Identifying traits of ASD and ADHD in prison population and developing rehabilitation during the sentence

Legal Protection and Rehabilitation 2020 – Project in Finland

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- Overview of the project
- Neurospectrum (autism spectrum and ADHD)
- Identifying neurospectrum traits among Finnish prisoners and offenders
- Neuropsychiatric rehabilitation model

Overview of the project: the project team

Minna Tuusa
Project worker

Sanna Kara
Project manager

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Psychologist

Autismisäätiö (Autism Foundation Finland)

- Established in 1998
- Currently operates in 18 locations throughout Finland
- 350 professionals
- A comprehensive selection of services for daily activities, vocational activities and supported living.

Overview of the project

Overview of the project: Target group

- Prisoners and offenders with neurospectrum traits (ASD, ADHD)

- Criminal Sanctions Agency
  - 6 prisons
  - 2 Community Sanctions Offices (CSO)
- Health Care Services for Prisoners

- Police of Finland

Overview of the project: Goals of the project

1. Ensure that legal rights of person with neurospectrum traits are met during the detention and pretrial investigation

2. Enhance recognition of prisoners with neurospectrum traits in Finnish prisons

3. Develop a rehabilitation model for this target group and organise support for them during the release.

Neurospectrum (autism spectrum and ADHD)

Autism spectrum disorder (ASD)

Characteristics of ASD

- Deficits in social communication and social interaction
  - Deficits in social-emotional reciprocity
  - Deficits in nonverbal communicative behaviors used for social interaction
  - Deficits in developing, maintaining, and understanding relationships
- Restrictive and repetitive patterns of behaviour
  - Stereotyped or repetitive motor movements, use of objects, or speech
  - Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior
  - Highly restricted, fixated interests that are abnormal in intensity or focus
  - Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment

ASD and offending

- ASD is not an independent risk factor for offending
- Comorbid psychiatric disorders and late diagonsis increases the risk for criminal behaviour. (Helverschou ym., 2015)
- ASD traits might be associated with the criminal behaviour (rehabilitation focus)

- Most common types of offending (Allely 2018, Heeramun ym. 2017):
  - violent behaviour
  - sexual offending
  - fire setting
  - obsessive harassment (stalking)
  - computer/cyber-crimes

Attention deficit and hyperactivity disorder (ADHD)

- Inattention (eg. forgetful, easily distracted, makes careless mistakes, trouble organizing tasks and activities)
- Hyperactivity and impulsivity (e.g. fidgets, taps hands or feet, talks excessively, interrupts others, ”inner restlessness”, institutional behavioural disturbances)

  - Combined Presentation
  - Predominantly Inattentive Presentation
  - Predominantly Hyperactive-Impulsive Presentation

ADHD and offending

- Risk factor for offending and recidivism
- Higher number of incarcerations and early onset of criminal activity among prison inmates
- Young offenders with ADHD may be at greater risk of acting out on the impulse to self-harm and/or to act violently toward others.
- Most common types of offending (Mohr-Jensen & Steinhaus 2016):
  - theft
  - assault
  - drug- and weapon-related crimes

Identifying neurospectrum traits among Finnish prisoners and offenders

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Identifying neurospectrum traits among Finnish prisoners and offenders: Training the staff

- Over 1000 staff members have participated in the project's training sessions
- The training focuses on:
  - Identifying prisoners/offenders with neurospectrum traits
  - How to interact with prisoners/offenders with neurospectrum traits in good co-operation
  - Recognising possible challenges prisoners/offenders might have related to their neurospectrum traits
  - How to best support prisoners/offenders with these challenges
- Support material

Identifying neurospectrum traits among Finnish prisoners and offenders: Screening tool

- Rating of the screening tool is based on prison/CSO staff observations
- Not to be used as a diagnostic screening tool
- Important to notice that many other psychological/psychiatric issues might cause the observable symptoms (e.g. anxiety, borderline personality disorder)
- The aim is to recognise the prisoner's different needs related to possible neurospectrum traits, not to categorise

Validation study of the screening tool

- The screening tool is included in the next national Comprehensive Prisoner´s Health Study in Finland
- 500 prisoners
- Self rating questionnaires, semi-structured diagnostic interviews and neuropsychological tests

Screening tool for identifying neurospectrum traits among prisoners/offenders

10 items (5 related to ADHD and 5 related to ASD) rated:

0 = “The description doesn't fit at all”

1 = “The description fits somewhat”

2 = “The description fits well”

DA = “Not enough information for assessment”

”Based on your observations how well the description fits this person”

ADHD

1. The person has trouble paying attention
2. Acts impulsively and has difficulties with self-control
3. Is overly active
4. Seems distractible
5. Has difficulties with being organized and taking care of errands

ASD

6. Conversations are not reciprocal, and the person doesn’t seem to notice this
7. Something unusual about facial expressions, gestures or the way the person carries themselves
8. Difficulties with getting along with other people
9. Has rigid behavioral or thought patterns.
10. Is oversensitive to certain sensory stimuli.

Case example from the juvenile ward

Staff member from the juvenile ward contacted the project team as they had had problems with one of their inmates.

The inmate was causing disturbance, provoked other inmates and was lacking motivation concerning the rehabilitative work and his own future.

Case example from the juvenile ward

The staff member had filled the screening tool based on her observations on the inmates behaviour. The score of the screening tool was 11 points, as all the descriptions associated with ADHD fitted well with the inmates behaviour.

He had problems with paying attention, was distractible, acted impulsively and was unable to control his behaviour.

He was also very hyperactive; he talked excessively and interrupted others, was walking around the ward and cell, and was fidgeting a lot when needed to sit down.

His belongings were around the ward and he was unable to organise his appointments and matters with social agency.

He was also somewhat oversensitive to loud noises which made it even more difficult for him to pay attention.

Neuropsychiatric rehabilitation model

Neuropsychiatric rehabilitation model

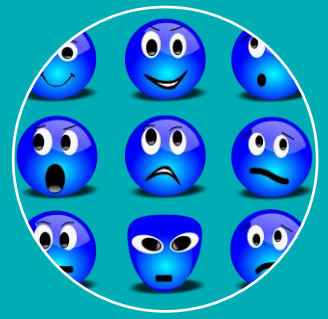
- The model is based on:
  - International Classification of Functioning (ICF) coresets for adult ADHD and ASD
  - Acceptance and Commitment Therapy (ACT)
  - Dialectical Behavior Therapy (DBT)
- Transdiagnostic approach
- About 80-90 prisoners have participated in the rehabilitation

Skills training areas in the neuropsychiatric rehabilitation model

Compensatory strategies for executive functions and attention

Arousal management

Impulse control



Emotion regulation and stress relieving

Social cognition and social interaction strategies

Rehabilitation process

Assessment and goal setting

- Client's personal needs, values and goals
- Motivation for change
- Current situation
- Important life events
- Reflective and metacognitive skills
- Psychiatric issues

Skills training

- Sessions once a week or every two weeks
- Number of sessions depends on clients needs and goals
- Also online rehabilitation possible
- Exercises are mainly based on ACT and DBT

Termination

- Discussions about ending the rehabilitation process
- Goal attainment and assessing the current situation
- Discussions about client's future goals
- Feedback from client
- Possible booster sessions

Outcomes & Feedback of the rehabilitation: Prisoners´ point of view

- How to observe, recognise and accept different emotions
- How to make mindful choices
- How to regulate intensive emotions
- How to regulate impulsivity
- Better understanding of themselves
- Enhanced self-reflection abilites
- New perspectives

Outcomes & Feedback of the rehabilitation: Prison staff´s point of view

Participated prisoners:

- Have engaged better in other prison activities
- Take more responsibility on their own rehabilitation process
- Communicate more openly about their personal issues with the prison staff
- Have gained new skills and tools for life management
- Have gained more self-knowledge and have recognised their strengths related to their neurospectrum traits
- Less institutional behavioral disturbances

Thank you!

More information

About the project

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About the screening tool

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