Instructor Resource Guide

Intellectual and Developmental Disabilities Training For Jailers

Course ID# 2831

Continuing Education Requirement

Created: October 2024

ABSTRACT

This course was created in collaboration with the Texas Commission on Jail Standards and their advisory committee. This course is designed to meet the legislative mandate in HB 2831 passed by the 87th Texas Legislature amending Texas Occupations Code Chapter 1701. Intellectual and Developmental Disabilities Training for Jailers is designed to assist corrections officers in identifying and interacting with inmates who live with intellectual and developmental disabilities. The training will provide an overview of the relationship of the IDD population with the criminal justice system, information on what an intellectual and developmental disability is and how they may present in individuals, and information on identifying, reporting, and managing persons with disabilities in the correctional setting. Students will learn how to increase their strategies and skills for engagement and communication with inmates with IDD and understand the processes for identification and reporting persons suspected of having an IDD.

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Instructor Resource Guide:

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete lesson plan based on the requirements outlined in the IRG for a particular topic.

Lesson Plan:

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is **suggested** is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is **required** must be included in the instructor's lesson plan.

Note to Trainers:

It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at www.tcole.texas.gov for edits due to course review. Training providers must keep a complete training file on all courses reported for TCOLE credit.

Student Prerequisites:

- Must have a Jailer's license from the Texas Commission on Law Enforcement.

Instructor Prerequisites:

An instructor must be a subject matter expert in the topic and must have documented knowledge/training/education and provide an instructor's biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic.

- If a documented subject matter expert does not hold a TCOLE instructor certification, the instructor must be approved in writing by the department's training coordinator or chief administrative officer and kept in the training file for the course.

Length of Course:

It is the training coordinator's responsibility to ensure the minimum hours are being met. Students are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- Four (4) hours, minimum.

Assessment:

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
  - Assessment opportunities include oral or written testing, interaction with instructor and students, case study and scenario, and other means of testing student's application of the skills taught as the instructor or department deems appropriate.
- The minimum passing score shall be 70%.

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Unit 1 The Intellectual and Developmental Disability Population and the Criminal Justice System

SUGGESTED ACTIVITY:

Perform an activity to gauge participant knowledge surrounding intellectual and/or developmental disabilities.

- Discuss what intellectual and developmental disabilities are, and what challenges they may present.
- What are your responsibilities when engaging with an individual with intellectual and/or developmental disabilities?

1.1 Illustrate the relationship between the criminal justice system and the intellectual and developmental disability population.

A. People with intellectual and developmental disabilities (IDD) make up about 2-3% of the world's population.
   i. People with IDD make up about 4-10% of the prison population, with an even greater number of those in juvenile facilities and jails.
   ii. Individuals with IDD may be in jail for longer periods of time compared to the general population.
   iii. There is a high likelihood all corrections officers will be working with this population.

B. Many individuals with IDD require consistent and robust supports in the community, and those needs remain while they are in custody.

C. There are many reasons why people with IDD might have frequent contact with the criminal justice system.
   i. Contributing factors for this include:
      1. Being unable to communicate wants and needs.
      2. Not having the needed services and supports.
      3. Families and caregivers being overwhelmed.
      4. Difficulties with managing big emotions.
      5. Challenges related to planning, reasoning, problem solving, and learning from experience.
   ii. Emergency services, including calling 911, are a quick way to get needs met, especially in times of crisis.
      1. Caregivers or individuals themselves may reach out to these services to problem solve.
      2. Can result in individuals with IDD being taken into custody.

Unit 2 Intellectual and Developmental Disabilities

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- Terms associated with IDD are often used interchangeably in everyday language even though each has its own clinical definition.
- While intellectual disability is the most current and appropriate term used to describe this diagnosis, the term “mental retardation” was formerly used.
  - The term "mental retardation" still carries undue stigma and shame. It is no longer used, nor is it the appropriate language for this diagnosis.
  - The change in terminology was driven in large part by those who hold the diagnosis.
  - Because the change is recent, some individuals may be unfamiliar with the term intellectual disability. Referencing prior terminology may be helpful to gather information.

2.1 Define intellectual disability.

A. An intellectual disability refers to a disorder with onset during the developmental period, 0-18 years of age.

 i. Includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains.

 ii. Adaptive functioning is what an individual is expected to do independently based on their age.

  1. Ex: What a toddler may be expected to do is different from a teenager, which is different from an adult.

 iii. Adaptive functioning shows how much support a person may need to be as independent as possible.

  1. An individual must demonstrate intellectual challenges and difficulties across various areas of daily living, including taking care of basic needs, to be diagnosed with intellectual disability.

 iv. IQ and adaptive functioning are both important pieces of the puzzle when discussing intellectual disability.

  1. Both need to be considered for each individual.

2.2 Identify characteristics of a mild-to-moderate intellectual disability.

A. Intellectual disability is often divided into severity levels:

 i. Mild

 ii. Moderate

 iii. Severe

 iv. Profound

B. Severity level is informed by the IQ score in part but is heavily impacted by how much support an individual needs to be independent in their daily living skills.

 i. The majority, approximately 80%, of people diagnosed with an intellectual disability will fall within the “mild” range of the diagnoses.

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ii. Approximately 10% will fall within the "moderate" range of an intellectual disability.

1. Individuals with a mild or moderate intellectual disability may be able to read, write, have basic math skills, and be mostly independent in their daily living skills.
2. Some individuals with a mild or moderate intellectual disability diagnosis can maintain employment or may even live on their own.
3. However, there will still be areas where support is required including prompting and reminders to complete certain tasks.

C. It is more likely an inmate diagnosed with an intellectual disability will fall within mild-moderate range of the diagnosis.

2.3 Identify challenges within the correctional setting for individuals with intellectual disabilities.

A. An individual with an intellectual disability will have difficulties starting in early childhood.

i. People grow and learn new things and build new skills all throughout their lives, including people with intellectual disabilities.

ii. Intellectual disability is lifelong, and the individual will continue to have areas they need more help and support in.

B. Individuals with an intellectual disability diagnosis may benefit from the structure and routines which come with institutional settings.

C. For others, these settings can be quite challenging.

i. Examples of possible challenges presented by an institutional setting for individuals with an IDD:

1. Someone may not be able to read a clock to know what time they get to go outside, so they may repeatedly ask questions about the subject.
2. Someone may use large words but may not be able make their own bed or manage their own hygiene.
3. Someone may have the skills to care for themselves but may require prompting and directions to assist them in getting the task done.
4. Someone may be able to engage in conversation about some topics but struggle when asked specific, more complex questions.
5. Someone may show the ability to engage with peers but struggle with appropriate social skills or to understand when others are making fun of them.
6. Someone may demonstrate challenging behaviors but have trouble understanding the consequences of their actions or associated reduction in privileges or opportunities.

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D. Being aware of every individual with a diagnosis of intellectual disability, who may present in their own unique way based upon the specific challenges and strengths they have, can then guide a corrections officer's interactions and promote safety and success.

E. When thinking about working with individuals with intellectual disabilities in an institutional setting, it may be helpful to consider:

   i. Individuals with an ID diagnosis may have challenges following rules, understanding cause and effect or consequences, and may need repeated directions and explanation.

   ii. Individuals with an ID diagnosis may have challenges with peers and may be more likely to be victimized, exploited, or coerced.

   iii. Abilities and challenges may vary significantly from person to person.

INSTRUCTOR NOTE:

While corrections officers are not expected to make any clinical diagnoses of intellectual disability, knowing the criteria used for the diagnosis can be helpful.

2.4 Differentiate intellectual disability vs. other mental health challenges.

A. Many things can impact someone's cognitive and adaptive functioning during early years and throughout the lifespan outside of the realm of intellectual and developmental disabilities. Some of these areas include but are not limited to:

   i. Substance use

   ii. Mental health challenges

   iii. Illness/injury

   iv. Dementia

B. Some examples of scenarios where someone may present with these challenges and not have an intellectual disability diagnosis include:

   i. A person may experience a traumatic brain injury as an adult after never experiencing any cognitive or adaptive functioning delays. However, this person would not have an intellectual disability diagnosis even if their IQ is now low and they require significant support to complete daily living tasks.

   ii. An older adult begins experiencing symptoms of dementia which impacts their ability to remember information, identify their name and where they live, and they need supports to care for themselves. However, since there were no indications of these challenges in childhood, this person would also not be diagnosed with an intellectual disability.

   iii. An individual begins heavily using substances and after discontinuing use, demonstrates slowed processing speed, memory challenges, and difficulties completing tasks. If this individual had no prior intellectual challenges, it is unlikely they are presenting with an intellectual disability.

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iv. An individual experiences a mental health crisis associated with symptoms of psychosis. During this episode, the individual demonstrates a decline in their cognitive abilities and stops maintaining hygiene and personal care. While cognitive and adaptive changes can be a helpful indicator of ID, if an individual begins experiencing these events only in the context of a mental health crisis and had no prior intellectual challenges, it is unlikely they are presenting with an intellectual disability.

C. While these scenarios represent individuals who do not have an intellectual disability, their presentation may be similar. Therefore, the interventions provided to support them while in the correctional setting will also be similar.

2.5 Define developmental disability.

A. Developmental disabilities (DD's) are a group of conditions which can result in challenges across various areas of an individual's life including with physical, learning, and/or behavioral areas.

   i. Developmental disabilities have their onset during the developmental period, or the early years of someone's life, and are sometimes diagnosed at birth.

   ii. Developmental disabilities are present throughout an individual's life span, although symptoms may improve over time or with additional supports for some conditions.

      1. Individuals can be diagnosed with a developmental and intellectual disability, but the two do not always occur together and can exist separately.

         a. Some individuals with a developmental disability diagnosis may present with low IQ or cognitive and adaptive challenges while others may not.

      2. An individual with a developmental disability diagnosis may also have one or several mental health diagnoses, although this is not always the case.

B. Some examples of developmental disabilities include:

   i. Cerebral palsy

   ii. Down syndrome

   iii. Conditions present from birth such as hearing loss/hearing impairment, visual impairment/blindness.

   iv. Fragile X

   v. Prader-Willi

   vi. Autism

2.6 Identify challenges within the correctional setting for individuals with developmental disabilities.

A. Individuals with a DD diagnosis may have challenges with peers and may be more likely to be victimized, exploited, or coerced.

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B. Individuals with developmental disabilities may require additional support completing day to day tasks and may sometimes require supports and devices to meet needs.

  i. For example, a wheelchair may be required to ambulate, or a hearing aid may be needed to assist with hearing.

  ii. Refer to department policy for safety considerations.

C. There are many developmental disabilities, and each can present with its own set of symptoms, needs, and challenges which should be identified for each individual.

2.7 Define autism spectrum disorder.

INSTRUCTOR NOTE:

Autism spectrum disorder is the current diagnostic terminology used; however, some may be familiar with terms like Asperger's or autistic disorder which were formally utilized.

A. Autism spectrum disorder is a specific developmental disability.

  i. It is referred to as a spectrum because symptoms exist on a continuum and can look quite different from person to person.

  ii. There are significant variabilities among individuals with an autism diagnosis.

  iii. It is strongly encouraged to recognize general symptoms/criteria and work towards understanding each individual's unique needs and way of interacting with the world and those around them.

B. Associated symptoms:

  i. Challenges with social communication and social interaction across multiple contexts.

    1. Challenges with "back and forth" or reciprocal communication or conversation.

    2. Challenges with nonverbal communication which may present as:

      a. Not noticing social cues, facial expressions, or body language.

      b. Fleeting eye contact or lack of eye contact when engaging with others.

    3. Difficulty engaging with others or forming relationships.

      a. Difficulty understanding another person's point of view

      b. The individual may not show interest in relationships with others or, while they may have interest, they may struggle to connect.

  ii. Restricted, repetitive patterns of behavior, interest, or activities.

    1. A fixed pattern of repeated body movements, speech, or use of objects. For example:

      a. Repeating words or phrases, potentially out of context.

      b. Lining up objects or keeping objects in a specific, regimented manner.

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c. Engagement in repetitive tapping, jumping, arm flapping or other physical movements.

2. Some of these behaviors are sometimes referred to as stimming.

iii. Sensory sensitivities which can include sensitivity to things such as sounds, textures, tastes, smells, and certain environments.

1. This may impact how they dress, what they eat, and what types of activities they feel comfortable engaging in.
2. They may also engage in excessive smelling, touching, or tasting of different objects due to sensory sensitivities.
3. They may avoid certain environments or individuals.
4. Individuals may also have a very high or very low tolerance to pain and similarly may have varying thresholds for different temperatures with some preferring very cold and others very hot temperatures in their environments.

C. Other presentations in this population:

i. Vulnerability or naivety

ii. Challenges connecting actions and consequences.

iii. Communication challenges - receptive and expressive.

iv. Difficulty with peer interactions - misperceiving cues, intent of others.

2.8 Identify challenges within the correctional setting for individuals with autism spectrum disorder.

A. The individual may have a strong preference for routines and keeping things consistent.

i. They may have rituals which are important to them and when disrupted or interrupted, can result in emotional distress and challenges functioning.

ii. Any changes which may seem subtle or small to someone else may feel very significant to the individual.

B. Individuals may also present with very specific interests in certain areas and may hyperfocus or fixate on certain topics, ideas, or hobbies.

i. They may prefer to talk only about these areas and engage in particular activities and thus may struggle when redirected or when they cannot engage in preferred tasks.

Unit 3 Mental Health and Intellectual and Developmental Disabilities

INSTRUCTOR NOTE:

It is very common for people with IDD to have co-occurring mental health conditions. The goal of this section is to help participants understand how a diagnosis of intellectual disability differs from other mental health conditions and can occur simultaneously. First, discuss differences, and then discuss how they appear when co-occurring.

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3.1 Identify the differences between a mental health diagnosis and an intellectual and/or developmental disability diagnosis.

A. Mental illness
   i. Most frequently impacts mood, orientation to reality, appetite, sleep.
   ii. Develops at any point in life.
   iii. Can be a temporary or permanent condition.
   iv. Medications are prescribed based on diagnosis.
   v. Behavior is unpredictable.

B. Intellectual disability
   i. Most frequently impacts communication, thinking, memory, and intelligence.
   ii. Occurs before the age of 18.
   iii. Permanent condition.
   iv. Medications are prescribed based on symptoms.
   v. Behavior is consistent to a specific functional level.

C. Developmental disability
   i. Most frequently impacts communication, thinking, memory, and physical abilities.
   ii. May impact intelligence.
   iii. Occurs before the age of 22.
   iv. Permanent condition.
   v. Medications are prescribed based on symptoms.
   vi. Behavior is consistent to a specific functional level.

3.2 Illustrate the ways an individual with IDD may present mental health symptoms.

A. Individuals with IDD experience mental health diagnoses at much higher rates than those without IDD.

B. Mental health is not often attributed as the underlying cause for challenging behavior.
   i. About 20% of people without IDD have a co-occurring mental health diagnosis.
   ii. For people with IDD, as many as 40-60% also have a co-occurring mental health diagnosis.

C. When someone has an IDD diagnosis, others may overlook their mental health symptoms.
   i. People with IDD experience depression, which may result in self-injurious behaviors or even suicidal ideation.

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ii. Many of the treatments and interventions used to treat mental health symptoms are not available to people with IDD. Their IDD diagnosis alone becomes a disqualifying criterion for treatment.

1. The IDD diagnosis becomes the main explanation for everything the person is experiencing and the reason for their challenging behaviors when in fact a co-occurring mental health diagnosis may be driving their symptoms.

D. Untreated mental health symptoms will continue to worsen and the individual's ability to cope is significantly impaired.

i. Many individuals with IDD experiencing a mental health crisis may interact with law enforcement and become incarcerated rather than receive the treatment they need.

ii. It is imperative self-harm behaviors and suicidal statements made by inmates with IDD are given the same attention as those made by other inmates without an IDD diagnosis.

iii. An IDD diagnosis does not protect someone from attempting and completing suicide.

E. People with IDD are more likely to experience increased agitation, irritation, and aggressive behaviors as a symptom of their mental health diagnosis.

i. This could be in part due to limited communication abilities or the impact of the diagnosis on their ability to cope with stressors.

ii. These individuals may experience more episodes of crisis and intervention from corrections officers due to their inability to regulate their emotions.

F. People with IDD are often given consequences when exhibiting challenging behavior rather than the appropriate supports.

i. When providing interventions to people with IDD, it is important to spend time assessing what may be contributing to the challenging behaviors and what the person may be trying to communicate.

G. All types of behaviors can be understood as forms of communication.

i. People communicate wants and needs through their behavior, whether they have IDD, a mental health diagnosis, or not.

ii. Because it is common for someone with IDD to have difficulty communicating, many individuals with IDD may be more likely to communicate their wants and needs through behavior.

iii. Because of widespread lack of understanding of individuals with IDD and their needs, this population is therefore sometimes labeled as people with behavioral issues or is considered disruptive.

3.3 Define trauma.

REQUIRED ACTIVITY:

Perform an activity to gauge participant knowledge on trauma and IDD. Topics to cover include:

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- What is trauma?
- What types of things/events come to mind when the word “trauma” is heard?
- What makes something “traumatic?”

A. Trauma is an emotional response to a challenging event which can result in feelings of fear, threat to life, horror, and helplessness.

  i. Experiences which are emotionally distressing, physically harmful, or life threatening and can have lasting effects on a person.

  ii. Trauma can affect every aspect of an individual’s life, including the way they think, feel, and behave.

B. There are various events commonly related to trauma, such as accidents, abuse, or neglect.

C. Anything can be traumatic for any person, and trauma is defined by the individual.

  i. Two people can experience very similar events and have very different responses to those events.

D. There is a part of the brain which stores all emotional memories called the amygdala.

  i. It flashes danger when it perceives something harmful.

    1. This perception can be a trigger.
    2. It can be real or may only feel real to the person experiencing it.
    3. A trigger can be a sight, a sound, a smell or a touch.

  ii. When someone experiences a traumatic event, the amygdala takes a snapshot of the sensory information from the event and stores it.

E. Brains are wired to sense threats and keep an individual safe from harm.

  i. After someone experiences an event their brain and body perceive as traumatic, their brain can get stuck in a mode of constantly assessing for danger.

  ii. The brain can sometimes perceive something to be dangerous or harmful, even when it is not the case.

F. The amygdala, the part of the brain associated with emotional processes, is constantly scanning the environment for those sights, sounds, smells, feelings present during the traumatic event.

  i. Once found, it sends an automatic signal to the parts of the brain responsible for fight, flight, freeze, and appease responses, which are then automatically activated.

  ii. Not everyone will respond to triggers with fight or flight.

    1. Some people may freeze, which in the correctional setting can look like non-compliance or refusals.

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2. Some people may appease, which is to agree or go along with what they are being told to do, even if it is against their best interest, because it is perceived to be safer than resisting or saying "no".

G. A trigger can set off a reaction for the individual and the person can feel as if they are re-living the trauma.

i. When this happens, an individual may experience emotional distress, discomfort in their body, and difficulties with thinking and processing information.

ii. They may sometimes act out or express their emotions through externalized behaviors such as:

1. Yelling
2. Becoming aggressive
3. Destroying property
4. Crying
5. Becoming unresponsive
6. Isolating from others

H. Sometimes individuals are aware of things which may be triggering or distressing for them; other times they may not be.

i. Determining what exactly triggered a particular thought, feeling, or behavior can be challenging and complex.

ii. Examples of potential triggering things may include but are not limited to:

1. Sensory over/under stimulation
   a. Boredom/loneliness
   b. Being touched, handcuffed, or restrained by another person.
   c. Loud/disruptive/familiar sounds
      - Harsh tones of voice and yelling.
   d. Particular or familiar smells
2. Not being able to communicate wants and needs.
   a. Not understanding communication from others or what is being asked or instructed.
3. Lack of autonomy
   a. Having to wait for desired outcomes.
   b. Feeling out of control.
   c. Feeling stuck or trapped.
4. Experiencing teasing or exploitation by others.

3.4 Identify the relationship between trauma and intellectual and developmental disabilities.

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A. An IDD diagnosis does not protect someone from the impact of trauma.
   i. There is a common misconception of people with IDD lacking the ability to understand what they are experiencing, or their memory being affected by the event in the long-term.
   ii. Trauma and its effects can be experienced by anyone regardless of their IQ, diagnosis, or ability level.
B. For people with an IDD diagnosis, their ability to override the fight/flight/freeze/appease response when triggered is also affected.
   i. Once triggered, it takes longer for them to be calm for the following reasons:
      1. Lack of cognitive reserve – this refers to a person's capacity to manage stress in real time.
      2. Lack of coping skills – this can come up frequently in a jail setting.
      3. Limited behavioral repertoire – this refers to a person not being able to differentiate between how they speak to a family member from how they speak to a law enforcement officer, for example.
      4. Communication skills deficits – oftentimes, people with IDD may want to present as understanding more than they actually do, especially when consequences for a wrong answer might be significant when interacting with the criminal justice system.
      5. Low frustration tolerance – a fight or flight response can be much more common among the IDD population when compared to the general population.
      6. External focus of control – this refers to a person not having an insight into how their own behavior affects their situation.
C. Some people may require assistance to use their coping strategies and begin to self-soothe once triggered.
D. Approaching interventions from a trauma-informed care perspective can increase the likelihood the person can recover more quickly and respond to triggers more safely.

3.5 Illustrate how to provide trauma-informed care to individuals with an intellectual and/or developmental disability.

INSTRUCTOR NOTE:

A person does not have to be aware of an individual's trauma history in order to provide trauma-informed care.

A. Trauma-informed care begins with recognizing signs and symptoms of trauma.
B. Trauma-informed care involves providing the person with a sense of safety, connection, and empowerment:
   i. Safety from further trauma:
      1. Be honest.

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2. Practice calming/de-escalation techniques.
3. Be open.
4. Let the person know what to expect.
5. Be calm and patient and ask questions in a manner to not sound accusatory.
   a. Ex: "What happened to you?" Or "How are you feeling?" As opposed to "What's wrong with you?"

ii. Connection: identify their strengths and build rapport.
   1. Be respectful.
   2. Practice behaviors which do not make them feel belittled or excluded.

iii. Empowerment:
   1. Be collaborative.
   2. Provide opportunities for them to learn.
   3. Give honest feedback.
   4. Praise desirable behavior.
   5. Give them choices and guidance to make good decisions.

REQUIRED ACTIVITY:

Have participant demonstrate trauma-informed care to individuals with an intellectual and/or developmental disability. Possible activities for demonstration include scenarios, role-play, discussion, or answering questions about scenarios.

Unit 4 Identification and Reporting Persons Suspected of Having an Intellectual and Developmental Disability

INSTRUCTOR NOTE:

This section addresses the identification and screening of inmates suspected of having an IDD diagnosis.

- These individuals should be considered high-risk and potential victims.
- When an individual truly has an intellectual or developmental disability, it will sometimes present itself as fear and anxiety which does not resolve itself.
- An attempt should be made to house the individual where they will not be taken advantage of by others. Some facilities will not have a separate housing unit. Thus, it is important to promote safety for these individuals through close monitoring to reduce the risk of victimization and to help promote safe behaviors.

4.1 List common symptoms and presentations of persons with intellectual and developmental disabilities.

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This is not meant to be an exhaustive list of symptoms and presentations. These may not all apply to any given individual. Below is simply a guide to help with identification and response to working with the IDD population.

A. Inmate Activity:
   i. Apparent the subject is a follower rather than leader of criminal activity.
   ii. May readily confess, due to lack of full understanding of the circumstances or their rights.
   iii. Behavior at the scene of the incident
      1. Ex: They remained at the scene while others left.
B. Communication:
   i. Limited ability to speak or comprehend at age-normative level.
   ii. Marked difficulty maintaining attention or conversation.
   iii. Difficulty describing facts in detail.
   iv. May be limited verbally or repeat what has been said.
   v. Atypical pitch, rate, or volume when speaking.
C. Social Behavior:
   i. Highly reactive to change, surprise, strangers.
   ii. Certain behaviors such as:
      1. Fear of touch
      2. Repetitive behavior such as rocking, striking themselves, or noises
      3. Insistence on routine
      4. Extreme anxiousness in new situations
      5. Tendency to become confused easily
   iii. Associating with significantly older or younger individuals.
   iv. Lack of awareness of social rules.
   v. None or minimal eye contact/unusual facial expressions.
   vi. Out of context laughing or crying.
   vii. Ignorance of personal space in the cell.
   viii. Non-age-appropriate behavior.
   ix. Extreme distress which is seemingly out of place/out of context
D. Performance tasks to help gauge a person's functioning.
   i. Ask the individual to:
      1. Tell time
      2. Tell details about today's date, the person's date of birth.
      3. Define abstract terms such as emotions or feeling terms.

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4. Explain how to make their bed.

ii. If it appears an inmate is having a hard time adjusting, these may be useful things to ask the individual.

iii. If more time is needed for a person to answer the above-mentioned questions, consider reasonable accommodations to help with compliance.

1. Ex: A reasonable accommodation could be providing extra reminders or allowing for more time on a given task.

SUGGESTED ACTIVITY:

Have participant demonstrate recognizing common symptoms and presentations of persons with IDD through utilizing the performance tasks and follow up with possible reasonable accommodations to help with compliance. Possible activities for demonstration include scenarios, role-play, discussion, or answering questions about scenarios.

4.2 Identify the purpose of identification and assessment tools.

A. Screening Form for Suicide and Medical/Mental/Developmental Impairments shall be completed on all inmates immediately upon admission into the facility. (See Appendix B).

i. The purpose of intake screening is for staff to triage the following needs:

1. Those who may be at significant risk for suicide or harm.
2. Identify inmates who may be in distress from a mental health disorder/psychosis or complications from recent substance use.
3. Assist with the continuity of care of special needs offenders.

ii. Provide appropriate response when inmate screens positive on Screening Form for Suicide and Medical/Mental/Developmental Impairments

1. Texas Code of Criminal Procedure Art. 16.22 Early Identification of Defendant Suspected of Having Mental Illness or Intellectual Disability

iii. Additional screenings should be completed when information is available an inmate has developed a mental illness, or the inmate is suicidal at any point during an inmate's incarceration.

4.3 Recognize what to do when there is an IDD match in the Continuity of Care Query (CCQ).

INSTRUCTOR NOTE:

Explain what the Continuity of Care Query (CCQ) is.

- A program which provides real-time identification of individuals who are arrested and also have received state mental health services.
  - See Appendix A for more resources.

A. Corrections officers should follow a similar protocol for mental health matches when an individual with IDD has a match.

i. Run CCQ.

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1. Verify query results:
   a. Expectations for appropriate response to exact and probable matches include notifying the Community Center Component via electronic or written submission.
   b. County corrections officers are required to identify housing needs of individuals based on risk factors which may include CCQ results.
   c. Housing assignments are dependent on the severity and level of medical condition(s) or mental health needs of the inmate.
   d. County corrections officers shall ensure individual's needs are met expeditiously upon booking, and throughout the individual's time in custody.

ii. Review Screening Form for Suicide and Medical/Mental/Developmental Impairments for positive identifiers (self-reporting, history of mental health services/ID services).

B. When an ID match is detected, corrections officers should contact the Local Intellectual and Developmental Disability Authorities via email or other locally established processes to link the individual to available community resources.

C. Magistrate Notification (Code of Criminal Procedure, § 16.22) are required for all matches (i.e., mental health and IDD)

Unit 5 Management of Inmates with Intellectual and Developmental Disabilities

INSTRUCTOR NOTE:

Transition to talking about how to work with and manage inmates who have a diagnosis of IDD. Pause here to remind participants they have now covered a lot of information regarding IDD diagnoses and how they may present in the inmate population.

- While there may be overlapping symptoms, behaviors, and presentations among individuals with IDD diagnoses, each person is unique and therefore, it will take careful observation and getting to know the individual to fully understand how behaviors may present for them and what these behaviors may mean.
  - Having general information about IDD can help inform how to approach clients, how to make observations, and what strategies to use to respond to inmates with IDD.

5.1 Identify communication challenges and strategies for individuals with intellectual and developmental disabilities in a correctional setting.

A. Communication challenges:

i. Some people have stronger receptive communication skills than expressive skills.

1. Some individuals do not use words to communicate but instead may use other means including adaptive technology they do not have access to in jail.
2. This may lead to increased frustration and limited ability to cope with stressors due to struggles with communication.

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ii. A person's expressive speech may sometimes give an impression of better comprehension than is the case.
    1. This is where exploitation can come into play often.
    2. A person may have incentive to maintain an appearance of being more capable than they are to avoid bullying by peers.
iii. Individuals may engage in behavior at the request of peers or to avoid conflict with peers without fully understanding the consequences of their behavior due to their disability.
iv. Some people may be delayed in responding to questions; so much so that answers may seem to "come out of nowhere."
v. Some individuals do better when expectations are modeled for them rather than just told to them.
    1. For example, showing an individual how to make their bed may be more effective than telling them to make their bed.
vi. Some people with disabilities may also have difficulty giving an accurate picture of their feelings and symptoms because of limitations in interpreting internal cues.
    1. Ex: need to urinate, anxiety.
vii. This population may often be poor historians due to communication and memory limitations.

B. Communication strategies:
i. Allow additional time to exchange information, where possible.
ii. Assess language skills to help choose the level of language to use.
iii. Use simple and concrete sentences.
iv. Do not rush the conversation or seem hurried.
v. Use information from others familiar with the inmate, if available, on how to best respond.
vi. Be observant and use active listening.

5.2 Identify communication strategies for individuals with autism spectrum disorder in a correctional setting.

A. Be patient.
B. Give the person space.
C. Use simple and concrete sentences.
D. Use short concrete commands such as "stop moving" rather than "stop resisting."
E. Give plenty of time for person to process and respond to questions or commands.
F. Be alert to signs of increased frustration.
i. Try to eliminate the source if possible as behavior may escalate.

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ii. This can be done by distraction and redirection.

G. If safety allows, allow the person to engage in stimming behaviors as these may be used to self-soothe and can facilitate de-escalation efforts.

H. Avoid:

i. Using jargon or unfamiliar language.

ii. “Speaking in paragraphs”.

iii. Giving multiple commands at once.

iv. Quick movements.

v. Loud noises.

I. Do not touch the person unless necessary.

i. An unexpected or unwelcome touch may elicit a “flight” or “fight” response.

ii. If it is not necessary to touch the person, provide warning, and telegraph physical moves when possible.

J. Use information from caregiver, if available, on how to best respond.

5.3 Identify housing and management considerations for individuals with intellectual and developmental disabilities.

A. Persons with IDD diagnoses have special needs to consider when it comes to housing/management.

i. For example, a person who is blind may be better served if housed with someone, whereas a person who has autism may have problems around a large group of people.

B. It is vital to consider individual needs and circumstances of the person to maintain safety and security of the facility and all parties.

C. Refer to departmental policy when considering housing assignments.

REQUIRED ACTIVITY:

Have participant identify communication challenges and demonstrate communication strategies for individuals with an intellectual and/or developmental disability in correctional settings. Include challenges surrounding housing and management considerations. Possible activities for demonstration include scenarios, role-play, discussion, or answering questions about scenarios.

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APPENDIX A

Available Resources to Assist with Inmates with Intellectual and Developmental Disabilities

1) Local Intellectual and Developmental Disability Authorities (LIDDA).

a) The Local Intellectual and Developmental Disability Authorities, or "LIDDA" is an agency contracted with the State of Texas and funded by state and federal dollars to provide services to individuals diagnosed with Intellectual and/or Developmental Disabilities.

i) The LIDDA is also responsible for testing to determine if an individual meets criteria for an intellectual or developmental disability and what, if any, IDD services an individual is eligible for including:

ii) Intermediate Care Facilities – IDD (ICF-IDD): Small and Large-Scale residential settings for individuals diagnosed with IDD.

(1) Small-scale ICFs include 4-6 bed group homes in the community.

(2) There is not a state-wide interest list for ICF group homes, however openings can be hard to find and ICFs may decline to serve if they feel they cannot meet the individual's medical or behavioral needs.

(3) Large-scale ICFs are considered an institutional level of care and the most restrictive setting.

(4) These are referred to as State Supported Living Centers (SSLC).

(5) Admission criteria to an SSLC is limited to only individuals with an Intellectual Disability diagnosis. Admission also typically requires a court order.

iii) General Revenue (GR) – Targeted Case Management for individuals diagnosed with Intellectual Disabilities or Autism. GR also offers Planned Respite for Caregivers.

iv) Community First Choice – A Medicaid funded program which provides habilitative services to help individuals with IDD gain and maintain independent living skills.

v) Texas Home Living (TxHml) – A Medicaid funded program which provides services to individuals to help individuals with IDD remain in the community, including funding for specialized services and medical and psychiatric services. The TxHml interest list is several years long, which the LIDDA maintains.

vi) Home and Community-Based Services (HCS) – A Medicaid funded program which provides similar services to TxHml to individuals with IDD as well as residential services including Host Home and Group Home settings. HCS also has an interest list in Texas many years long, which the LIDDA maintains.

b) Every county has a LIDDA which provides services to its residents.

i) Some LIDDAs service several counties while some only serve one county.

ii) Not every LIDDA provides all the services listed above, but every LIDDA does the eligibility determination for those services.

c) Many LIDDAs have Crisis Intervention Specialist teams who support individuals with IDD experiencing, or at risk of experiencing, crisis – including incarceration.

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i) The LIDDA CIS team is responsible for notifying the jail when an IDD client has been incarcerated to facilitate a move to a more secure unit and to ensure continuity of care with medications.

2) Services provided by the Local Mental and Behavioral Health Authorities (LMHA/LBHA).

a) LMHA/LBHAs receive state and federal funding to provide mental health services.

b) Similar to the LIDDA, every county has an LMHA/LBHA which provides services to its residents.

c) LMHA/LBHA Services Include:

i) Medication Management

ii) Routine Case Management

iii) Psychosocial Rehabilitation

iv) Crisis Intervention Support via Mobil Crisis Outreach Teams

v) Crisis Intervention Support via a 24/7 Hotline

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APPENDIX B

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:

Inmate's Name:	Gender:	DOB:	If female, pregnant? Yes ☐ No ☐ Unknown ☐

Serious injury/hospitalization in last 90 days? Yes ☐ No ☐ If yes, describe:
Currently taking any prescription medications? Yes ☐ No ☐ If yes, what:
Any disability/chronic illness (diabetes, hypertension, etc.) Yes ☐ No ☐ If yes, describe:
Does inmate appear to be under the influence of alcohol or drugs? Yes ☐ No ☐ If yes, describe:
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used
*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe
*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes ☐ No ☐ If yes, describe:
***If yes, Notify Medical or Supervisor Immediately**

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted

	YES	NO	"Yes" Requires Comments
IF YES TO 1a, 1b,1c,or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY			
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.			
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?			
1b. Are you thinking of killing or injuring yourself today? If so, how?			
1c. Have you ever attempted suicide? If so, when and how?			
1d. Are you feeling hopeless or have nothing to look forward to?			
IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted			
2. Do you hear any noises or voices other people don't seem to hear?			
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?			
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?			
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?			
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			

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IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY

13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			
Additional Comments (Note CCQ Match here):			

Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:
Supervisor Signature, Date and Time:		

Original Form available at https://www.tcjs.state.tx.us/wp-content/uploads/2019/08/ScreeningForm-SMMDI_Oct2015.docx

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Texas Code of Criminal Procedure § 16.22.

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