible social deficits present in offenders with special needs, incorporating SST as a component to prime offenders for standardized correctional programming may positively contribute to success within future programming including aspects of their correctional plan, as well as daily interactions while incarcerated and upon reintegration into society.

The use of SST is directed towards the expansion of performance competence in social abilities and can range from training of a precise skill to more generalized social abilities and appropriate behaviours within social situations (Day & Berney, 2001). These skills can be acquired and maintained through the use of strategies including instructions, role-plays, rehearsal, modeling, and feedback (Vaccaro, 1990). Evidence supports the implementation of modeling as a suitable strategy for use with special needs populations.
Anctil and Degeneffe, 2003). The strategy of modeling is also valued for its efficiency and ease of administration, which can be individual or group directed (Anctil & Degeneffe, 2003). Evidence also suggests the effectiveness of video modeling to increase social skills in adults with special needs (Avcioglu, 2013; Morgan & Salzberg, 1992). When implementing SST, it is important to determine an individual’s strengths and weaknesses, and to choose realistic objectives (Hardy & Joyce, 2011).

Within the literature, several studies have been conducted to evaluate the efficacy of SST when conducted with the offender population. For example, Schippers, Marker, and Fuentes-Merillas (2001) conducted a quasi-experimental study with 102 adult male incarcerated offenders with social skill deficits in order to evaluate the efficacy of a 4-week SST program. Treatment completers evidenced increased levels of prosocial behaviours and decreased levels of social avoidance and anxiety related to social involvement (Schippers et al., 2001). The results of this study provide evidence supporting the effectiveness of SST as a treatment method for implementation with offenders to improve social skills with specific positive achievements in discussion skills and expression of opinions (Schippers et al., 2001). In addition, the study did not identify any predictive correlation between participant characteristics and treatment outcomes suggesting SST to have general applicability abilities (Schippers et al., 2001).

Vaccaro (1990) also conducted a study to evaluate the implementation of SST in a group format with institutionalized individuals. Vaccaro (1990) utilized an ABAB research design to evaluate SST with six elderly adults diagnosed with mental health disorders. Each experimental condition within the study utilized SST techniques during 1-hour sessions twice per week for 6 weeks, as well as a 1-hour socialization session to facilitate peer interaction and practical opportunities for skill application (Vaccaro, 1990). Results of the study demonstrated statistically significant reductions in participants’ verbally aggressive behaviours (Vaccaro, 1990). In addition, the results suggested the use of SST effectively increased participants’ adaptive behaviours, including appropriate verbal behaviours (Vaccaro, 1990). The study also demonstrated successful generalization through consistent results during peer socialization opportunities (Vaccaro, 1990). Meanwhile, support was also demonstrated for the use of participant modeling, which facilitated interpersonal understanding (Vaccaro, 1990). These studies provide promising evidence for the inclusion of SST within IIPs for the offender population in order to increase social skills.

Assistive Technologies

Technology based accommodations (i.e., assistive technology) consist of various devices such as tape recorders, electronic spell-checkers, word prediction software, and microphones used with text-to-speech software. The effectiveness of assistive technology is presented throughout the literature as a means of increasing performance of adults with special needs (Gregg, 2011; Storey, Bates, & Hunter, 2008). There is a wide range of skills that can be positively influenced through appropriate implementation of assistive technology (Storey et al., 2008). Being able to utilize assistive technology increases independence, employability, and capacity to access community life (Storey et al., 2008), which will assist offenders during incarceration and upon release.

It is important to consider each individual’s needs and preferences in order to effectively select an appropriate assistive technology as an accommodation (Scherer,
This includes an understanding of the incorporation of the device within the individual’s daily life. Recognition of an individual’s learning style also enhances the probability of effective accommodation selection. Positive outcomes resulting from the effective use of assistive technologies require individual instruction regarding how to use the device as well as the appropriate context in which the device can be used (Gregg, 2011). Storey et al. (2008) suggested implementation of assistive technology appropriate to an individual’s needs increases the probability of independence and community involvement.

Four categories of accommodations include presentation, response, scheduling, and setting (Gregg, 2011). Presentation accommodations are used to access materials using alternative means through devices such as tape recorders or videos. Response accommodations allow an individual to communicate acquired knowledge using alternative means such as speech-to-text software. Scheduling and setting accommodations include adaptations to time provided for task completion and setting in which tasks are completed such as extended time allocation for exercise completion or access to an individual quiet space to complete an exercise.

In a case study by Williams (2002), the efficacy of speech feedback and word prediction software was evaluated with a seventh grade student diagnosed with a learning disability. Through the use of these software to assist in short writing compositions, the student demonstrated an increase in use of vocabulary and length of written work. The amount of questions the student asked during task completion was also reduced implicating the possibility for a reduction of need for staff resources. Although the population within this study differs, it demonstrates important implications for the implementation of speech feedback and word prediction software as a means of increasing independence and productivity.

In a quasi-experimental study with 16 adult men and seven adult women with traumatic brain injuries, Gentry, Wallace, Kvarfordt, and Lynch (2008) evaluated the use of a personal digital assistant (PDA) as a cognitive aid. Participants were trained on the proper use of the PDA and the device was then implemented for an 8-week period. Outcome measures were assessed pre- and post-implementation. Through self-report measures, participants demonstrated significant improvements in perceived performance of daily tasks and participation in the domains of occupation, cognition, and mobility. Improved tasks included time management, task management, and medication management. This study demonstrated implications for the use of assistive technology to assist individuals with traumatic brain injury as a means of increasing independence and completion of tasks of daily living.

Overall these studies demonstrate preliminary evidence supporting the use of assistive technologies with individuals with learning disabilities and acquired brain injuries. Although the population and settings within these studies differ, they provide promising evidence for the use of assistive technology with special needs offenders in a correctional setting in order to increase autonomy, reduce necessity of additional staff resources, and increase functioning within the institution and upon subsequent community reintegration.

**Summary**

Within correctional programming, meeting the principle of responsivity is critical in achieving successful rehabilitation of offenders, in order to reduce recidivism, and
increase overall community safety (Kennedy, 2000; Correctional Services Canada, 2009). Offenders with special needs who present with cognitive deficits often experience difficulties functioning within the prison population and making gains within standardized correctional programming (Loucks, 2007). In order to successfully meet the responsivity needs of this population, it is crucial to increase staff awareness, while developing effective specialized programming and accommodations in order to promote increased offender’s levels of autonomy, motivation, and self-efficacy.

The use of a resource manual of evidence-based strategies will support increased staff awareness and subsequent identification and referral of offenders with special needs leading to the creation and implementation of IIPs. Through these efforts, it is expected that responsivity issues be effectively identified and targeted for accommodation through varying strategies. The literature demonstrates promising support for the implementation of motivational interviewing in order to determine individual goals and enhance motivation for programming. In addition, social skills training and assistive technologies are support for inclusion as strategies to assist special needs offenders to acquire skills and strategies for successful completion of standardized correctional programming.
Chapter III: Method

Participants

The resource manual is designed for implementation with adult, federally sentenced, male offenders (18 years of age and above). Participants are to be identified and referred for inclusion by correctional staff. These referrals are to be based on the identification of offenders exhibiting deficits interfering with their abilities to succeed within standardized correctional programming. This might include, for example, inability to complete correctional programs or successfully progress in education. Those individuals identified for referral may also be offenders who present with cognitive deficits, typically involving a diagnosis of a learning disability, developmental disability, or acquired brain injury. Additional inclusion criteria for referral include offenders experiencing difficulties with institutional adjustment, mental health concerns, and/or a perceived or determined necessitation for heightened levels of staff support. It is also suggested that offenders be given the option to self-identify for referral.

Following identification and referral, it is encouraged that correctional staff collaborate and share information through a multidisciplinary approach in order to increase abilities to assess the distinctive strengths and needs of each individual offender. In some cases, further neurological and/or neuropsychological assessments may be deemed appropriate. Through the collaboration of information and support throughout departments, the manual will encourage increased staff awareness and understanding, while acting as a resource encompassing appropriate strategies for use in accommodating the individualized needs of each offender.

As the treatment manual is designed as a supplementary resource to support staff while implementing existing programming within CSC, existing consent procedures were to be utilized. Staff judgment should be used to ensure the implementation of any elements within the treatment manual remain in compliance in strict accordance with existing CSC procedures regarding confidentiality and consent.

Design

In order to assist staff working with offenders with special needs to support successful rehabilitation, the treatment manual was designed (Appendix A). The manual was designed in partial fulfillment of an applied thesis to meet the requirements of a degree of Bachelor of Applied Arts in Behavioural Psychology. A resource manual encompassing evidence-based strategies was created in order to provide a supplementary resource accessible to staff members of all disciplines, without necessitating further funding or resources. The manual was also designed with the potential for future expansion and diversification based on evolving agency needs. Contents of the manual were compiled through a review of the literature including empirical sources combined with experiential learning through a 14-week field placement within the CSC agency. The treatment manual is designed for ease of use and is divided into three main sections.

The first section of the manual provides information regarding identification and referral of individuals who have the potential to benefit positively from the creation of an IIP including implementation of the evidence-based practices provided within the manual. This section also encourages staff awareness regarding possible deficits and diagnoses that may impact an offender’s abilities to succeed within standardized
The main diagnoses described within this section are learning disabilities, developmental disabilities, and acquired brain injuries. The main areas of focus detailed in relation to each diagnosis include prevalence, symptomology, and comorbidity. This section also includes relevant information pertaining to the encouragement of further or immediate referral to institutional professionals if there are any concerns related to the offender’s safety and security (i.e., self-injurious behaviours, suicidal ideations, plan, or intent).

The second section of the manual pertains to details regarding procedures for planning an IIP. This section highlights the importance of assembling facts relevant to each individual through varying sources using both direct and indirect measures. This pertinent information includes for example, areas of strength and need, correctional plan requirements, and individual goals and objectives. This section emphasizes the importance of collaborating as a multidisciplinary team in order to most effectively identify the individual needs of the offender, in an effort to maximize allocation of services, and to provide individualized levels of support. For example, it is suggested that staff members who work directly with the offender share information and knowledge regarding each offender, and work collaboratively to determine the appropriate components for inclusion within each IIP. All staff that work with an offender that has been identified for referral should also be debriefed regarding the IIP upon completion, including components therein as an integral step in supporting generalization and outcome effectiveness. Within the correctional environment, it is also important that the suitability of each individual referred be assessed for inclusion in group activities. For example, information regarding security or safety concerns should be evaluated prior to participation. This section of the treatment manual also acts to assert the importance of incorporating the offender in the process of planning his respective IIP. The use of motivational interviewing is highlighted for use as an effective strategy to assist the offender in determining individualized goals, resolving internal ambivalence regarding change, and in supporting motivation throughout the implementation of evidence-based practices.

The third section of the manual includes accommodations and strategies for use with offenders with special needs as part of their IIP. These strategies include social skills training and assistive technology. An overview of each evidence-based strategy is provided in this section. In addition, easily implemented instructions for application and examples are included. Methods for determining effectiveness and application integrity are also provided. Elements of social skills training including role-play, modeling, feedback, and reinforcement are explained further. Appropriate types of assistive technology and procedures to determine individual suitability are also included in this section.

**Procedures**

The resource manual is designed for ease of use by staff and students from varying disciplines who provide services to offenders with special needs within federal institutions. These service providers may include, but are not limited to: Social Program Officers, Correctional Program Officers, educational staff, Mental Health staff, Job Coaches, Parole Officers, and Correctional Officers. Elements within the treatment manual are to be delivered in a setting deemed appropriate by staff, including classrooms
or individual offices. Consideration should also be given to the facilitation of opportunities to practice skills among peers to support generalization of acquired skills when possible. Each offender’s individual needs should be taken into account when implementing any strategies from the treatment manual in order to meet individual responsivity needs and maximize effectiveness. Aspects of implementation tailored to each offender’s needs should be subject to ongoing evaluation throughout the treatment process, and modifications should be made as deemed necessary. These areas of consideration include details such as session length, session timing, workload, number of concepts presented, and specific skills targeted.

Measures
It is hypothesized that through the implementation of the strategies contained within the treatment manual, offenders will gain increased self-efficacy, autonomy, and motivation. Through these gains, it is hoped the offender will be primed for success with subsequent correctional programming. As assessment measures are not specifically outlined within the manual, it is hoped that ongoing supervision and assessment will be conducted through pre-existing elements within the correctional environment. This includes for example, correctional plan compliance, institutional charges, institutional employment, and reports conducted by supervisory staff.

Feedback
Ongoing feedback from agency staff during the process of creating the manual was considered and incorporated in order to create a resource to best meet the needs of staff and offenders within the agency. Experiential on-site learning also acted to inform the creation of the manual. Due to time constraints, the implementation of the resource manual within the agency will not be formally evaluated.
Chapter IV: Results

Resource Manual: Individualized Intervention Plan (IIP) for Special Needs Offenders can be found in Appendix A. The resource manual was compiled in order to assist correctional staff in Canadian federal institutions in the creation and implementation of Individualized Intervention Plans for adult male, federally sentenced offenders with special needs. The manual intends to create staff awareness regarding possible diagnoses including learning disabilities, developmental disabilities, and acquired brain injuries. It also acts as a guide for referral, multidisciplinary IIP creation and objective setting using motivational interviewing, and inclusion of evidence-based practices including social skills training and assistive technology.
Chapter IV: Discussion

In order for special needs offenders to be successfully rehabilitated through the correctional process, it is essential that programming be tailored to match their responsivity needs. Staff within a Canadian federal institution identified special needs offenders as a population who often displayed difficulties with regards to successful completion of standardized programming outlined in their correctional plan due to responsivity needs. Staff also identified further challenges presented by this population of offenders, including time constraints limiting the abilities of staff to provide extensive assistance and support, as well as limited availability of resources, such as specialized programming, designed to accommodate this population. In order to address these challenges, resource manual was created in order to assist staff in accommodating and meeting responsivity needs of this population of offenders. The manual was created through an extensive review of the literature combined with experiential learning within the federal institution. The inclusion of evidence based practices within the manual acts to serve as a readily accessible, practical guide for correctional staff to encourage staff awareness regarding special needs offenders and provide general and procedural information regarding evidence-based approaches to be implemented when working with this offender population. Through the use of this manual and its included practices, it is hypothesized that special needs offenders will gain increased autonomy, personal accountability, motivation, and be primed for inclusion and increased successful rehabilitation within standardized correctional programming.

Strengths and Limitations

The strengths of this manual include the inclusion of information obtained through an extensive review of the literature to increase staff awareness regarding possible diagnoses of special needs offenders. These diagnoses include learning disabilities, developmental disabilities, and acquired brain injuries. The review of the literature also provides support for evidence-based approaches that may also be applicable for the given population in a correctional environment. The manual is intended for use in accordance with existing CSC policies and procedures in order to streamline its implementation within the agency. The ultimate goal of the implementation of this manual is to increase success of special needs offenders within standardized correctional programming in order to increase successful rehabilitation thus increasing public security, which supports the priorities and missions of CSC. The manual was also created in order to support its implementation through existing resources without generating need for further funding. The manual serves to act as a complete resource in order to identify the procedures for creating an Individualized Intervention Plan for special needs offenders, however it can also be used in part as an informational guide for staff working directly with this population of offenders.

Possible limitations to the implementation of this manual include the difficulties that may present regarding assistive technology, as it may be difficult to allow access to computer-based accommodations for all offenders, due to security, legal, and, financial implications. Other implications surrounding the feasibility of implementing an Individualized Intervention Plan, include staff engagement, availability of resources, and institutional security. This includes the need for strong staff support and interdisciplinary
collaborations, which could be overcome through staff training and awareness regarding the possible positive outcomes for staff and offenders alike through the use of Individualized Intervention Plans. In addition, the need for correctional staff to collaborate through a multidisciplinary approach with professionals outside of their department may be a limitation for successful implementation. This could be overcome through increasing staff awareness of the benefits of collaborating with staff from varying backgrounds in order to equally distribute staff time and accommodation required to support the success of high needs offenders. Institutional security may also be a limitation to the implementation of the manual across federal institutions, as the feasibility of implementation may vary dependent on security levels. In order to overcome this limitation, it may be important to utilize staff input from varying security levels in order to review specific modifications necessary based on security level. Additional anticipated challenges for the practical application of the manual include offender levels of engagement and motivation. Offenders referred by staff may not wish to participate, or may lack engagement and motivation throughout the process. With these individuals, it may be helpful to increase the use of MI and to increase the focus on goal planning. Another limitation identified through staff feedback is the possibility of negative connotations associated with the term “special needs”, and it is suggested that the terminology utilized through the process of the implementation of this manual and its practices be closely monitored and modified if necessary. An additional limitation of this thesis included the inability to implement the manual within the federal institution due to time constraints, therefore eliminating the ability to test the hypothesis and gain feedback and data from staff and offenders while utilizing the manual.

Implications for the Field of Behavioural Psychology

The research and resulting manual created suggest several implications for the field of behavioural psychology. The manual creates an increased awareness of special needs offenders and the need for increased services for this population, especially within the correctional setting. Increasing special needs offenders’ abilities to be autonomous in their abilities to complete aspects of their Correctional Plan and activities of daily living, will in turn increase their potential for successful rehabilitation in the community, thereby potentially reducing their risk of recidivism. As the field of behavioural psychology focuses on behavioural changes and increasing individuals’ abilities to lead productive and fulfilling lives, this manual demonstrates implications for the application of behavioural psychology among the specific population of special needs offenders. The manual focuses on increasing the adaptability of correctional services to this population using behavioural psychology concepts in order to increase accessibility and promote meaningful gains among this population.

Recommendations for Future Research

Due to the inability to implement the manual within the current project, recommendations for future research would include the application and evaluation of the use of the manual within a federal institution. It is also suggested that this manual be expanded and adapted in order to meet the changing needs of the agency and the offender population. Additional inclusion criteria, and possible diagnoses should be added to the manual as deemed necessary by CSC staff as the federal inmate population changes.
Another recommendation for future research is the expansion of the literature contained within the manual to promote further exploration of methods in which CSC can better meet the responsivity needs of this offender population. This research could also be used to adapt and create manuals for the implementation of specialized correctional programming adapted for special needs offenders to be used across federal institutions within CSC. The current resource manual can be used as a starting point, and it is suggested that future research continue to expand this manual as our knowledge increases.
References


Lowings, G., & Wicks, B. (2012). The need for cognitive profiles based on neuropsychological assessments to drive individual education plans (IEPs) in forensic settings. Journal of Mental Health Training, Education and Practice, 7(4), 180-188. doi: 10.1108/17556221211287190


Resource Manual

Individualized Intervention Plan (IIP) for Special Needs Offenders
Table Of Contents

Introduction ........................................................................................................................................... 3
  Rationale ........................................................................................................................................... 3
  Delivery and Implementation of Manual ......................................................................................... 4
Description of Contents ..................................................................................................................... 5
  Section I: Identification and Referral of Special Needs Offenders ................................................. 5
  Section II: Individualized Intervention Plan (IIP) Planning Process ............................................. 5
  Section III: Accommodations and Evidence-Based Strategies .................................................... 5

Section I : Identification and Referral ............................................................................................... 6

  Reasons for Referral ....................................................................................................................... 7
    Identification of Special Needs Offenders ....................................................................................... 7
    Learning Disabilities ..................................................................................................................... 8
    Developmental Disabilities ......................................................................................................... 10
    Acquired Brain Injuries .............................................................................................................. 11
    Additional Inclusion Criteria ....................................................................................................... 12
    Offender Safety & Security Concerns .......................................................................................... 12

Section II: Individualized Intervention Plan (IIP) Planning Process ............................................. 13

  IIP Planning Process – Multidisciplinary Staff Approach ............................................................. 14
  IIP Planning Process – Collaboration with Offender ..................................................................... 15
  Motivational Interviewing ........................................................................................................... 15
    Overview ..................................................................................................................................... 15
    MI Skills ..................................................................................................................................... 16
    Using MI to Determine Offender’s Personal IIP Goals ............................................................... 17
  Determining Aspects of the IIP ...................................................................................................... 17
  Debriefing ....................................................................................................................................... 17

Section III: Accommodations and Evidence-Based Strategies ................................................... 18

  Accommodations and Evidence-Based Strategies ....................................................................... 19
    Overview ..................................................................................................................................... 19
  Social Skills Training .................................................................................................................... 19
    Overview ..................................................................................................................................... 19
    Components of Social Skills Training: ....................................................................................... 20
  Assistive Technologies .................................................................................................................. 22
    Overview ..................................................................................................................................... 22
    4 Accommodation Categories ..................................................................................................... 23
    Examples of Accommodations: ................................................................................................. 23
  References ....................................................................................................................................... 24
Introduction

This manual is designed for use by all Correctional Services Canada (CSC) staff members providing services to federally sentenced adult male offenders with special needs. CSC staff that may benefit from this resource include, but are not limited to, Social Programs Officers, Correctional Program Officers, School Teachers, Mental Health staff, Job Coaches, Parole Officers, and Correctional Officers.

Rationale

Within offender rehabilitation, effective treatment is an integral aspect upon the risk management continuum, consequently deeming responsivity a critical factor for the subsequent success of correctional programming\(^1\). Offenders with special needs have a decreased likelihood of benefitting from standardized correctional programs designed to address criminogenic needs, due to responsivity issues\(^2\). For the purposes of this manual, the term “special needs” offenders will be used to encompass individuals with intellectual disabilities, acquired brain injuries, learning disabilities, and deficits in communication and literacy skills. This manual can also be used to assist any offenders who experience difficulties impacting their ability to succeed within correctional programming. Although special needs offenders make up a small amount of the total offender population, the amount of staff time and accommodations required is disproportionate\(^3\). In a CSC evaluation report\(^4\), the majority of CSC staff identified special needs offenders as a population who necessitate heightened levels of support in order to increase their likelihood of success within correctional programming. There is significant research demonstrating evidence for existing correctional programming throughout the literature, however, current empirical evidence regarding special needs offenders and therapeutic outcomes is limited.

This resource serves to increase awareness and understanding regarding special needs offenders within federal institutions. The manual provides evidence-based strategies for use by staff when working with this population of offenders, while supporting existing CSC programming. These strategies aim to increase offenders’ levels of self-efficacy, autonomy, and motivation in an effort to prime the individuals for success in future programming efforts.
Delivery and Implementation of Manual

This manual is designed as a supplementary resource to support staff while implementing existing programming. Therefore, existing CSC consent procedures are to be utilized, as staff deem appropriate. CSC procedures regarding confidentiality and consent are to be strictly obeyed throughout the implementation of any elements within the resource manual.

Elements contained within the manual should be delivered in settings deemed appropriate by staff, including classrooms or individual offices. Consideration should also be given to the facilitation of opportunities to practice skills among peers in order to support the generalization of acquired skills. Each offender’s individual needs should be taken into account when implementing any strategies from the manual in order to meet individual responsivity needs and maximize effectiveness. Aspects of implementation tailored to each offender’s needs should be subject to ongoing evaluation throughout the treatment process, and modifications should be made as necessary. Areas for consideration include session length, session timing, workload, number of concepts presented, and specific skills targeted.
Description of Contents

Section I: Identification and Referral of Special Needs Offenders

Information regarding identification and referral of individuals who have the potential to benefit positively from the implementation of the contained evidence-based practices is provided. This section also focuses on increasing awareness regarding possible deficits and diagnoses that may impact an offender’s ability to succeed within standardized programming. Information regarding learning disabilities, developmental disabilities, and acquired brain injuries are provided. Concerns relating to offenders’ safety and security including the encouragement of further or immediate referrals are also provided.

Section II: Individualized Intervention Plan (IIP) Planning Process

This section will focus on the procedures for creating an individualized IIP. This will include assembling facts through direct and indirect measures while communicating the importance of using a multidisciplinary approach. Information regarding working collaboratively with the offender through the use of Motivational Interviewing in order to set goals, resolve ambivalence, and remain motivated to achieving and engaging in treatment is also provided. Debriefing information is also provided.

Section III: Accommodations and Evidence-Based Strategies

This section provides an overview of each evidence-based strategy as well as easily implemented instructions for application including examples. Methods for determining effectiveness and application integrity of strategies are also provided. The strategies covered in this section are social skills training (SST) and assistive technology (AT).
Section I

Identification and Referral
Reasons for Referral

Individuals can be identified or referred by any CSC staff for consideration for an IIP. Referrals are to be based on the identification of an offender who exhibits deficits that interfere with the ability to succeed within standardized correctional programming. Examples include an inability to complete programs, make successful gains in education, or remain compliant with aspects of the individual's correctional plan. Offenders appropriate for referral may also present with cognitive deficits, or have a diagnosed learning disability, developmental disability, or acquired brain injury. Additional inclusion criteria include offenders experiencing difficulties with institutional adjustment, mental health, and/or a perceived necessitation for heightened levels of staff support. Offenders also have the option to self-identify for referral.

Identification of Special Needs Offenders

The following section provides information regarding possible diagnoses of individuals who may be deemed appropriate for referral to receive an IIP. This information acts to increase awareness regarding the prevalence of the included diagnoses within the offender population, symptoms that offenders diagnosed with these disorders may present, and possible comorbidities that may be present alongside each diagnosis. The diagnoses included are learning disabilities, developmental disabilities, and acquired brain injuries. In the event that an offender demonstrates symptoms of a possible diagnosis, it is important to refer the offender to Mental Health Services for appropriate diagnostic assessments.
Learning Disabilities

Prevalence:

- There is a great deal of discrepancy throughout the literature regarding the definition of a learning disability (LD), including appropriate diagnostic procedures. This complicates the ability to obtain precise information regarding prevalence rates and appropriate evidence-based procedures\(^5\).
- Evidence indicates an increased prevalence rate of incarcerated offenders diagnosed with a LD compared to prevalence rates of the general public\(^6\).
- In Canadian federal institutions, the prevalence rate of offenders diagnosed with a LD is estimated to range from 7\%-25\%, while in the general public, the prevalence rate is estimated at 10\%\(^5\).
- It is also estimated that an additional 30\% of the prison population has an undiagnosed disability\(^2\).
- The diagnosis of a LD is not determined to be a causal factor of offending behaviours, it may however influence an individual’s understanding of those factors determined to be directly associated with an elevated risk of offending\(^7\).

Symptoms:

- May show reluctance to participate in programs\(^9\).
- May experience difficulties with institutional adjustment\(^8\).
- May have impairments in social functioning which can negatively impact social relationships and self-image\(^6,9\).
- May demonstrate limited autonomy and independence.
- May interfere with the ability to understand new information, which can cause the individual to experience difficulties completing tasks of daily living\(^9\).
- Increased likelihood of deficits in the areas of comprehension, literacy, communication, memory, attention, and problem solving\(^5,10\).
- May experience difficulty with rapid thought processing, which can lead to frequent interruptions or refraining from participating in group settings\(^6\).
- May experience limitations in completing education, substance abuse programming, and maintaining successful employment.
- May have difficulties completing correctional programming\(^2\).
- When excluded from programs as a result of symptoms associated with the disorder, individuals can become isolated and experience heightened susceptibility of mental health difficulties\(^2\).
Comorbidities:

- Elevated vulnerability towards the development of mental health difficulties due to an increased susceptibility of predisposing factors\textsuperscript{7}.
- Anxiety and depression\textsuperscript{6}.
- ADHD and personality disorders\textsuperscript{11}.
Developmental Disabilities

Prevalence:

- Varies from 2.6% to 39.6%\textsuperscript{12}.
- Varying methodologies results in a large discrepancy in prevalence rates.

*Developmental Disabilities:* “severe, chronic disabilities that can be cognitive or physical or both” and originate prior to 22 years old\textsuperscript{13}. Encompasses numerous disabilities including intellectual disabilities.

*Intellectual Disabilities:* “disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills” and originates before 18 years old\textsuperscript{13}.

Symptoms:

- May experience deficits in social functioning and self-management, which can negatively impact performance of valued adult roles (i.e., employment)\textsuperscript{14}.
- May experience deficits in the areas of memory, cognition, and abstract thinking\textsuperscript{15}.
- May present limitations in ability to generalize skills learned during incarceration to community, impacting reintegration\textsuperscript{16}.
- Institutionalization can be traumatizing, individuals diagnosed with a developmental disability are often victimized (threats, violence, manipulation), segregated, and isolated\textsuperscript{16}.
- May experience difficulties due to limited understanding of formal and informal rules within the prison environment\textsuperscript{16}.

Comorbidities:

- Seizure disorders, visual and auditory impairments, autism spectrum disorder, and ADHD\textsuperscript{17}.
Acquired Brain Injuries

Prevalence:

- Elevated level of traumatic head injuries within the offender population in comparison to the general public\textsuperscript{18}.
- Within North America, the prevalence rate within the offender population is estimated at between 10-67% compared to a prevalence rate of 1-2% within the general public\textsuperscript{18}.
- Brain injuries are considered a major, chronic health condition within the offender population\textsuperscript{19}.

Symptoms:

- May experience limitations in abilities with regards to attention, memory, executive functioning, knowledge acquisition, task initiation, abstract reasoning, and emotion regulation\textsuperscript{18}.
- Often experience difficulties with literacy, verbal learning, and verbal processing\textsuperscript{20}.
- May demonstrate impulsivity, and a lack of regard towards consequences of actions\textsuperscript{19}.
- Acquired brain injuries resulting in frontal lobe impairments can cause limitations in an individual’s ability to gain meaningful profits from the use of feedback, trivializing the efficacy of reinforcement strategies\textsuperscript{18}.
- A correlation between frontal lobe impairments and violent behaviours is also suggested\textsuperscript{18}.
- Moderate to severe brain injury is often associated with poor social outcomes\textsuperscript{19}.
- May demonstrate difficulties with social perception including an inability to appropriately recognize emotion demonstrated through facial expressions\textsuperscript{21}.

Comorbidities:

- Psychiatric illnesses, including depression, anxiety, and posttraumatic stress disorder\textsuperscript{21}.
### Additional Inclusion Criteria

Offenders may also be referred for inclusion due to additional difficulties that inhibit their abilities to make meaningful gains or complete required aspects of their correctional plan.

Examples for additional inclusion criteria include, but not are limited to:
- Offenders who do not have a psychological diagnosis but present with symptoms of a possible diagnosis.
- Offenders who due to a mental health difficulty or diagnosis experience symptoms that interfere with their ability to successfully attend, engage, or participate within a group program setting. This might include for example, symptoms of anxiety, depression, and emotional instability.
- Offenders who experience difficulty with institutional adjustment.
- Offenders who have been deemed by staff as necessitating heightened levels of staff support.

Possible symptoms:
- Limited engagement or withdrawal during group sessions.
- Difficulty grasping abstract concepts.
- Difficulty sharing information in a large group.
- Poor attendance.
- Low motivation.

### Offender Safety & Security Concerns

In any event where there are concerns for the safety and security of an offender (i.e., self-injurious behaviour, suicidal ideations) further and immediate referral to institutional professionals must be made.
Section II

Individualized Intervention Plan (IIP) Planning Process
IIP Planning Process – Multidisciplinary Staff Approach

Once an individual has been identified for referral, it is important to use a multidisciplinary approach in order to determine the most suitable elements to be included within the Individualized Intervention Plan. It is also important that the suitability of each individual referred be assessed for inclusion in group activities. For example, information regarding security or safety concerns should be evaluated prior to participation. Contacting and discussing pertinent information relevant to each individual through as many varying sources as possible maximizes the ability to obtain pertinent information in order to maximize the effectiveness of the IIP. Throughout this process, collaborating as a multidisciplinary team is important in order to most effectively identify the individual needs of the offender, in an effort to maximize allocation of services, and to provide individualized levels of support.

Pertinent information to be obtained from secondary sources:

- Areas of strength
- Areas of need
- Correctional Plan (requirements for programming, education, etc.)
- Security concerns

Obtaining pertinent information:

- Staff members who work with the offender should be contacted in order to obtain a complete understanding of the deficits presented by the individual, and how these deficits impact his ability to succeed within standardized programming.
- Mental Health staff should be included in the planning process in order to obtain further assessment, as well as to monitor the individual’s emotional security and stability and provide support throughout the entire process.
- A review of the individual’s file should be completed in order to obtain relevant information regarding past experiences in correctional programming, as well as the results of psychological assessment if applicable. The file should also be reviewed for flags pertaining to possible diagnoses. The individual’s correctional plan should also be reviewed in order to determine programming required.
IIP Planning Process – Collaboration with Offender

It is important to incorporate the offender in the process of planning his respective IIP. Involving offenders with mental health needs in their assessment and treatment planning is suggested to be effective in increasing accountability\textsuperscript{22}. Motivational Interviewing (MI) sessions should be conducted with the client as part of the IIP planning process in order to determine individual goals, and include the client in the process. The number of MI sessions conducted should be appropriately determined by staff with regards to the client’s demonstration of ambivalence and motivation within sessions.

Pertinent information to be obtained through the use of MI session with the offender: Goals and objectives (short and long term)

Motivational Interviewing

Overview:
Motivational Interviewing is a client-centre therapeutic approach highlighted for use as an effective strategy to assist in determining individualized goals, resolving internal ambivalence regarding change, and in supporting motivation throughout the implementation of evidence-based practices\textsuperscript{23}. MI assists in increasing the offender’s autonomy and independence. When using MI techniques, it is important to create a collaborative relationship with the offender, which helps to increase motivation and accountability\textsuperscript{24}. MI focuses on helping the offender identify internal motivations for change\textsuperscript{24}.

Basic Principles of MI\textsuperscript{24}:

| Express Empathy               | • Create good rapport  
|                              | • Be understanding of the offender’s mindset (even if you do not agree)  
|                              | • Help offender identify his own reasons for change  
| Roll With Resistance          | • Don’t argue with the offender  
|                              | • Use other ways of responding (e.g. reflective listening) when offender challenges the need to make changes  
| Develop Discrepancy           | • Question and talk with the offender help him identify his own reasons to change (Don’t dictate reasons) and his own personal goals  
| Support Self-Efficacy         | • Allowing the offender to feel that he has chosen goals for himself which he feels he can accomplish increases the likelihood that he will commit to these actions  


• Be optimistic, remind the offender of his strengths and successes, and reinforce positive behaviours throughout the process

**MI Skills\textsuperscript{23}:**

**OARS:** Open Ended Questions, Affirming, Reflecting, Summarizing

**Open Ended Questions:**

- Allows offender to reflect and think about his answer before responding
- Will yield more information and encourage conversation
- Choose questions in order to direct the conversation appropriately

Examples: “What are some things you’d like to change?”
“How can you change what you are doing in order to meet your goals?”
“What would be helpful for you to achieve your goals?”

**Affirming:**

- Support and encourage the offender
- Provide genuine empathy and respect
- Encourages trust and open communication, and reduces defensiveness
- Also encourage offender to provide self-affirmations
- Notice, recognize and acknowledge positives

Examples: “You’re working really hard in our sessions, great job!”
“You’re providing me with a lot of good examples of goals, good work!”
“I can see you are really committed to deciding what you would like to work towards, that is great!”

**Reflecting:**

- Repeating a single thought or feeling expressed by the offender using different language
- Allows the offender to reflect and encourages increased discussion of the topic

Example: “It feels embarrassing for you to visit the library because you feel like your literacy level poses a challenge for you, but you might be willing to investigate the possibility of other resources that are offered there”
Summarizing:

- Summarize what the offender has said
- Helps offender to reflect on what they have discussed
- Invites further discussion on key areas
- Can also create a link between areas discussed

Example: “So what I am hearing you tell me is that you would like to be able to write letters to your family, but that you have had some negative experiences in your past education experience and are worried about attending school now.”

Using MI to Determine Offender’s Personal IIP Goals:

- Through the use of MI skills and strategies, encourage the offender to determine what behaviours would be helpful to change in order to reach his personal goals. Direct the MI sessions towards determining these goals and help the offender find internal reasons to motivate him towards committing to these goals. These goals should be incorporate into the IIP.

Determining Aspects of the IIP

The information obtained through secondary sources, as well as the offender himself should be used to determine the main goals, and objectives should be set in order to achieve them. Ensure the client chooses realistic and attainable goals and is not overwhelmed. Timelines for achievement are not important, as each offender will work at his own pace, and may have setbacks along the way. In order to reach the client’s goals, you may wish to utilize some or all of the included evidence-based strategies (Section III), while also encouraging participation in standardized correctional programming (education, programs, etc.). When choosing from the included evidence-based strategies, it is important to consider each individual’s strengths and needs, and to determine which strategies can assist the individual in obtaining their goals.

Debriefing

Once an IIP has been established, all staff that work with the offender should be debriefed regarding the Individual Intervention Plan and components therein as an integral step in supporting generalization and outcome effectiveness. Ensure that each staff member is aware of what their role is in assisting the client reach his goals, and how they can encourage use of the skills the offender is learning. It is important to continue using MI strategies when working with the offender to encourage continued motivation. Throughout the process, encourage all staff working with the offender to point out the offender’s strengths, and positive actions.
Section III

Accommodations and Evidence-Based Strategies
Accommodations and Evidence-Based Strategies

Overview:

The following evidence-based strategies have demonstrated effectiveness for use with offender populations to increase autonomy, independence, and self-efficacy. The strategies included in this manual are social skills training (SST) and adaptive technologies (AT). The literature demonstrates promising support for the implementation of SST and AT to assist special needs offenders in acquiring skills and strategies that will lead to successful integration within elements of standardized correctional programming. The implementation of SST is supported with individuals with special needs including those diagnosed with developmental disabilities in order to assist in reducing the negative impact of functional limitations within the community setting\(^{14}\). Evidence suggests the incorporation of SST as an important component within treatment programs for offenders with intellectual disabilities\(^{25}\). Given the possible social deficits present in offenders with special needs, incorporating SST as a component to prime offenders for correctional programming will positively contribute to future programming including aspects of their correctional plan, as well as daily interactions while incarcerated within the federal institution and upon reintegration into society. Technology based accommodations, AT, are also an important component to be integrated within treatment programs for offenders with special needs. The effectiveness of AT is presented throughout the literature as a means of increasing the performance and independence of adults who present with special needs\(^{26,27}\). There is a wide range of skills that can be positively influenced through appropriate implementation of AT\(^{27}\). These strategies should be individualized and incorporated as deemed necessary into each offender’s IIP.

Social Skills Training

Overview:

Social skills training (SST) is directed towards the expansion of performance competence in social abilities and can range from training of a precise skill to more generalized social abilities and appropriate ways to behave within social situations\(^{25}\). These skills are acquired and maintained through the use of strategies including rationale, instructions, modeling, role-plays, rehearsal, and feedback\(^{28}\).

When determining the appropriateness of SST, it is important to consider the offender’s skill level. It is very helpful to conduct SST as a small group, in order to facilitate modeling and role-plays. It is also important that the skills being taught are relevant to each participant.
Examples of social skills to be taught:
- Communication skills
- Problem-solving
- Giving and receiving feedback
- Abstaining from peer pressure
- Healthy relationships

Components of Social Skills Training:

Rationale:

To begin each group session, you must provide the participants with a rationale for the skill to be learned. The rationale should tell the participants why the skill is being learned (why it is important for them to learn the skill), how the skill can benefit them, and indicate that positive change is possible. The rationale should also include information on how this skill has been effective to others in order to encourage confidence.

Example: "Assertive communication will help you to effectively communicate your thoughts and feelings to others. Many people use assertive communication effectively in order to have their point of view seen by others without seeming aggressive or defiant. You will be able to use this skill in your daily life."

Direct Instruction:

After the rationale is given to the group, key words should be defined and explained to the participants. Any questions should be answered, and it is important to ensure all group members understand the basic concepts. Clear and concise instructions should be provided on how to complete the skill. The skill should be broken down into smaller steps.

Example: "There are many steps to problem-solving. You must first identify the problem that is being faced. Then you must determine possible solutions to the problem. Once you have determined several possible solutions, you can look at the possible outcomes of each. Then you should determine which solution you will choose, and try it out. After you have tried it out, you must determine if it worked or not. If not, try out another possible solution, or make changes based on what didn’t work."
Modeling:

Once instructions are provided to the participants, the facilitator should model the behaviour\textsuperscript{30}. In some cases, it is helpful for two facilitators to model the behaviour. Modeling should be realistic\textsuperscript{30}. Explaining to the participants which areas of the modeling they should focus on can be helpful as well\textsuperscript{30}. After the behaviour is modeled, the facilitator should ensure understanding of the group, and repeat the modeling if necessary\textsuperscript{30}.

Example: “Facilitator 1 and I are going to demonstrate conversational skills. Pay close attention to our eye contact and our tone of voices while you watch us model the skill.”

Role-Plays:

Following modeling of a social skill, it is important to allow participants a chance to practice the skill. Role-plays should first be conducted with one offender, and the group facilitator\textsuperscript{29}. To simplify and encourage understanding, using the same scenario that was utilized by the facilitator for the modeling of the behaviour is helpful for participants during the first role-play\textsuperscript{29}. At the facilitator’s discretion, the group can move on to practice more complex role-plays or suggestions from participants for scenarios can be used\textsuperscript{30}.

Positive Reinforcement (Feedback):

During the social skills training process, it is important to highlight positive actions displayed by each participant. Specific feedback is required in order to encourage behaviour change\textsuperscript{29}. Both the facilitator, as well as other participants should provide positive feedback\textsuperscript{29}. Encourage group members to point out positive elements of each other’s role-plays\textsuperscript{29}. Corrective feedback should be given in a brief manner, and should be noncritical and behavioural\textsuperscript{29}. This feedback allows the participant to improve his performance during the next role-play and to ultimately increase efficacy of the skill\textsuperscript{29}. If the role-play is conducted again, it is important to provide positive feedback on the specific areas that have been improved\textsuperscript{30}.

Example: “Wow John, you did a great job asserting yourself appropriately when you were asked to join your friend to use drugs. Does anyone else have any feedback to provide John about what he did well during his role-play? ... You are all right, John did a great job expressing his feelings and ignoring his friend’s pressures. In the future John, make sure to maintain appropriate eye contact to demonstrate your assertiveness. Thank you for volunteering to be first for the role play, you did a great job!”
Homework:

At the end of each SST session, the facilitator should provide homework to the group members. This homework should entail practicing the learned skill before the next group session. This allows the skills being learned to generalize beyond the group to the participant’s daily life as well as to encourage the use of the skills independently. Ensure that all participants understand the homework assignment and that it is realistic and achievable. Homework should be reviewed at the beginning of each session, and positive outcomes should be reinforced.

Example: “Before our session next Wednesday, I would like you all to practice using the skills you have learned this week. It is okay if you have problems with this or you don’t get the results you expect. Remember, practice is part of the learning process. Next week when we discuss your practice, I would like to know how you used the skill and what worked and what didn’t work for you.”

Assistive Technologies

Overview:

Technology based accommodations (i.e., assistive technology (AT)) include various devices including tape recorders, electronic spell-checkers, word prediction software, and microphones using text-to-speech software. Being able to utilize AT increases independence, employability, and capacity to access community life.

When choosing AT, it is important to consider each individual’s needs and preferences in order to effectively select an appropriate technology to be used as an accommodation. It is also important to determine whether the offender has security concerns regarding computer use. This includes an understanding of the possible incorporation of the device within their daily life. Recognition of the individual’s learning style also enhances the probability of effective accommodation selection. The implementation of AT appropriate to an individual’s needs can positively impact independence and community involvement. Positive outcomes resulting from the effective use of AT require individual instruction regarding the proper situations in which the device can be used, as well as how to properly use the device.
### 4 Accommodation Categories

<table>
<thead>
<tr>
<th>Accommodation Category</th>
<th>Explanation</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>- Used to access materials in a different way using devices such as tape recorders or videos</td>
<td>If the offender has issues with literacy, provide audio or video to communicate information instead of handouts</td>
</tr>
<tr>
<td>Response</td>
<td>- Allows an individual to communicate acquired knowledge using alternative means such as speech-to-text software</td>
<td>If the offender has difficulty with writing or literacy, use a microphone and speech-to-text software, or a recording device so that responses can be given verbally instead of written</td>
</tr>
<tr>
<td>Scheduling</td>
<td>- Adaptations to the length of time given to complete an assignment</td>
<td>If the individual has difficulty paying attention for a long time, have sessions broken up into smaller intervals, or provide longer time to complete written work</td>
</tr>
<tr>
<td>Setting</td>
<td>- Adaptations to the setting in which tasks are completed</td>
<td>If the offender has difficulty minimizing distractions, allow a quieter space to complete assignments</td>
</tr>
</tbody>
</table>

### Examples of Accommodations:

**Offenders who have difficulty sitting and working quietly:**
- Use a timer to split up work sessions into smaller increments

**Offenders who have difficulty hearing:**
- Provide audio through computer instead of group lectures
- Provide headphones for computer use

**Offenders who have difficulty reading and writing:**
- Use word prediction software to assist in written work
- Use text-to-voice software that will allow written words to be read aloud to the offender
- Provide short written passages using simple language and larger font size
- Have material voice recorded so offender can listen to it through audio format
- Accept alternative work completion including oral reports, and video or audio recordings
References


