

Working with Persons with Special Needs

The video associated with this presentation can be found at:
<https://youtu.be/4LAZatux9W0>

Special Needs

Many of our core members have complex presentations that include difficulties or issues in a variety of areas we refer to as special needs:

- ❖ Mental illness
- ❖ Intellectual and other cognitive limitations

Being familiar with these conditions and their effects on core members will help volunteers to be more effective.

Mental Illness

- ❖ Mental illness is any disease or condition affecting the brain that influences the way a person thinks, feels, behaves, or relates to others and to his or her surroundings.
- ❖ Although the symptoms of mental illness can vary from mild to severe and are different depending on the type of mental illness, a person with an untreated mental illness often is often unable to cope with life's daily routines and demands.

Mental Illness

- ❖ The exact cause of most mental illnesses is not known; however, research suggests that many of these conditions are caused by a combination of genetic, biological, psychological, and environmental factors.
- ❖ Mental illnesses can affect persons of any age, race, religion, or income.
- ❖ One thing is for sure – mental illness is *not* the result of personal weakness, a character defect, or poor upbringing, and recovery from a mental illness is not simply a matter of will and self-discipline.

Types of Mental Illness

There are many different conditions that are recognized as mental illnesses. The more common types include:

- ❖ Schizophrenia or Schizo-affective Disorder
- ❖ Bipolar Disorder
- ❖ Major Depressive Disorder
- ❖ Obsessive-compulsive Disorder
- ❖ Anxiety disorders
- ❖ Pervasive Developmental Disorders (including Autism)
- ❖ Attention Deficit/Hyperactivity Disorder
- ❖ Borderline Personality Disorder

Mental illness is treatable

Many people with serious mental illness may need medication to help control symptoms, but also rely on supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance and other community services in order to achieve their highest level of recovery.

Early Identification

Early identification and treatment is of vital importance. By getting people the treatment they need early, recovery is accelerated and the brain is protected from further harm related to the course of illness.

Post-Traumatic Stress

- ❖ We are aware that many people involved in the criminal justice system come from difficult backgrounds.
 - Adverse childhood experiences (ACE) are more prevalent in forensic populations
- ❖ Many of our core members are likely to have experienced abuse and/or other unpleasant circumstances in childhood or while incarcerated.
- ❖ This is part of the “complex presentation” we have noted in other parts of our training modules.
- ❖ PTS can influence other problems and/or disorders.

Impulse-Control Disorders

Many core members will have substance related disorders such as alcohol abuse or dependence, amphetamine dependence, cannabis abuse or dependence, cocaine abuse or dependence, hallucinogen abuse, opioid dependence and polysubstance dependence. Other impulse control difficulties include gambling, kleptomania, compulsive sexuality, etc.

Paraphilias

Many core members will have diagnoses in the Paraphilias domain. These include:

- ❖ Voyeuristic Disorder
- ❖ Exhibitionistic Disorder
- ❖ Frotteuristic Disorder
- ❖ Fetishistic Disorder
- ❖ Pedophilic Disorder
- ❖ Sexual Masochism Disorder
- ❖ Sexual Sadism Disorder
- ❖ Transvestic Disorder
- ❖ Other Specified and Unspecified Paraphilic Disorder (OSPD, UPD – covers many dozens of lesser known paraphilic disorders)

Personality Disorders

Personality Disorders (PD)

- ❖ Antisocial PD (with or without Psychopathic Features)
- ❖ Borderline PD
- ❖ Schizoid and Schizotypal PDs
- ❖ Paranoid PD
- ❖ Narcissistic PD
- ❖ Histrionic PD
- ❖ Avoidant, Dependent, and Obsessive-Compulsive PDs

Antisocial Personality Disorder

Most core members will likely have difficulties in the antisociality domain. This is characterized by a pattern of disregard for and violation of the rights of others, often occurring since the age of 15 and characterized by the following:

1. Refusal or failure to conform to social norms with respect to lawful behaviors and repeatedly performing acts that are grounds for arrest
2. Deceitfulness, repeated lying, use of aliases, or conning others for personal profit or pleasure
3. Impulsiveness or failure to plan ahead
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults

5. Reckless disregard for the safety of self or others
6. Consistent irresponsibility characterized by failure to sustain consistent work behavior or honor financial obligations
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

Some core members with ASPD may also have been diagnosed with Psychopathy, which is a particularly strong and highly entrenched version of ASPD characterized by extreme narcissism and lack of concern for others. We once thought that “psychopaths” could not be treated, but holistic methods and models like CoSA have shown that some highly antisocial individuals can learn to live within societal expectations.

Borderline Personality Disorder

BPD is defined as a pattern of instability in relationships, poor self-image, and marked impulsiveness beginning by early adulthood as characterized by the following:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: persistent unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging such as spending, sex, substance abuse, reckless driving, binge eating.

5. Recurrent suicidal behavior, gestures, or threats or self-mutilating behavior
6. Irritability or anxiety which usually lasts a few hours and only rarely more than a few days.
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Stress-related paranoia

Some people believe that BPD is a response to developmental trauma. We know that people involved in crime have nearly four times as many adverse childhood experiences as people not involved in crime (Reavis et al., 2013).

Narcissistic Personality Disorder

In Narcissistic PD, there is a great need for admiration along with a lack of empathy, beginning by early adulthood and characterized by the following:

1. Has a grandiose sense of self-importance such as exaggerates achievements and talents, expects to be recognized as superior without commensurate achievement
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love
3. Believes that he is “special” and unique and can only be understood by or should associate with other special or high-status people
4. Requires excessive admiration

4. Has a sense of entitlement, such as unreasonable expectations of especially favorable treatment or automatic compliance with expectations
5. Is interpersonally exploitative such as taking advantage of others to achieve his own ends
6. Lacks empathy and is unwilling to recognize or identify with the feelings and needs of others
7. Is often envious of others or believes that others are envious of him
8. Shows arrogant, haughty behaviors or attitudes

Intellectual Disability and Other Cognitive Limitations

For the purposes of this presentation, we include anyone who experiences significant barriers to treatment and risk management success because of:

- ❖ Neurodevelopmental Disorders
- ❖ Other brain-based difficulties (head injuries, lesions, etc.)
- ❖ Cognitive decline for other reason

Intellectual Disability and Other Cognitive Limitations

Many core members experience difficulties in adaptive functioning, which means that they have problems coping with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, sociocultural background, and community setting (communication, self-care, home living, social/ interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety).

Neurodevelopmental Disorders

- ❖ Intellectual Disability (Intellectual Development Disorder)
- ❖ Communication Disorders
- ❖ Autism Spectrum Disorder
- ❖ ADHD
- ❖ Neurodevelopmental Motor Disorders
- ❖ Specific Learning Disorder

Brain-based Limitations

- ❖ Brain injuries
- ❖ Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effect (FAE), Alcohol Related Neurodevelopmental Disorder (ARND)
- ❖ Cognitive decline
 - Dementia
 - Parkinson's
 - Alzheimer's

FASD – What is it?

- ❖ Fetal Alcohol Spectrum Disorders are a cluster of disorders resultant from a fetus' exposure to alcohol *in utero*
 - Typically expressed in central nervous system impairment, growth deficiency, and dysmorphic facial features

FASD – What is it?

- ❖ FAS: Fetal Alcohol Syndrome
 - Person meets all diagnostic criteria
- ❖ FAE: Fetal Alcohol Effect
 - Person meets some of the diagnostic criteria
- ❖ FAE now referred to as Alcohol Related Neurodevelopmental Disorders (ARND)

Cognitive Decline

An interesting phenomenon we sometimes encounter is noticeable in clients who have been incarcerated for a very long time.

Sometimes, a prominent feature of their institutionalization is a kind of cognitive atrophy – likely caused by years of understimulation.

Difficulties

Core members with cognitive limitations will often experience significant limitations leading to difficulties in many or all of the following domains:

- ❖ Communication
- ❖ Home living
- ❖ Community use
- ❖ Self-direction
- ❖ Functional academics
- ❖ Sexuality
- ❖ Self-care
- ❖ Social skills and relationships
- ❖ Health and safety
- ❖ Leisure and work

For Further Reading...

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