

**MISSOURI DEPARTMENT OF CORRECTIONS
CENTRAL TRAINING ACADEMY
LESSON PLAN**

COURSE TITLE: Institutional Basic Training

LESSON TITLE: Special Needs Offenders

PREPARED BY: Lena Hunt, Scott Geist, and Norman Kissinger
DATE: March 2002

TIME FRAME	PARAMETERS
PERFORMANCE OBJECTIVES <p>At the conclusion of this course, participants will be able to:</p> <ol style="list-style-type: none">1. Using a case study, assess possible problems an offender with special needs might encounter and determine how those problems can be accommodated; and2. Using case scenarios, analyze security issues and appropriate actions to be taken when dealing with special needs offenders.	EVALUATION TECHNIQUE <ol style="list-style-type: none">1. Large group reports2. Written test

INSTRUCTOR MATERIALS

Overheads

Videotapes:

Slide show

Posters

Other:

ADA Flyer

EQUIPMENT/SUPPLIES NEEDED

Easel Pads & Stands

Videotape player

Markers

Video Camera

Masking Tape

Televisions

Computer & LCD

Projector screen

Overhead projector

Other

STUDENT HANDOUTS

Title

Student Manual

METHODS/TECHNIQUES

Lecture/discussion/case studies

REFERENCES

The following books and materials were used as a basis for this lesson plan. The instructor should be familiar with the material in these reference documents to effectively teach this module.

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- | | |
|--|---|
| 1. Lockup USA V4/i2 Older Offenders | 4. Lockup USA Vol 1/i9 Coping with Special Needs Offenders |
| 2. Lockup USA V4/i4 Psychological Dist. | 5. ADA "Guidelines for the work place" |
| 3. MO Guidelines for Law Enforcement Officers in Handling Persons with Mental Illness, MODMH | 6. ECOH Effectively Communicating with Offenders with Handicaps |

Prerequisite Training/Certification:

Subject Matter Expert (s):

Approved by:

Date Approved:

Original Date: 09/02/98
Revised: 09/2000; 05/2001; 03/2002, 04/2002, 01/2006

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ANTICIPATORY SET

When one prepares to enter a correctional facility, it is easy to view all offenders as identical—they all wear gray. On closer investigation we will find some require special attention.

On a given day an offender might walk up to you and tell you he has been talking to God, does he mean prayer or hearing voices? The next time an offender you have never seen before seems slow to respond to a simple request, what is the problem? An offender and you approach a door at the same time and he is in a wheel chair, what do you do? Or a normally cooperative offender makes his way to the sally-port and holds everyone off by throwing rocks, yelling that a spaceship is coming to pick him up. What will you do?

OPTIONAL VIDEO

Show Lockup USA, Volume 4, Issue 4, "Recognizing Psychological Disturbances"

PROCESSING QUESTIONS

Ask Participants: What are some of the reasons that more offenders with psychological disturbances are entering into the corrections system?

Possible Responses: Many of the mental health facilities in the 1970's lost funding.

Ask Participants: What are the two most common types of psychological disturbances found in a correctional facility?

Possible Responses: Psychoses and depression are the two most common forms of psychological disturbances found in correctional facilities.

Ask Participants: What are some reasons that offenders in correctional facilities become depressed?

Take time to gather responses

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Possible Responses: The support system they had on the street begins to break down.

The offenders you come into contact with will provide you with a number of challenging situations but offenders, who themselves are challenged, will require your special attention. The incidents which deal with offenders special needs may occur more than you realize. Let's think for a minute how many "challenged" people there are in a correctional facility.

EXERCISE

Do a master list on the flip chart in front of room. Ask the students to list all the special needs offenders that might be present in a correctional facility.

Lists should include but not limited to: Mild retardation, vision impaired, hearing impaired, aged, gender, diabetes, alcoholism, psychoses, amputations, near death (hospice).

Ask Participants: What are some challenges these special needs present? (Refer to lists to refresh memories.)

Possible Responses: Communication (how can I understand?), what is reasonable and appropriate to accommodate the needs without jeopardizing security, how do we assist without disregarding dignity?

Ask Participants: What should the department do to accommodate the offenders with special needs?

Possible Responses: Special housing, special staff, extra equipment, good referral system, effectively train line staff, comply with ADA guidelines.

Remember, a key goal of the Missouri Department of Corrections is to provide humane confinement while providing habilitation to prepare the offenders for return to society. In order to do this effectively we must address the physical, mental, educational, and social needs of each

(List may also include the elderly, youthful and female offenders – let them know these topics are covered in the inservice program).

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offender to the best of our ability.

Many offenders have special needs that must be taken care of by the staff of the correctional facility. The offenders are not special offenders. They do not receive special treatment nor are they allowed to violate the rules of the institution because of their special circumstances. We treat the special needs offender with the same firm, fair and consistent attitude that we would with any other offender. Many times staff are intimidated by the special needs of an offender. They may be afraid that the offender will try to manipulate them with the special needs circumstances. Remember that the special needs offender should receive exactly the same treatment as every other offender except in the area of the special needs.

As you can see our responsibilities could very easily go beyond the parameters that you may expect. To help prepare you for this encounter we are going to use the following performance objectives to examine the offenders special needs.

PERFORMANCE OBJECTIVES

1. Using a case study, assess possible problems an offender with special needs might encounter and determine how those problems can be accommodated; and
2. Using case scenarios, analyze security issues and appropriate actions to be taken when dealing with special needs offenders.

INSTRUCTIONAL INPUT

In your exercise a few moments ago you were asked to list groups who you felt may have special needs and while this allowed you to think about a number of different challenges that face society, are they all legally defined as a disability? To gain a better understanding let's look at the definition

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provided by the State of Missouri.

The following is the definition of Developmental Disabilities that the State of Missouri Department of Mental Health uses to determine who is eligible to receive services from them. There definition of a **developmental** disability is a severe, chronic disability of a person which:

- Is attributable to:
 - ◆ Mental retardation, cerebral palsy, epilepsy, head injury or autism, or a learning disability related to a brain dysfunction;
 - ◆ Any other mental or physical impairment or combination of mental or physical impairments.

- Is manifested before the person attains age twenty-two (22).

- Is likely to continue indefinitely.

- Results in substantial functional limitations in **two** or more of the following areas of major life activities:
 - ◆ Self care;
 - ◆ Receptive and expressive language development and use;
 - ◆ Learning;
 - ◆ Self-direction;
 - ◆ Capacity for independent living;
 - ◆ Economic self-sufficiency;
 - ◆ Mobility.

- Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, habilitation or other services which may be of lifelong or extended duration and are individually planned and coordinated.

Thus, the definition of developmental disabilities does not mention the traditional categories of handicaps that we are accustomed to using. Rather, it defines disabilities in functional terms, which can include persons with **mental**

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retardation, autism, epilepsy or cerebral palsy as long as they meet the developmental disabilities definition.

We will refer to the categorical terms “mild mental retardation,” “learning disabilities,” and “severe emotional problems.” However, we consistently will talk about the **functional** areas listed in the definition of developmental disabilities because they are practical, relate to everyday life and are easily understood.

While using both the functional developmental disabilities definition and the categorical terms may be somewhat confusing, it reflects the real world. Most state and private agencies do use a developmental disabilities definition, while school systems (and some agencies) may use the categorical terms to describe disabilities.

The intent in this training is not to make diagnosticians or “experts” out of you. It is, rather, to heighten your awareness that handicapped individuals are in the criminal justice system in significant numbers and to provide some suggested ways to interact effectively with them.

Considerable research has been done in the past several years on the numbers of individuals with disabilities who are incarcerated. ***Prevalence estimates have ranged from five to thirty percent (5-30%) of the incarcerated population nationally.***

As previously mentioned, the purpose of this training is to better prepare you for working with offenders who are developmentally disabled. Not just to work with them but to **effectively work** with them. This is important for two reasons.

Ask Participants: What do we want to avoid?

Possible Responses: Misunderstandings with the disabled person, unnecessary paperwork.

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Ask Participants: What do we want to provide for the disabled offender in the institution?

Possible Responses: Special medical attention, housing, etc.

So that we may **Avoid:**

- Misunderstandings with the developmentally disabled offender;
- Confrontations, both physical or verbal; and
- Unnecessary conduct violations and paperwork.

To **Provide** for the needs of the offender:

- An offender suspected of having a disability may be placed in special housing, if necessary, in order to avoid being taken advantage of socially, sexually or economically by other offenders;
- Individuals may be referred to forensics (for example, the Fulton Biggs Forensic Mental Health Unit) and/or another agency for assessment; and
- Individuals may be referred to appropriate programs. This is why documentation is so important when dealing with the disabled offender.

One of those who we need to provide for and who will be preyed upon by other offenders within the Department are those who are challenged by mental retardation.

RECOGNIZING CHARACTERISTICS OF MENTAL RETARDATION

All of us have probably had some experience and/or interactions with individuals with some degree of mental retardation.

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To begin with, could any of you tell us about any **interactions** you might have had with mentally retarded individuals—anything at all?

Ask Participants: What were some of the **behaviors** that you observed that might suggest mental retardation?

Possible Responses: Poor adaptive behaviors, poor motor control, and inability to remember tasks.

It's easy to see that many of you have mental pictures or perceptions as to what a mentally retarded individual looks and acts like. Next, I'd like to consider some of the characteristics you listed and put them in perspective in relation to mentally retarded individuals you may come into contact with as part of your job.

Definition of Mental Retardation: Mental retardation is disability generally defined by:

- Subnormal Intellectual Functioning
 - ◆ Subnormal intellectual functioning is determined by scores on standardized intelligence (IQ) tests.
- Deficits in Adaptive Behavior
 - ◆ Deficits in adaptive behavior are reflected in poorly developed daily living skills.

In relation to the definition of mental retardation, I'd like to tell you a few things that will put that definition into perspective. Keep in mind that the average intelligence of the general population is 100 on the "Wechsler Scale of Intelligence." It's important to realize that mental retardation varies in degree from **mild** to **moderate** to **severe** to **profound**.

DEGREES OF MENTAL RETARDATION

- MILDLY** retarded individuals have also been referred

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to as educatable mentally retarded. These are individuals who have scores on IQ test that range roughly from 50-55 to approximately 70.

- ❑ Those who are **MODERATELY** retarded sometimes are also referred to as trainable and their IQ scores range roughly from 35-40 to 50-55.
- ❑ Those who are **SEVERELY** retarded generally have IQ scores from 20-25 to 35-40.
- ❑ Those who are considered to be **PROFOUNDLY** retarded generally have an IQ below 20 or 25.

In the past terms such as “cretin”, “imbecile”, “moron”, and “retard” have been used to describe these persons. ***These terms are no longer acceptable because they are derogatory and demeaning.*** Department of Corrections staff need to remember that it is our responsibility to remain professional by refusing to use these and other derogatory terms.

The reason we are sometimes able to recognize those individuals who are mildly, moderately, or severely retarded by the way they look is because the factors that caused their retardation also caused some physical abnormalities. Because of this, should they violate the law, ***in all likelihood they will be recognized as mentally handicapped and will be diverted to a service agency where they will receive treatment instead of being incarcerated.***

However, the ***largest group of individuals who are mentally retarded are classified as mildly retarded.*** Individuals who are mildly retarded for the most part exhibit ***no physical characteristics*** that readily identify them as being mentally retarded. As you will see, they look much like any “normal” individual. There is nothing about their ***physical*** appearance that may lead us to believe that they're mentally retarded.

The IQ numbers from the Weschler Scale provided by information from the Dept. of Mental Health

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BEHAVIORAL CHARACTERISTICS OF MENTAL RETARDATION

Now let's consider some of the behaviors that characterize individuals who are mentally retarded. Remember, mentally retarded individuals, as previously defined, are those individuals who have deficits in adaptive behavior. These deficits in adaptive behavior are reflected in poorly developed daily living skills. Note that the deficit areas listed are a part of the state definition of developmental disabilities.

The severity of these adaptive behavior deficits defines the degree of mental retardation. For example:

Refer to Table 1: "Comparison of Mild of Moderate/Severe Mental Retardation".

	<i>Mild Retardation</i>	<i>Moderate/Severe Retardation</i>
1. Problems with Self-Care	Typically bathe themselves, wash their own clothes, & dress appropriately for the seasons but sometimes need reminders	Need to be taught to brush their teeth, bathe, use deodorant, etc. Will need frequent reminders in order to maintain and use these skills. Can wash and care for clothes and dress appropriately with supervision
2a. Difficulty with Receptive Language	Comprehends 3/4 of typical conversation, but doesn't remember complex 2 or 3 step directions unless they are repeated. Slow in responding in verbal commands	Understands 1/4 to 1/2 of what is said in a typical conversation, understands only simple, one-step directions. May not respond to commands
2b. Difficulty with Expressive Language	Make some grammatical mistakes but usually talks in complete sentences. Vocabulary is less than normal but sometimes surprisingly large.	Speaks in one, two or three word phrases or very short sentences. Many grammatical errors. Limited vocabulary.

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3. Learning Problems	Expected to learn to read and do math from 2 nd to 5 th grade level if they work to maximum potential, but may be lower. Usually slow in learning age appropriate social skills.	Some learn to sight read words, but don't understand them. Frequently learn to read only functional words such as "stop", "danger", "walk", "women", "men", etc. Can usually count objects. Change making skill limited or nonexistent
4. Mobility	Have little or no difficulty using bus system and getting around the area. Can learn to drive, but frequently does not get a driver's licence and drive anyway	Can get around the neighborhood close to their home. Sometimes can learn to use the bus system with intensive training. Cannot get a driver's licence or learn to drive adequately
5. Problems with Self-Direction	Good "followers" but sometimes have trouble making correct decisions on their own, especially in pressure situations. Easily led and coerced into trouble by others	May be able to verbalize the difference between right and wrong but frequently can't make the right decision or their own. Need almost constant supervision.
6. Limited Independent Living Skills	Can learn to take care of their clothes, cook and dress appropriately. They need to be taught these skills and have periodic supervision and reminding	Usually will not be able to live alone, manage clothes, cooking or money totally on their own. Frequent or full time supervision in a family or supervised apartment setting is needed
7. Economic Dependence	With training, they can hold competitive jobs and support themselves. Jobs are mostly in the unskilled area. Need supervision and help in managing finances. Frequently lose jobs in hard times and get in over their heads with debts	Will be able to work in sheltered workshops or other intensely supervised work settings. Will not earn enough to support themselves independently

Individuals who are mentally retarded are all different and will vary with regard to the number and severity of the characteristics exhibited. Individuals with moderate and severe mental retardation will exhibit not only more of these characteristics, but more severe problems in each of these

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areas. It should be noted that with recent advances in teaching technology and intensive early intervention programs, individuals who are moderately and severely retarded may overcome some of the deficits listed. Remember, the behavior of individuals who are ***mildly mentally retarded, at first glance, may be similar to that of individuals who are "just a little slow"***.

INTERACTING WITH MILDLY MENTALLY RETARDED INDIVIDUALS

Learning and Adaptive Behavior Problems

Due to limitations in one or more of the adaptive behavior areas discussed, individuals with mild mental retardation may have difficulty functioning in a variety of situations. This is especially true in situations which are new to the individual. Without previous experience in a situation, mildly retarded individuals may not know what to do or how to act. This may happen even when they are provided with some directions and where the correct course of action seems obvious.

Additionally, a mildly retarded individual may not immediately learn what to do or how something should be done, even after having done it right once. When this happens, although it might appear that the individual is being defiant or noncompliant, it is important to remember that the difficulty they experience may be directly related to deficits in adaptive behavior such as receptive language, self-direction and learning.

To allow us to better intermingle with these individuals we are going to look at four **specific** steps that are recommended to help you effectively interact with mildly retarded individuals.

Recommended Interaction Techniques

- Give specific and concrete directions;

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- Use simple, direct language;
- Use small, sequential steps;
- Check to see that the directions are followed; and
- Have patience.

Just as important as interacting, we will also be involved in teaching these individuals. The following are established guidelines to follow when teaching and supervising work assignments held by offenders who are mildly mentally retarded.

- Provide simplified directions and tasks;
 - ◆ Because of difficulty with receptive language and a slow learning rate, individuals with mild retardation require simple one-step directions when learning a new task. Multi-step directions are likely to result in confusion and poor performance.
- Provide opportunities to practice each step in the assigned task.
 - ◆ Once the simplified directions are given, provide the individual with opportunities to practice each step.
- Allow the individual an adequate time to respond to a request.
 - ◆ Once you give a direction or ask a question, it is important to allow the mildly retarded individual an adequate amount of time to respond. Be patient, give them time to think and an opportunity to respond.
- Provide honest feedback
 - ◆ As the individual is practicing the skill and performing the task as requested, provide him with feedback about how he is doing.

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- Give positive reinforcement for the right actions
 - ◆ It is also important to provide individuals with some type of positive reinforcement for correct work.

We just discussed ways of dealing with the mentally retarded offenders, which are characterized by organic brain dysfunction, we will now move next to a discussion of learning disabilities. The learning disabled differs from the mentally retarded in several ways.

LEARNING DISABILITIES

People with learning disabilities is another area that you very likely will encounter in the correctional environment.

Definition of Learning Disabled: A person with a disorder in:

- One or more of the basic psychological processes involved in understanding or using language, spoken or written; and
- Manifests itself in an **imperfect ability to listen, think, speak, read, write, spell** or do **mathematical** calculations.

The term includes such conditions as perceptual disabilities, brain injury, neurological impairment, minimal brain dysfunction, dyslexia and development aphasia. The term does not include individuals who have learning problems which are primarily the result of visual, hearing or motor disabilities of mental retardation, emotional disturbances or environmental, cultural or economic disadvantage.

For all practical purposes, the term "learning disabilities" means the same as "learning problems". Intelligence levels of the learning disabled individuals are:

- Individuals who have IQ levels that are
 - ◆ Above average;

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- ◆ Average; or
- ◆ Near average

Despite their intelligence levels, they may experience problems in everyday situations involving one or more of the following: reading, spelling, writing, mathematics, organization and problem solving.

While we might think that reading, spelling and math problems would be obvious, many learning disabled individuals do learn to cover or hide those deficiencies.

In the vast majority of cases, the underlying cause of learning disabilities is unknown. It is speculated that something goes wrong in the processing area of the brain, since the causes can't be readily observed. We can, however, frequently determine that a learning disability exists by observing a person's actions.

Characteristics of Learning Disabled Individuals

Let's take a look at some of the characteristics of learning disabled individuals in the framework of the seven functional area included in the developmental disabilities definition.

Let's compare and contrast learning disabilities and mild mental retardation with respect to deficits in the seven functional areas of the developmental disabilities definition. It's important to do so because frequently learning disabled individuals are misjudged or mislabeled as being retarded. This happens because, as we will see, they frequently are reading at or below the level of mildly mentally retarded individual.

	<i>Learning Disabilities</i>	<i>Mild Retardation</i>
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1. Self-Care	Usually no problem in learning these skills. May be poorly dressed or unkempt due to attitude or not enough money	Typically bathe themselves, wash their own clothes, and dress appropriately for the seasons, but may sometimes need reminders
2a. Receptive Language	Usually comprehends most of what is said, but may not understand some words and sequences of numbers. Usually no problem following verbal directions	Comprehends 3/4 of typical conversation but doesn't remember complex two or three step directions unless they are repeated. Slow in responding to verbal commands
2b. Expressive Language	Sometimes very good, sometimes poor. Usually much more developed than academic skills	M a k e s s o m e grammatical mistakes but speaks in complete sentences. Vocabulary is less than normal but sometimes surprisingly large
3. Learning	Frequently have problems in reading, may be a non-reader. Many reverse number sequences. May have difficulty learning social skills. May have trouble in cause and effect relationships. Tries to hide inadequacies	Expected to learn to read and do math from 2 nd to 5 th grade level if they work to maximum potential, but may be lower. Usually slow in learning appropriate social skills
4. Mobility	Little or no difficulty. Can learn to drive. May need to take driver's test orally.	Have little or no difficulty using bus system and getting around the area. Can learn to drive, but frequently does not get a driver's license, and drive anyway
5. Self-Direction	S o m e t i m e s O K , sometimes poor. This may be due to poor self concept, a result of repeated failures in reading, math, etc., during school years. May be defensive about lack of skills, overreact and get into trouble.	Good "followers" but sometimes have trouble making correct decisions on their own, especially in pressure situations. Easily led and coerced into trouble by others

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6. Independent Living Skills	Usually no problem in dressing appropriately, caring for clothes, cooking, etc., if they have the money to do it	Can learn to take care of their clothes, cook and dress appropriately. They need to be taught these skills and have periodic supervision and reminding
7. Economic Dependence	Many learning disabled get college degrees; become lawyers, judges, etc. Others earn a high school diploma or GED and hold good jobs. Those with more severe learning problems may lose their job frequently. They become frustrated and come into contact with the law	With training, they can hold competitive jobs and support themselves. Jobs are mostly in the unskilled area. Need supervision and help in managing finances. Frequently lose jobs in hard times and get in over their heads with debts

As you can see, there are similarities and difference between learning disabilities and mild mental retardation. In reality, they are sometimes difficult to distinguish at first meeting. Many learning disabled individuals are mistakenly thought to be mentally retarded because some of their actions are similar to those of a mildly retarded person.

Learning disabled persons are not mentally retarded.

Profile of a Learning Disabled Individual

Having presented all of these characteristics, **I must point out that there is no single composite profile of a learning disabled individual.** Some learning disabled individuals will exhibit many of the characteristics that were listed. In other cases, a learning disabled individual may exhibit only one or two of these characteristics. Further, some of the characteristics may be severe, while others may be mild.

Thus, some individuals can be fairly easily identified as having a learning disability. For others, the disability may not be obvious.

Some learning disabled individuals will appear to be very

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bright. Some, however, will appear to be very slow. **Do not expect to find a single profile that will fit all learning disabled individuals.**

Analyzing Problem Situations

One way of reacting to problem situations is to blame the learning disabled individual and take disciplinary actions against him/her. It would be relatively easy to trace the underlying cause to the individual with a learning disability and conclude that if he/she would just “shape up” or “act the right way” the problem situation would not have occurred.

Unfortunately, taking some type of disciplinary action against a learning disabled individual may not resolve the problem. Disciplinary action against the individual will also do little to prevent the occurrence of problem situations in the future.

A second way to deal with such problems situations is to remove the learning disabled individual from the situation. However, it is not always possible to move the person, and therefore make the problem go away.

A better approach to solving problem situations involves analyzing the interactions between the learning disabled individual and others. If we look at these interactions and analyze them, we are more likely to identify ways to resolve the problem at hand and to prevent problems in the future. To give you this experience we are going to do an exercise.

GUIDED PRACTICE

I'm going to break you into groups and give you a problem situation for you to analyze. After you read the situation I want you, as a group, to answer the questions at the end. Be prepared to have a spokesperson report your responses to the rest of group in 20 minutes.

CASE STUDY

Analyzing a Problem Situation

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Instructions: In your groups analyze the following case study and answer the questions that follow. Select a spokesperson and be prepared to report out in 20 minutes.

As a caseworker in a large correctional facility you supervise the offenders assigned to two housing units. One of your responsibilities is to make job and school assignments to the offenders. One of the offenders on your caseload is Offender Becker. Offender Becker is a 48 year old man who is serving a 3 year sentence for DWI. He has been at your facility for almost eight months and during that time he has been fired from his last four work assignments. He has received two conduct violations since he came to the facility, both violations were for Insulting Behavior. Offender Becker is now in your office wanting to quit his latest job.

According to his case file, he did graduate from high school and as such he wasn't required to attend school upon arrival but was assigned directly to a work assignment. As you are reviewing the request for job change form (which is required in writing) along with other notes and requests from Offender Becker, you notice each seems to have been written by different people.

You look at copies of the conduct violations and see that both were written by job supervisors who had fired him. The violations reflect that when the supervisor reprimanded him for his forgetfulness he would become belligerent and insulting. In the last confrontation Offender Becker was told that he would be fired if he did not remember to get the orders filled properly. Offender Becker blew up and a violation was issued for his behavior.

◆ Does this offender have special needs? If yes, do they reflect mental retardation or a learning disability? What lead you to this conclusion?

Possible answers: yes, learning disability; the offender completed high school, but requests were written by different people indicating he could not write or maybe read.; gets frustrated easily, couldn't hold a job, received conduct violations because of behavior.

◆ How should you interact with this offender?

Possible answers: Be careful not to ask confrontation questions such as "Can you read?" but instead ask "why he left the job, why he wants a change?"; also check with job supervisors for specifics.

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What course of action should you take? Talk with job supervisors, contact school about special assistance for the offender; as a caseworker you can assign him to a job that may be more appropriate to his abilities.
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Ask Participants: What impact will this information have on your return to your job?

Possible Answers: Heightened my awareness of the need for documentation; using referrals; make me conscious of my attitude towards offenders seen as “problems”

As you can see, analyzing the interactions between individuals usually results in a more productive outcome (i.e., resolution of the problems is facilitated and preventative measures can be taken). This, however, requires that we begin to look at problem situations as the result of problem interactions between people rather than as one person's fault.

INSTRUCTIONAL INPUT

Typically, we are accustomed to looking for the person who “caused” the problem and then dealing with the person and with their behavior. Unfortunately, problem situations resulting from a learning disability cannot be solved effectively in this manner.

We cannot realistically ask the learning disabled individual to either stop doing something that they can't control, or start doing something that they are incapable of doing.

If we are to effectively work with learning disabled or other disabled individuals, we must begin to analyze problem situations and take actions that both resolve the immediate problem and serve to prevent problems in the future.

A lot of these concerns cross over to all of the offenders we have been talking about. Remember that staff are legally

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and morally responsible to protect the offender. So as said earlier, be professional at all times, show some concern, be empathetic, and always be firm, fair and consistent and you will have less problems when dealing with the offenders.

A lot of these problems are problems we deal with in our home life. So take that plus add to it loss of freedom to the mix and you can see the potential for mental anguish that can occur. If the mental anguish gets out of control that is when you will see problems erupting in an institution. As corrections professionals we need to remain aware of this potential.

Next we will look at an area that can affect anyone at most any age, that is, emotional disturbance.

EMOTIONAL DISTURBANCE

Definition of Emotional Disturbance: A broad, general term that we frequently use to describe a set or series of behaviors that are markedly different from those we normally expect. The term actually includes a large number of specific disorders such as acute depression, schizophrenia, paranoia, phobia, etc. No attempt will be made here to provide the “clinical syndromes” that define what we commonly refer to as emotional disturbance.

Characteristics of Emotionally Disturbed Individuals

All of us, at one time or another, have probably interacted with persons whom we considered very different. Unfortunately, it is also possible that we categorized them as “crazy”, “bugs” or some other equally negative term. In all likelihood, there was little doubt in our minds that the person was emotionally disturbed.

Before I present a list of characteristics that might be indicative of emotional disturbance, let's begin by drawing from your personal experiences.

Ask Participants: Describe exactly what the person did that

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led you to believe that he/she had a serious emotional problem.

Possible Responses: Answers will vary

Ask Participants: Why did this action make you believe that they had a serious emotional problem?

Possible Responses: Answer will vary

As you can see by our discussion, there are a number of different behaviors that you identified that may be indicative of emotional disturbance. I want to point out, however, that even individuals who are truly disturbed don't exhibit all of those behaviors all of the time. In addition, all of us, when under extreme stress, may exhibit some behaviors that aren't usually considered "normal".

Now, let's look at a laundry list of behaviors that might be indicative of emotional disturbances and see how many we've just identified.

POSSIBLE INDICATORS OF EMOTIONAL DISTURBANCE:

- Extreme defensiveness
- Distorted sense of reality
- Inflexible or rigid
- Repetitive behavior
- Concerns about health
- Chronic feeling of weakness or fatigue
- Aches and pains
- Physical sensation
- Panic attacks
- Extreme confusion
- Hearing voices/seeing things/smelling things
- Apprehension

This list provides you with some of the behaviors and characteristics that might result in a label of emotional disturbance when they occur in combinations and with

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unusual frequency, or to a degree that interferes with functioning in daily life. Please remember that this is not an all inclusive list. There could be additional behaviors and characteristics that are exhibited by individuals labeled as emotionally disturbed.

Determining Emotional Disturbance

Determining that a person is emotionally disturbed involves more than just noting or observing the presence or absence of behavior. There are at least two major factors involved. The first is the presence of “abnormal” behavior. Second and more importantly, the classification of emotional disturbance depends upon how and by whom the behavior is judged and interpreted. At this time, I'd like to discuss each of these factors separately and in combination.

Abnormal Behavior

One of the factors involved in labeling or classifying someone as emotionally disturbed is the presence of unusual behavior. As indicated, there are a number of behaviors that are generally considered to be “abnormal” and thus indicative of serious emotional problems. However, there are some behaviors that, in certain situations and under certain conditions, are really quite understandable.

As an example, let's say that for the past two months, your neighbor has kept his shades and blinds shut tightly. During this time, he rarely, if ever, left the house and never allowed anyone in the house. Additionally, he would not answer the telephone or talk with people who stopped to visit. Before all of this started, he was friendly, outgoing and active in the community.

Ask Participants: Would anyone consider his behavior to be abnormal? Why?

Now, let's be a little creative. Are there any circumstances under which this pattern of behavior might be considered

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either justified or normal?

Possible Responses: He has a temporary, but rare skin disease; he is dealing with the death of a loved one; he has a serious illness.

The fact of the matter is that, without considering the context of the situation, or the circumstances under which behavior occurs, it is impossible to say that it is either “normal” or “abnormal”. As another example, self-injurious behavior would certainly appear to be unusual. One could reason that a behavior that would result in harm to oneself would be “abnormal”. We could further reason that anyone who would engage in this type of behavior might be emotionally disturbed. This type of reasoning might be logical. However, it may not always be true. How many normal people do we know that smoke cigarettes or use alcohol to excess? Yet, we do not consider these self-injurious behaviors indicative of emotional disturbance.

As we suggested, a classification of emotional disturbance involves the occurrence of behavior that is judged to be very unusual. Many of us make determinations of “unusual behavior” many times each day. When we do that, we are labeling people. However, before we judge and label the behavior of a person, we should consider four very important factors.

Factors in Labeling Emotional Disturbance

- Irrationality: Irrationality is when a person has beliefs or thought processes that cause him to act in a fashion that is illogical or contrary to reason;
- Suffering: We should consider whether, as a result of the irrational behavior, the person is experiencing a high degree of anxiety, discomfort and/or depression;
- Interpersonal Mal-adaptation: We should consider whether or not the behavior observed results in poor adjustment in the situation in which it is occurring. Is

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behavior affecting persons functioning in daily life and social acceptance?

- The Person Making the Judgment: In general, the classification or labeling of emotional disturbance requires that the determination be made by a qualified person in a position of authority.

In the case of our neighbor, who was shutting himself in and avoiding any type of contact with people, the person living next door would not usually be considered to be in a position of authority to make that determination. However, a forensic mental health worker who visited the neighbor and made that determination would likely be viewed as qualified and being in a position of authority.

Possible Problems

Most individuals who have emotional problems never have problems with the law. However, when interacting with individuals who are suspected of being emotionally disturbed, it is possible that “out of the ordinary” problems may arise because of their condition.

When interacting with individuals who might be disturbed, the first step involves recognizing just that, that they may be emotionally disturbed. Once you have made this determination, there are five general principles that should guide your actions and interactions.

- Recognize irrational behavior as such when it does occur. Do not interpret and react to irrational behavior as either uncooperativeness or defiance;
- Approach the person in as non-threatening a manner as possible. Avoid abrupt movements. Get the person's attention by making eye contact and getting a response before approaching;
- Empathize with the individual. When you recognize that an individual is experiencing high degrees of

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anxiety, discomfort or depression, attempt to reassure them to the extent possible. This can be done while still following policies or procedures dictated by the situation;

- Provide any assistance possible to help the individual adjust to the situation they are facing; and
- Do not use derogatory and negative slang labels.

Finally, when you suspect that a person may be emotionally disturbed, be sure to inform other personnel who will be interacting with the individual of your suspicion. Additionally, provide the receiving personnel with any observations you have made regarding unusual behaviors of the person. Include specific interaction techniques that you have found useful in avoiding unnecessary problems.

Although this may seem obvious, it is very important, especially for personnel in the criminal justice system. Your interpretations and judgments of the behavior are very important because, although perhaps not trained and qualified in mental health, you are in a position of authority. Your judgments as to the rationality of behavior, the extent of suffering and the degree of adaption or mal-adaption carry a lot of weight. You are in a key position to make those determinations and judgments. If you consider the factors we mentioned, we believe that you will make judgments that are more reliable and valid.

Offenders having emotional problems may have conflicts with other offenders or with staff. An offender claiming to be Jesus Christ, the anti-Christ, etc., will have problems with other offenders.

When interacting with individuals who are suspected of being emotionally disturbed, remember that it is possible that out of the ordinary problems may arise.

CHARACTER/PERSONALITY DISORDERS

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These disorders are due to an under-development or deficiency in the structure of their personality. A person with a character disorder does not assume much or any responsibility for their behavior. When these people are in conflict with the world, they automatically assume the world is at fault.

There is a defect in the personality development, so they lack a well-developed conscience to prevent wrongdoing, lack ideals and goals toward which they could improve themselves and they honestly do not believe they are at fault.

Persons with character disorders act out their problems and often get into trouble with their environment. They are not necessarily bothered by their behavior, but it is disturbing to those around them.

Individuals with character disorders are not considered mentally/emotionally disturbed. Their characteristic behavior disorders stem from patterns of deliberate choices beginning in early childhood – choices that generally counter normal society. One type of character/personality disordered individual is the psychopath/sociopath.

Psychopath/Sociopath

General Description:

- Does not play by the usual rules of society. Wants special rules that apply to them;
- Talks a good game, facade of competency or maturity, charming and verbalizes the right thing, behavior is markedly different from verbalization;
- May perform illegal or unusual behavior characterized by impulsiveness. Reacts to immediate situations with no regard to consequences of behavior;
- May repeatedly commit crimes involving pettiness and

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deceit, such as fraud, forgery and con-man behavior;

- May be chronic liar, but tells lies with sincerity, only after numerous contacts do lies become obvious, often expresses regret or sorrow, but does not believe it, has no feeling of guilt or insight;
- Usually does not display anxiety or guilt about behavior;
- Does not learn from experience, repeatedly emits a behavior that seems self-defeating. Even if he/she is caught and punished for his/her behavior, they may repeat the same self-defeating behavior. Does not accept responsibility for their behavior;
- Not likely to be influenced by any form of authority or discipline. Is usually of at least average intelligence, but probably won't go far in school since they are likely to be in trouble with school authorities;
- Unlikely to maintain any close interpersonal relationships. Uses other people as objects, dehumanizes other people, cannot empathize nor identify with other people;
- Unable to wait or use long-term planning for achievement of long-term goals. Must have immediate gratification; and
- Irresponsible and unreliable, live for the moment.

For staff working with these individuals, it is important to enforce the rules consistently and get additional help when needed.

Ask Participants: How does this personality develop in a person?

Possible Response: Characteristic behavior disorders stem from patterns of deliberate choices beginning in early

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childhood .

MEDICAL AND PHYSICAL DISABILITIES

The next category of medical and physical handicaps is wide ranging and will include all medical problems not related to mental retardation, learning disabilities or emotional disturbances.

- ❑ Paraplegics: These and other offenders confined to wheelchairs will have special needs which must be met. This usually requires a different type of living arrangement for the offender

Newer facilities are required to have cells modified for use by the physically handicapped. Older facilities may have to make modifications. Every attempt should be made to treat the paraplegic as you would any other offender regarding rules and regulations, privileges, etc.

- ❑ Diabetics: This is another medical problem commonly found in correctional facilities. The diabetic's pancreas does not produce enough insulin, which is needed in the bloodstream to burn up glucose, the body's sugary "fuel". Diabetics can usually lead normal lives through insulin doses and controlled diet. The diabetic is subject to two life-threatening conditions: diabetic coma and insulin shock.

Diabetic coma is the result of not enough insulin and usually occurs when the person has not had his/her dose of medication. This condition develops gradually over a period of several hours to several days. Symptoms of diabetic coma are: drowsiness, labored breathing, fruity odor to the breath, vomiting and unusual thirst. A person suffering from diabetic coma needs immediate medical attention and a proper dose of insulin.

Insulin shock is the result of too much insulin in the

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bloodstream. This can be caused by an overdose of medication, not eating enough or by over exercising, which has the affect of burning up glucose and leaving too much insulin in the diabetic's blood. This condition develops much faster than diabetic coma and often impairs the person's judgment. Symptoms include: becoming light-headed, sweating, trembling, hunger and weakness. This person needs sugar immediately in any form, such as a soft drink, fruit juice, candy bar or even a lump of table sugar. A word of caution, the symptoms of both diabetic coma and insulin shock are similar to alcohol intoxication and if the diabetic does not get immediate medical attention, brain damage or death could result.

The diabetic needs to be assessed upon intake to the facility and it should be determined at that time what type of diet (number of calories) is needed along with the proper dose of medication.

- Hearing Impaired: With the hearing impaired offender, it should be determined if he/she can read and write. If so, communicate with the deaf offender by writing, since most corrections professionals would not necessarily be experts in sign language. Be sure to have plenty of paper on hand for yourself and the offender. For the hearing impaired offender who is illiterate, you'll have to demonstrate things you want to explain. If possible, contact family members to find out how this person communicates at home.

Also, you may want to contact experts in your community who deal with the hearing impaired to help you communicate with deaf offenders. Deaf offenders will need a special orientation to the facility to be sure they understand the rules and regulations and how to obtain basic services.

The following assistive devices should be made available for the incarcerated hearing impaired: telecommunications device for the deaf, teletypewriter for telephone use,

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closed captioned television/video cassette recorder, flashing alarms, visual smoke alarms, hearing aids and batteries, and interpreter. Per policy D5-5.1

- ❑ Visually impaired: These types of offenders are more common than in previous years. You will want to make sure blind offenders familiarize themselves with their living area so they don't fall and hurt themselves. Alert other staff members to this offender's handicap, perhaps with a sign on the cell door stating that the offender is blind. This is another offender who will need a special orientation to the facility.
- ❑ Epilepsy: The epileptic is another offender that needs to be thoroughly assessed during the intake process. Important information you must obtain from the epileptic detainee or offender includes: what type of medications they are taking, when they last had a dose; whether they are on any other type of medication.
- ❑ AIDS: This probably represents the greatest single challenge today in the field of corrections. Offenders who are HIV positive are housed in general population. These offenders still need periodic medical attention to determine, among other things, their T-cell count. As the disease progresses, the offender is likely to be housed in a medical ward or in isolation for their own protection as their immune system deteriorates and they become susceptible to any number of illnesses.

We have had the opportunity to look at several different disabilities that you may deal with in the future. You may find the following basic guidelines when talking or working with a challenged person helpful.

DISABILITY ETIQUETTE

Basic Guidelines

As our business can be emotionally charged for a variety of reasons, of which we have no control, we need to be especially sensitive to those areas over which we do have control. While these guidelines are not all inclusive, it will give you an idea of what is or is not acceptable when addressing a person or situation

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in which a disability is an issue. These are also good guidelines to remember in your personal life too.

- Make reference to the person first, then the disability. Say “a person with a disability” rather than “a disabled person.” However, the latter is acceptable in the interest of conserving print space or saving announcing time.
- The term “handicapped” is derived from the image of a person standing on the corner with a cap in hand, begging for money. People with disabilities do not want to be recipients of charity. They want to participate equally with the rest of the community. A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. Use handicap to describe a situation or barrier imposed by society, the environment or oneself.
- If the disability isn't germane to the story or conversation, don't mention it.
- Remember - a person who has a disability isn't necessarily chronically sick or unhealthy. He is often just disabled.
- Because a person is not a condition, avoid describing a person in such a manner. For example, don't present someone as an “epileptic” instead present them as “a person with epilepsy”.

Common Courtesies

Our business, unfortunately, can affect us in a negative manner, with courtesy being one of the first casualties. We must remember that we have the professional obligation to be respectful and courteous to all those with whom we work. Remember these common courtesies when interacting with those who have developmental disabilities:

- Don't feel obligated to act as a care giver to people with disabilities. It is all right to offer assistance to a person with a disability, but wait until your offer is accepted BEFORE you help. Listen to instructions the person may give.
- Leaning on a person's wheelchair is similar to leaning or

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hanging on a person and is usually considered annoying and rude. The chair is a part of one's body space. Don't hang on it!

- Share the same social courtesies with people with disabilities that you would share with anyone else. If you shake hands with people you meet, offer your hand to everyone you meet, whether or not they are disabled. If the person with a disability is unable to shake your hand, he or she will tell you.
- When offering assistance to a person with a visual impairment, allow that person to take your arm. This will enable you to guide, rather than propel or lead the person. Use specific directions, such as "left one hundred feet" or "right two yards," when directing a person with a visual impairment.
- When planning events which involve persons with disabilities, consider their needs before choosing a location. Even if people with disabilities will not attend, select an accessible spot. You wouldn't think of holding an event where other minorities could not attend, so don't exclude people with disabilities.

Conversation

We've looked at the basic and common courtesy, now we need to look at how positive communication between you and those who are challenged.

- When speaking about people with disabilities, emphasize achievements, abilities and individual qualities. Portray them as they are in real life: as parents, employees, business owners, etc.
- When talking to a person who has a disability, speak directly to that person, not through a companion.
- Relax, don't be embarrassed if you use common expressions such as, "See ya later" or "Gotta run," that seem to relate to a person's disability.
- To get the attention of a person who has a hearing

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impairment tap them on the shoulder or wave. Look directly at the person and speak clearly, slowly and expressively to establish if they read lips. Not all people with hearing impairments can read lips. Those who do, rely on facial expressions and body language for understanding. Stay in the light and keep food, hands and other objects away from your mouth. Shouting won't help. Written notes will. Keep in mind the environment that you are in and that tapping an offender on the shoulder may result in an automatic physical response. It is also good to keep in mind that a large percentage of our offender population have little or no reading skills and that using written communication may be even a greater challenge to overcome than the impairment.

- ❑ When talking to a person in a wheelchair for more than a few minutes, place yourself at eye level with that person. This will spare both of you a sore neck.
- ❑ When greeting a person with a severe loss of vision, always identify yourself and others. For example say, "on my right is John Smith." Remember to identify persons to whom you are speaking. Speak in a normal tone of voice and indicate when the conversation is over. Let them know when you move from one place to another.

These guidelines allow you to not only work with the developmentally disabled offender but lets you interact with those in our society, outside the institutions, who are "challenged". With this in mind let's practice what we've covered.

GUIDED PRACTICE

In your small groups, read your assigned case study and answer the questions at the end. Be sure to select a spokesperson and be ready to report in 20 minutes.

CASE STUDY #1

Offender Nicks is kind of different. You've been around him for a few years now. You know when he eats his meals, when he sets his glass on the table and sets his tray on top of the glass. Nicks always gets an empty table. If another offender sits down at his

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table, Nicks will either pick up his drink and tray and turn away from the other offender, or will move to another table, or stand alone and eat.

At unpredictable times he will choose to reenact the crime that got him here. (Nicks was convicted of beating and stabbing his wife.) During these re-enactments Nicks curses, paces, flails his arms as he fights and stabs his imaginary wife. Today he has chosen a corridor doorway leading out to the recreation yard to “perform” his re-enactment. Offenders going to the recreation yard or to visits are aggravated by Nicks being in the way and are giving Nicks a hard stare as they push past him. You are a staff person with enough years in to know it's only a matter of time until an altercation begins due to one of the offenders being bumped or momentarily held up because of Nicks' actions.

- What challenges will you encounter with Offender Nicks?
Possible Answers: Depression, paranoia, mood swings, etc.
- How will you interact?
Possible Answers: Try to talk to Offender Nicks, Get him out of the area, with help. Keep other offenders away from Nicks.
- How can you improve the interaction?
Possible Answers: Talk to other staff and inform them of Offender Nicks. Get medical involved.
- What security issues may arise and how will you handle them?
Possible Answers: possible suicide or self mutilation; extra staff needed for care; drug use

CASE STUDY #2

An offender who is diabetic is refusing to comply with medication orders. The offender has on previous occasions attempted to end her life by not taking her medication at all, or in part, and has had to be taken by ambulance to the hospital.

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She is doing a five year "bit", and has spent time in a Mental Health facility for depression. There is a court order in effect directing the Department that she can no longer refuse medication or medical treatment.

She is refusing to take her insulin and has "bottomed out". She is verbally abusive and has the potential to be assaultive.

- What challenges will you encounter with this offender?

Possible Answers: Possibly get hurt, offender get hurt or other offenders get hurt. Not following orders/directions because of refusing medication. Possible coma.

- How will you interact?

Possible Answers: Be informed and inform other staff of medicine taken (insulin). Talk with her and check her actions. Possibly force medicine with help from staff and medical.

- How can you improve the interaction?

Possible Answers: Again, be informed and inform other staff of actions and medicine taken. Have medical staff supervise medicine taken.

- What security issues may arise and how will you handle them?

Possible Answers: Uses of Force; possible transport to hospital; staff assaults;

CASE STUDY #3

You are working the morning shift. A few days ago the institution received an offender and was assigned to general population. Unknown to anyone is the fact that this offender has "Post Traumatic Stress Syndrome." It's 3:00 a.m. and you are sitting in the Control Center when the officer in Housing Unit #7 calls on the intercom and

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says he needs help in his housing unit. The offender, sat bolt upright in bed and screamed, "Enemy in the wire, we are under attack, run, run!!."

The offender now has the full attention of the Housing Unit officer along with the other 93 offenders in the housing unit.

- What challenges will you encounter with this offender?
Possible Answers: Safety of Offender, safety of the offenders and staff in the unit.
- How will you interact?
Possible Answers: Try to calm Offender, reassure him everything is taken care of. Also, reassure the rest of the Housing Unit things are under control.
- How can you improve the interaction?
Possible Answers: Get Offender medical help. Get a psychiatrist and medical involved. Move offender to medical unit.
- What security issues may arise and how will you handle them?
Possible Answers: **Could have uses of force; diversity problems, may need to segregate**

Case Study #4

Offender Brown is assigned to Housing Unit #3 where he has never been a problem. He hasn't started any fights or stolen anyone else's property. But he is a little different. He glares at the other offenders which makes them mad, but they soon realize he is for the most part harmless. Offender Brown is lucky to have been placed in a level 3 facility. If he had been placed in a level 4 or 5 facility the "glaring" may have gotten him killed. Whether the glaring at the other offenders is a defense mechanism or not, offender Brown is not mentally sound. Other than the glaring he doesn't bother the other offenders and they don't bother him. Offender Brown's behavior starts to change though. Instead of just glaring he is beginning to be verbally abusive to the other offenders. The housing unit officer

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who see's offender Brown everyday does not make note of it nor does he pass it along. The housing unit officer feels, "What the heck, Brown's crazy. Sure he's acting a little more bizarre - but he is crazy."

This bizarre behavior goes on until it finally reaches its pinnacle. Offender Brown pushes a locker over to the wall under the housing unit television which is about 15 feet from the officer's desk. The offender climbs on top of the locker. The housing unit officer does not attempt to stop the offender. Offender Brown jumps off the top of the locker onto an offender knocking him to the floor. He next gets a vice like bite on the upper inside thigh of the offender. The housing unit officer NOW realizes he has a real situation on his hands. The officer calls for help on the radio. You and another officer respond to the housing unit. The offender is not responding to pressure point tactics. It is apparent you will have to pull the offenders apart.

- What challenges will you encounter with this offender?
Possible Answers: need more control; special housing
- How will you interact?
Possible Answers: refer to psychologist; monitor closer
- How can you improve the interaction?
Possible Answers: improve communication; observe and document actions, build a rapport with the offender
- What security issues may arise and how will you handle them?
Possible Answers: uses of force, threat to general population and other staff

Case Study # 5 P&P based

Offender Lacey has quit three jobs in the last five months. He claims that if he does not quit he will be fired. He is always having disagreements with his bosses. Parole Officer Martin called his work and the supervisor says Lacey is forgetful. His forgetfulness was

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costing the company money. When the supervisor would reprimand Lacey, he would become belligerent and insulting. In the last confrontation Lacey was told that he would be fired if he did not remember to get the orders filled properly. Lacey blew up and quit.

Officer Martin has been supervising Lacey for three years. He seems a little slow sometimes. When he was in school (which he did not finish) he was in special classes. He dropped out in the ninth grade and will not put any effort into GED classes. It is only a matter of time before he is in enough trouble to get revoked. Most of his issues are petty stuff but he usually gets in more trouble when he is not working. Lacey loves alcohol and he has a pattern of returning to it when he is bored.

- What challenges will you encounter with this offender?
Possible Answers: Possible violations of conditions
- How will you interact?
Possible Answers: Request a mental health evaluation
- How can you improve the interaction?
Possible Answers: Understand offender Lacey's limitations
- What security issues may arise and how will you handle them?
Possible Answers: When the offender gets involved in alcohol and starts getting into trouble the potential is there to do harm to someone else

Ask Participants: What impact will this information have on your return to your job?

Possible Answers: Made you aware that all offenders they are not the same, some have problems, but if handled correctly will not need to cause disruptions to the institution or yourself; you will have a better idea of characteristics to look for; importance of documentation and referrals.

Now let's review some of the information we have looked at today.

EVALUATION/CLOSURE

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PROCESSING QUESTIONS

Ask Participants: After giving directions to an individual who is mildly retarded, what should be one of your interaction techniques to ensure the assignment was carried out?

Correct Responses: Check.

Ask Participants: What are the three possible IQ levels for someone that has a learning disability?

Correct Responses: Above average, average or near average.

Ask Participants: Problem solving with emotionally disturbed benefits who?

Correct Responses: The staff and the offender.

Ask Participants: The mildly retarded offender will most likely create what kind of problems?

Correct Responses: Rule infractions resulting in a report being written.

Ask Participants: Recognizing irrational behavior as such and not a defiant behavior involves which of the three groups studied?

Correct Responses: Emotionally disturbed

Before we close I want to take one last look at today's performance objectives.

1. Using a case study, assess possible problems an offender with special needs might encounter and determine how those problems can be accommodated; and
2. Using case scenarios, analyze security issues and appropriate actions to be taken when dealing with special needs offenders.

If we utilize the techniques that we've discussed today, we can gain a self-satisfaction in knowing that we performed as professionals. When we address a difficult situation, diffuse a ticking bomb, so to speak, and when we have performed this feat

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in a professional manner that would have indicated to anyone observing that WE were in control, we have done our job well.

So, as we enter into our career in corrections, let's learn to identify the challenges we will face in communicating with special needs offenders.