

BEST PRACTICES IN COMPETENCY RESTORATION WITH INTELLECTUALLY/DEVELOPMENTALLY DELAYED INDIVIDUALS

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2017
Forensic Mental Health Association of California

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DISCLOSURES

Psychological Assessment, Inc. and Drs. Dempsey, Wysopal, and Klinger have no financial investment or direct gain from this presentation.

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ABOUT THE PRESENTERS – R. DEMPSEY, PSY.D

Rachyll Dempsey, Psy.D., QME is a Forensic Neuropsychologist and Qualified Medical Evaluator who has worked with individuals of all ages using evidence based treatments and measures in clinics, schools, medical, and forensic settings for over a decade. Dr. Dempsey founded Psychological Assessment, Inc. in 2014 to offer quality psychological assessment on a larger scale. Psychological Assessment, Inc. is centrally located in Oakland, CA and employs experts in the areas of Competency Restoration, Forensic Evaluation and symptom validity testing, Neuropsychology including pediatric and geriatric, and Sex Offender Treatment.

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ABOUT THE PRESENTERS - M. WYSOPAL, PSY.D.

Michelle Wysopal, Psy.D. is a licensed clinical psychologist working as the Director of the Shaping Success Program (a Sex Offender Treatment Program) and as Assistant Training Director. She graduated from Alliant International University in 2014 with a doctorate in Clinical-Forensic Psychology. Dr. Wysopal has specialized in working with sex offenders on parole and probation and is CASOMB certified. In addition, she, along with Dr. Klinger, developed the training manual and has been working with court mandated clients for competency assessment and restoration training.

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ABOUT THE PRESENTERS - V. KLINGER, PSY.D

Venus Klinger, PsyD is completing her postdoctoral residency at Psychological Assessment, Inc., where she is the Director of the Crossroads Competency Restoration Program. In addition, she, along with Dr. Wysopal, developed the training manual. Dr. Klinger completed her degree at Alliant International University, California School of Forensic Studies, and her dissertation was on Not Guilty By Reason of Insanity. Dr. Klinger is also responsible for grant writing, secondary supervision of trainees, and sex offender treatment in PAI's Shaping Success Program. She is an adjunct professor at Alliant International University.

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PROGRAM DESCRIPTION

This presentation will explain the legal description of "Incompetent to Proceed," the penal codes related to the topic, the structure of an evaluation and how they differ between juveniles and adults, the structure of training, and the expectation for each individual who is participating in the competency restoration process. Due to PAI's work primarily with individuals who are intellectually/developmentally delayed, the presentation will focus on how best to work with individuals with intellectual/developmental delays and how to cater training to suit their specific learning styles. Participants will learn best practices for performing intakes, establishing baselines of the client's existing knowledge and understanding of the legal system, creating treatment objectives, as well as strategies to utilize during training with this population. In addition, the presenters will discuss the competency restoration manual and how to adapt it to suit the needs of the various populations we work with. The presenters will present information about the timeline of training for clients and discuss the success rate of clients using the manual. This presentation is an expansion on last year's poster presentation about Competency Restoration Training.

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OBJECTIVES

- Participants will be able to identify best practices for clients with intellectual/developmental delay (IDD) competency intake and establishing baseline knowledge and understanding.
- Participants will be able to identify areas to address when creating training recommendations.
- Participants will be able to identify at least three strategies to use when teaching material to IDD clients.
- Participants will be able to identify the suggested timeline for restoration and the benefit of using an evidence based manual.

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You're quite competent at being incompetent.



your eCards
someecards.com

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BEFORE WE GET INTO THE CONTENT, LETS CLARIFY:

- **DEVELOPMENTAL DISABILITY:** A broad term that includes Autism Spectrum Disorders, Developmental Delay, Cerebral Palsy, Epilepsy, Fetal Alcohol Spectrum Disorders, and other disorders that occur during the developmental period.

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DEFINITIONS

- **INTELLECTUAL DISABILITY:** An individual with an intellectual disability has below-average cognitive abilities. They must meet the following three criteria:
 1. Deficits in intellectual functions (reasoning, problem solving, planning, abstract thinking, judgment, academic learning, etc.).
 2. Deficits in adaptive functioning and a failure to meet developmental and sociocultural standards for personal independence and social responsibility.
 3. Onset of intellectual and adaptive deficits during the developmental period.

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SOME STATS

- Individuals with IDD represent between 0.3-3.1% of the population.
- Make up 4-10% of adults facing criminal charges in the US and more around the world.
- Research is consistent in indicating that individuals with Intellectual Developmental Disability often spend more time hospitalized for Competency Restoration than they would have spent incarcerated for the crime committed.

(Wall, et. al., 2013)
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KEEP IN MIND

- Diagnosis does not define incompetence
- Presumption of competence/incompetence requires judicial determination

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DUSKY V. UNITED STATES (1960)

- A landmark Supreme Court case that establishes the individuals right to have a competency evaluation before proceeding to trial.
- In order to be found competent the defendant must have the ability to consult with his lawyer with a reasonable degree of rational understanding and demonstrate a rational understanding of the proceedings against them.
- This includes knowledge of the courtroom proceedings, personnel, charges, potential consequences, etc.

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CASE LAW

- Drove v Missouri (1975)
 - Adds requirement that the defendant must be able to “assist in preparing his defense”
- Jackson vs Indiana (1972)
 - Commitment for restoration can not exceed amount of time individual would have been incarcerated

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GUIDELINES

- American Specialty Guidelines for Forensic Psychology
- AAPL Practice Guidelines for the Forensic Psychiatrist Evaluation of Competence to Stand Trial

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California Laws

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PC1368 / PC1369 / PC1370

- PC 1368 – Is when a doubt has been raised as to the level of competence of the defendant. The court will recess the proceedings to permit counsel to meet with the defendant and form an opinion as to their mental competence at that time. If they believe that the defendant is or may be mentally incompetent, the court will order that the question of the defendant’s mental competence be determined in a hearing. All proceedings in the criminal prosecution shall be suspended until the competence level has been determined.

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PC1369

- PC 1369 – The court shall appoint a psychiatrist or licensed psychologist to examine the defendant. They are to evaluate the defendant’s ability or inability to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense in a rational manner and whether or not they are likely to be restored to competence.

W&I CODE 4500

- California: Lanterman Developmental Disabilities Services Act

PC1370

- PC 1370 – If the defendant is determined incompetent to stand trial, the judgment shall be suspended until they become competent and the court shall order Competency Restoration Training.

PC1370 – IN A LOT MORE DETAIL

- 1370.(a)(1)(A) – If the defendant is found mentally competent, the criminal process shall RESUME, trial shall PROCEED, and judgment PRONOUNCED.
- (B) – If the defendant is found mentally incompetent, the trial or judgment shall be SUSPENDED until the person is found mentally competent.
- (i) – In the meantime, the court shall order that the mentally incompetent defendant be taken to a state hospital for the care and treatment of the mentally disordered, or to any other available public or private treatment facility (county jail treatment facility or community based residential treatment).

PC1370 CONTINUED

- (C) – When a certificate of restoration to competence has been received by the court, the court will order that the defendant be returned to court in accordance with Section 1372.
- (D) – A defendant charged with a violent felony may not be delivered to a state hospital or treatment facility unless it has a secured perimeter or a locked and controlled treatment facility and the judge determines the public safety will be protected.
- (F) – A defendant charged with a violent felony may be placed on outpatient status if the court finds that the placement will not pose a danger to the health or safety of others.

PC1370 CONTINUED

- (2) – Prior to making the order of placement, the court shall proceed as follows:
- (A) – The court shall order the community program director to evaluate the defendant and to submit to the court within 15 judicial days a written recommendation as to whether the defendant should be required to undergo outpatient treatment or be committed to any other treatment facility, including State Hospital.
- (B) – The court shall hear and determine whether the defendant lacks capacity to make decisions regarding the administration of antipsychotic medication.

- (7)(A) – An order by the court authorizing involuntary medication of the defendant shall be valid for no more than one year.
- (8)(b)(1) – Within 90 days of a commitment, the medical director of the treatment facility shall make a written report to the court and the community program director for the county, concerning the defendant’s progress toward recovery of mental competence and whether the administration of antipsychotic medication remains necessary. If the defendant has not recovered competence, but there is a substantial likelihood that the defendant will regain competence, the individual shall remain in the treatment facility. Thereafter, at six-month intervals or until mentally competent, the facility shall report in writing to the court and the community program director regarding the defendant’s progress toward recovery.

- (8)(A) – If the report indicates that there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, the committing court shall order the defendant to be returned to the court for proceedings no later than 10 days following receipt of the report.
- 1370.01 (5)(c)(1) – If at the end of one year from the date of commitment or a period of commitment equal to the maximum term of imprisonment of the most serious offense charged in the misdemeanor complaint, whichever is shorter, the defendant has not recovered mental competent, the defendant shall be returned to the committing court.

- 1370.1(B) – If the defendant is found mentally incompetent and is developmentally disability, the trial or judgment shall be suspended until the defendant becomes mentally competent.
- (i) – The court shall consider a recommendation for placement, which recommendation shall be made to the court by the director of a regional center or designee. In the meantime, the court shall order that the mentally incompetent defendant be delivered for treatment to a facility approved by the director of the regional center.
- (C) – Upon becoming competent, the court shall order that the defendant be returned to the committing court.

- (2) – Prior to making the order directing confinement, the court shall order the regional center director to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be committed to a state hospital, developmental center, or to any other available residential facility.
- (5)(b)(1) – Within 90 days of admission, the director shall make a written report to the court concerning the defendant’s progress toward becoming mentally competent. If the defendant has not become mentally competent, but there is a likelihood the defendant will become mentally competent within the next 90 days, the court may order that the defendant remain in the facility. Within 150 days of admission or if the defendant becomes mentally competent, the court shall be notified of the defendant’s progress.

- (2) – If at 18 months the defendant is still in a facility, the shall be returned to the committing court for a hearing pursuant to Section 1369.
- (3) – If it is determined by the court that no treatment is being conducted, the defendant shall be returned to the committing court.
- (4)(c)(1)(A) – At the end of the three years from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by the law for the most serious offense charged, a defendant who has not become mentally competent shall be returned to the committing court.
- 1370.2 – If a person is adjudged mentally incompetent, the superior court may dismiss any misdemeanor charge pending against the mentally incompetent person.

**RESEARCH:
TIMELINE**

- When preparing to begin the Competency Restoration Program, we need to assess what an appropriate timeline is for restoration.
- Many studies suggest that individuals initially found incompetent to stand trial could be restored to competency within 180 days. (Zapf, 2013)
- If / When competency is restored, the committing court should be notified immediately.

**RESEARCH:
TIMELINE CONTINUED**

- PC1370.1(i) Except as provided in clause (ii) or (iii), the court shall consider a recommendation for placement, which recommendation shall be made to the court by the director of a regional center or designee.
- Many individuals are transferred to Porterville Developmental Center where they received competency restoration training.
- PC1370(4) Any defendant who has been committed or has been on outpatient status for 18 months and is still hospitalized or on outpatient status shall be returned to the committing court where a hearing shall be held pursuant to the procedures

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**RESEARCH:
TIMELINE CONTINUED**

- PC1370 (6)(c)(1) At the end of three years from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by law for the most serious offense charged in the information, indictment, or misdemeanor complaint, or the maximum term of imprisonment provided by law for a violation of probation or mandatory supervision, whichever is shorter, but no later than 90 days prior to the expiration of the defendant's term of commitment, a defendant who has not recovered mental competence shall be returned to the committing court. The court shall notify the community program director or a designee of the return and of any resulting court

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**RESEARCH:
SUCCESS**

- Majority of adult defendants who were restored were restored in 90 -180 days or less
- Defendants with IDD were less likely to be restored (18-33%)

(Zapf, 2013)

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**RESEARCH:
SUCCESS**

- For defendants with developmental and intellectual disabilities, restoration rates are low and services required are intense.

National Judicial College Best Practices on Restoration:
www.mentalcompetency.org.

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**RESEARCH:
THE SLATER METHOD**

- The Slater Method has been determined to be the most prevalent tool to utilize with intellectually disabled individuals found incompetent to stand trial. It was developed by the Eleanor Slater Hospital of the Rhode Island Department of Mental Health, Retardation and Hospitals.
- It consists of 5 modules designed to help the individual gain knowledge and understanding of his/her case in its entirety, including court proceedings, potential pleas, potential consequences, etc.

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THE SLATER METHOD (CONT.)

- Phase I- Knowledge-based training
- Phase II- Understanding-based training
- Broken down by cognitive, communication and emotions and behavior training goals
- Use of repetition of modules
- Use of photographs
- Use of tests and scores to gauge progress in the program

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THE SLATER METHOD MODULES

- Module 1 – Purpose of training, review of charges, pleas, potential consequences
- Module 2 – Courtroom personnel
- Module 3 – Courtroom proceedings, trial, plea bargain
- Module 4 – Communicating with attorney, giving testimony, assisting in defense
- Module 5 – Tolerating stress of proceedings

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THE SLATER METHOD LIMITATIONS

- Title of the module indicates topics that should be covered **but are not**
- Quizzes within the modules ask questions about information that was not covered
- Plea bargains are briefly addressed
- Decision making skills are not incorporated
- Skills to testify are not addressed
- The concept of evidence is poorly covered
- Primarily verbal presentation of information (one section of photos)

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OUR APPROACH

- Research about individual's with developmental/ intellectual delays indicates that they learn best from multimodal presentation of information.
- Through testing with individual clients, we learn about their strengths and weaknesses and can adapt their training delivery method as necessary.
- Structure of training follows the flow of criminal proceedings instead of training clients about abstract concepts difficult to grasp without a framework to provide context.

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COMPETENCY RESTORATION PROCESS

- Intake:
 - Report
 - Baseline
 - Recommendations for structure of the training program
- Training:
 - Establishing baseline in terms of knowledge and understanding
 - Addressing areas of concern as determined by the assessment, as voiced by the attorney, and as becomes apparent over the course of training

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COMPETENCY RESTORATION PROCESS

- Intake Report:
 - Gathering psychosocial history
 - Gathering collateral information (family, caretakers, attorneys)
 - Completion of an intake assessment (CAST-MR, JACI, etc.)
 - Making recommendations about the structure of training (bi-weekly, family involvement, etc.)

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**AREAS TO ADDRESS
IN INTAKE AND TRAINING:**

- Developmental History
- Family History
- Education History
- Employment History
- Medical and Mental Health History
- History of abuse or neglect
- Legal History
- Relationship History
- Activities of Daily Living including ability to use public transportation and schedule appointments
- Social Support
- Previous Competency Training or Evaluations
- Substance Abuse History
- Social Skills

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WHEN COMPLETING THE INTAKE...

- Pay attention to their strengths and weaknesses.
- This does not only refer to their knowledge related to competency but in their day to day lives.
- For example, look out for:
 - Someone who says “yes” to every question.
 - Collateral contacts that state the individual has to be reminded of something daily.
 - Individuals that continue to spend time with friends that may have contributed to their current situation.
 - Individuals that ask questions when they don’t understand.

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BASELINE

- Fact and Application Questions Modules 1-6
- Scored 0, 1, 2 (No elements correct, Some elements correct, Correct)
- Looking for areas of strengths as well as deficits
- Both Multiple choice and Open-ended Questions: Testing the limits
- Identify individual learning modality strength
- If they do not understand the questions initially, try to ask the question a different way or provide an example

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COMPETENCY RESTORATION PROCESS

- Training:
 - Completing all fact and application questions for all six modules to assess knowledge gaps.
 - Complete the structured Crossroads Competency Restoration Training Manual – Stage 1 and 2.
 - Complete the Crossroads Stage Check-up and Competency Assessment at end of Stage 1.
 - Complete Crossroads Stage Check-up, CCR Assessment, and Competency Assessment at the end of Stage 2.
 - Complete the Mock Trial at the end of Stage 1 and 2.
 - Successfully pass all exams.

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**COMPETENCY RESTORATION
PROCESS, CONTINUED**

- Speak with attorney on a regular basis to assess progress and determine new concerns
- Collateral contact and/or sessions with parents, therapists, etc.
- Regular assessment of progress
- Determine if the individual can be restored, provide updates to the courts

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TRAINING DETAILS

- The restoration training program has been developed as bi-weekly sessions.
- These sessions are to occur, whenever possible, with 2 different trainers.
- The program is set up as 9 months with an opportunity to extend training if necessary.
 - Re-assessment (CAST-MR, JACI, etc.) at the end of Stage 1 to establish progress.
 - Individuals with lower functioning or deficits in more areas may need more than 9 months.
 - Training can be extended based on the individual’s progress and needs.

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CROSSROADS

- Stage 1 – Fact Based Training
 - This stage includes all of the concrete information clients can learn about court and the criminal proceedings.
 - The client acquires the baseline knowledge necessary to beginning understanding their case.
- Stage 2 – Application Based Training
 - This stage helps the client to understand more abstract concepts.
 - The client applies the information learned in Stage 1 to their case.

CROSSROADS CONT

- Instead of reliance solely on rote repetition, our manual includes:
 - Handouts
 - Homework assignments
 - Use of role play
 - Use of photographs
- Our trainers also incorporate whiteboard diagrams, trainee as the trainer, and multimedia video.
- The Slater Method uses tests and quizzes, however, some of the information tested does not correspond to information learned.
- Our program includes testing at specific intervals to assess progress and retention.

CROSSROADS MANUAL MODULES

Module 1 – Orientation to My Case

- Orientation to Competency Restoration Training (Flow of training)
- Charges with Potential Consequences
- Felony/Misdemeanor
- Dusky Standard

Module 2 – In the Courtroom

- Courtroom expectations, layout, personnel
- Courtroom teams and the adversarial nature of proceedings
- Vocabulary words introduction

CROSSROADS MANUAL MODULES

Module 3 – Deciding My Pathway

- Pleas
- Flow of Proceedings

Module 4 – Building a Case

- Working with my attorney
- Establishing defense
- Evidence
- Witnesses
- Testifying

CROSSROADS MANUAL MODULES

Module 5 – All about Trials

- Types of trials
- Juries
- Flow of a trial
- How to handle stress in court

Module 6 – Making Decision

- Plea bargains
- Decision making

MOCK TRIAL

- Training exercise at the of each Stage
- Opportunity to see client operationalize information
 - Witness Testimony
 - Cross examination
 - Communicating with lawyer during trial
 - Courtroom personnel
- Opportunity for client to ask questions in vivo
- Invitations to case managers, public defender
- Second Mock Trial is a final evaluation of performance

THOUGHTS?

- What factors do you need to consider before beginning training?
- What area(s) do you think you will need to focus on most?
- What factors do you think you may need to address throughout training?

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MANUAL TRAINING GOALS/ HOW TO TEACH

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AREAS OF TRAINING - GOALS

- CONTEXTUAL FACTORS:
 - Capacity to understand the relationship between charges and existing evidence
 - The ability to relate and communicate with a particular attorney
 - The ability to reasonably assist the attorney in one's own defense
 - The ability to comprehend the nature of the legal proceedings
 - The ability to understand the potential outcomes of legal proceedings

(Blasingame, 2005)

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CLIENTS HAVE TO:

- Be able to identify their charges and potential consequences
- Be able to list the types of pleas and their potential outcomes
- Be able to describe the positives and negatives of a plea bargain
- Be able to demonstrate appropriate problem solving strategies and abilities when evaluating a plea bargain

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CLIENTS HAVE TO ALSO:

- Be able to identify at least one coping skill for stress
- Be able to identify and describe how best to work with their attorney
- Be able to demonstrate appropriate behavior inside and outside of training
- Be able to demonstrate appropriate decision making (medications, social influences, etc.)
- Be able to identify everyone's position and duties in the courtroom

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DECISION MAKING

- Plea bargains
- Assuring rights
- Effectively communicating with lawyer
- Effectively utilizing other resources – therapy, etc.

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ADDITIONALLY, WE WORK ON...

- Appropriate courtroom behavior
- Personal hygiene
- Understanding the importance of medication compliance (if applicable)
- Tolerating the stress of the proceedings

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**GOALS OF TRAINING:
REASONABLE UNDERSTANDING AND
EXPECTATIONS**

- Knowledge not required to be perfect.
- Knowledge not required to be complete.
- Knowledge not required to be sophisticated.

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READINESS TO RETURN

- Competence, not perfection
- Assessing the Dusky prongs
- Treatment team approach – contact collaterals (PD, jail staff if applicable, to assure that all areas of concern have been addressed)

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ZONE OF PROXIMAL DEVELOPMENT

The Zone of Proximal Development helps clinicians and other professionals understand what the individual already knows, what the next learning steps will be, and what the individual can do alone versus what the same person can do with some help



(Blasingame, 2001)

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**CONCRETE METHODS FOR WORKING
WITH CLIENTS**

- The client should be encouraged to ask questions.
- The client should take notes during sessions.
- The same information presented multi-modally.
- Check for retention by asking client to rephrase information.
- Do not schedule sessions back to back.
- Include praise for accomplishing small goals.
- Utilize the interest of the client (SPORTS!)
- Provide as many real life examples as possible.

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COGNITIVE-BEHAVIORAL TREATMENT

Three Stages of Learning:

1. Knowledge of social manners and practice of those behaviors in proper locations
2. Individual rehearsal of skills
3. Personal modification and maintenance of skills in a number of settings

(Blasingame, 2001)

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IMPORTANCE OF INTERDISCIPLINARY TEAM APPROACH

- Family
- Attorneys
- Regional Center Staff
- Probation Officers

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CONCRETE METHODS:

- **Use of Socratic Questioning:**
Make an attempt not to provide the individual with all of the answers. Make an attempt to ask questions that may elicit the information from participants. This will help them retain the information.
- **Use of Role Play:**
Allows the individual to engage in the pretend scenario in a genuine way which then can elicit feedback from the clinician. Afterwards, the individual can analyze the situation and the potential consequences.

(Lindsay, 2009)
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ADDITIONAL METHODS

- **Use of Metaphor:**
Allows the individual to explore the relevant areas of a problem without the personal threatening context of the real situation. Eventually, the person can move from the metaphor to discussing their specific offense.

(Lindsay, 2009)
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ADDITIONAL METHODS:

- **Use of Recording:**
Allowing the individual to take notes during the session, or to take notes during a group session. Can help them recall what occurred the previous session and increase retention.
- **Skills Teaching:**
Teaching appropriate social skills, including who they should talk to about their charges, or avoid talking to.

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ADDITIONAL METHODS

- **Information Presented Concretely:**
Individuals with developmental delay are not always capable of understanding the nuances of language or the “gray area.” Presenting them with facts and potential consequences allows them to further develop their understanding of right from wrong.

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ADDITIONAL METHODS CONTINUED

- **Use of Repetition:**
Using repetition through didactic and homework assignments will contribute to retention. Problems with memory, processing, or attention, may impact the individual’s ability to remember important information if it is only presented once.
- **Teaching Problem Solving Skills:**
Identifying the problem, creating alternatives, evaluating and selecting alternatives, implement the solution.

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CREATIVE METHODS

- Multi-media – Videos, movie clips
- Pictures, Posters
- Collages
- Songs
- Client as teacher

(Blasingame, 2001)

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CREATIVE REINFORCEMENT METHOD

- Token Economy
- Positive Reinforcement
- Sense of Humor
- The Fan Club Book (Client creates a book that is written in by staff)

(Blasingame, 2001)

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REVIEW MONTHLY TRAINING REPORT

- Elements of MTR
- Attendance
- Cooperation
- Areas of focus for training period
- Areas of concern:
 - Attendance
 - Tardiness
 - Need for other resources

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IN ADDITION WE PROVIDE:

- An Acknowledgement of Referral for Services
- The Intake Report
- The monthly MTR
- When requested, we provide a mid-month report as necessary for a court date
- Occasionally, we have to provide a Termination Notice for Lack of Establishment of Services
- A Discharge Summary when the client has completed or training has been discontinued
- A Graduation Certificate
- A Certification of Competency to Stand Trial
- Status Letter to court – Restoration is unlikely

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CLIENT SPECIFIC CONCERNS/FAMILY INVOLVEMENT/QUESTIONS

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WORKING WITH FAMILY

- Attendance agreement
- Supporting homework
- Anxiety management
- When the family is a barrier...
 - To participating in the training
 - To making appointments
 - To completing homework

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HOW TO INVOLVE THE ATTORNEY

- At outset of training: initial concerns, deficits
- Training the attorney
 - Talking slowly
 - Vocabulary
 - Repetition
 - Concrete examples
- MTR – updates on progress (forwarded to the attorney through the CM)
- Regular contact throughout training for new areas to address or for feedback on progress
- Mock Trial

SENSITIVE SUBJECTS

- Interdisciplinary Training Compliance Meeting
 - Attendance/Tardiness problems
 - Lack of compliance with homework
 - Inappropriate touching (self or others)
- Hygiene
- Change in providers (DA, trainer, therapist, case manager)
- Need for therapy, risk assessment for destabilization/decompensation
- Substance use

CASE STUDY

- Rick is a twenty-year old male who resides in Hollywood, CA with his grandmother, half-sister and brother. Rick has been charged with First Degree Burglary after breaking into someone’s house under the guise of assisting a friend enter his locked home. His mother used drugs and alcohol during pregnancy and reported that Rick was born two months premature and underweight. He appears to have the physical characteristics related to Fetal Alcohol Syndrome and has been diagnosed with Intellectual Disability, Mild. He has been a client of the Regional Center since the age of three when his mother noticed that he was not meeting developmental milestones.

- He has been in special education classes throughout his career and dropped out of high school in his junior year. Rick has been arrested previously for vandalism and possession of drugs. Charges were dropped in the first case and he received a plea deal in the second. Rick is fairly independent in his daily living. He is able to cook simple meals for himself and manage his finances with the assistance of a case manager. He has never held a job for longer than several months at a time. His mother schedules all of his appointments. Competency has never been questioned before. His score on the CAST*MR is 60% in Basic Legal Knowledge, 50% in Assisting the Defense, 68% in Understanding of Case Events. When asked about his case he says “I went in because I thought my friend was locked out.”

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