

# Instructor Resource Guide



## **Intellectual and Developmental Disabilities Training For Jailers**

Course ID# 2831

Continuing Education Requirement

Created: January 2025

# 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.

## **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](http://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 hold 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.
- This course may be instructed by a licensed mental health professional who possesses a master's degree or higher in a field of mental or behavioral health with at least two (2) years' experience instructing law enforcement personnel.
- This course may be instructed by a licensed county corrections officer with at least two (2) years' experience as a Jail Mental Health Officer.

**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%.

**INSTRUCTOR NOTE:**

People with Intellectual and Developmental Disabilities make up about 2-3% of the world's population. However, people with IDD make up about 4-10% of the prison population, with an even greater number of those in juvenile facilities and jails. Additionally, individuals with IDD may be in jail for longer periods of time compared to the general population.

Many individuals with IDD require consistent and robust supports in the community, and those needs remain while they are in custody. Given those factors, there is a high likelihood that correctional officers will be working with this population, and this training is designed to provide basic tools to assist.

**SUGGESTED ACTIVITY:**

- Discussion prompt:
  - What work/job experience have you had prior to this training?
  - How long have you worked in a correctional environment?
  - What experience do you have working with individuals with mental health challenges and/or intellectual or developmental disabilities?
  - What are contributing factors for why people with IDD might have frequent contact with the criminal justice system?
    - Unable to communicate wants and needs
    - Not having the needed support and/or services
    - Families and caregivers being overwhelmed

**Unit 1 Intellectual and Developmental Disabilities****INSTRUCTOR NOTE:**

Intellectual disability is the most current and appropriate term used to describe these conditions. The term "mental retardation", which still carries undue stigma and shame, is no longer used nor appropriate.

Autism Spectrum Disorder (ASD) is discussed in more detail throughout this training. When appropriate, include different types of IDD as examples, such as cerebral palsy, Fragile X, Down syndrome, etc.

**1.1 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 and should be considered for each individual.

## **1.2 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.
  - iii. Individuals can be diagnosed with a developmental and intellectual disability, but the two do not always occur together and can exist separately.
  - iv. Some individuals with a developmental disability diagnosis may present with low IQ or cognitive and adaptive challenges while others may not.
- 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 Spectrum Disorder (ASD)

## **1.3 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.
- 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. Whether mild or moderate, there may 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.

**INSTRUCTOR NOTE:**

Individuals with IDD may be more likely to be victimized, exploited, or coerced. This awareness can help correctional officers provide appropriate support, supervision, and protection to ensure the safety and well-being of these individuals.

**1.4 Identify challenges within the correctional setting for individuals with intellectual and developmental disabilities.**

- A. When working with individuals with intellectual disabilities, 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 intellectual disability diagnosis may benefit from the structure and routines which come with institutional settings. However, these settings can be quite challenging for others. For example:
    - 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.
  - iii. Some individuals do not use words to communicate but instead may use other means including technology or pictures that they do not have access to in jail.
    1. This may lead to increased frustration and limited ability to cope with stressors due to struggles with communication.
  - iv. This population may also have difficulty providing accurate information due to communication and memory challenges.
- B. When working with individuals with developmental disabilities, it may be helpful to consider:
- i. Individuals with developmental disabilities may require additional support completing day to day tasks.
  - ii. Sometimes an individual may require supports and devices to meet needs. For example:
    1. A wheelchair may be required to ambulate.
    2. A hearing aid may be needed to assist with hearing.
    3. Important safety considerations may need to be discussed in detail based on the devices needed by and accessible to the individual.
    4. Refer to department policy for safety considerations.

**INSTRUCTOR NOTE:**

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

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

**1.5 Define autism spectrum disorder.**

**INSTRUCTOR NOTE:**

Autism spectrum disorder is the current diagnostic terminology used; however, some may be familiar with terms such as 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.
- B. Associated symptoms:
  - i. Engaging in 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.
  - c. Engagement in repetitive tapping, jumping, arm flapping or other physical movements.
- 2. Some of these behaviors are sometimes referred to as stimming.
- ii. May experience sensory sensitivities.
  - 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.

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

- A. Individuals with ASD may have challenges with social communication and social interaction across multiple contexts.
  - i. Communication challenges:
    - 1. Difficulty with “back and forth” or reciprocal communication or conversation.
    - 2. May be delayed in responding to questions, so much so that answers may seem to “come out of nowhere.”
    - 3. Unable to give an accurate picture of their feelings and symptoms because of limitations in interpreting internal cues such as the need to urinate or anxiety.
    - 4. Difficulty with nonverbal communication.
      - a. Not noticing social cues, facial expressions, or body language.
      - b. Fleeting eye contact or lack of eye contact when engaging with others.
    - 5. Difficulty with receptive and expressive language.
      - a. A person’s expressive speech may sometimes give an impression of better comprehension than they actually possess.
    - 6. Frustration due to not having adaptive technology in jail that is needed to communicate effectively.
  - ii. Social interaction challenges:
    - 1. Difficulty engaging with others or forming relationships.
    - 2. Difficulty understanding another person's point of view.

3. The individual may not show interest in relationships with others or, while they may have interest, they may struggle to connect.
  4. A person may have incentive to maintain an appearance of being more capable than they are to avoid bullying by peers.
    - a. The person 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.
  5. Difficulty with peer interactions can sometimes result in unintentional conflict.
- B. The individual may have a strong preference for routines and keeping things consistent.
- i. They may have rituals that 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.
- C. 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 2 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.

### **2.1 Recognize mental illness versus individuals with intellectual and developmental disabilities.**

- 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 not have an intellectual 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.
  - 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.
  - v. 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.

## **2.2 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.

**INSTRUCTOR NOTE:**

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.

**2.3 Identify how dual diagnoses affect behavior.**

- A. When an individual has both IDD and a mental health condition, it can significantly affect their behavior.
- B. Approximately 40-60% of individuals with IDD also have a co-occurring mental health diagnosis, compared to around 20% of individuals without IDD. This includes but is not limited to:
  - i. Psychotic disorders
  - ii. Anxiety
  - iii. Depression
  - iv. Mood disorders
- C. More likely to experience increased agitations, irritation, and aggressive behaviors as a symptom of their mental health diagnosis rather than as a factor of their disability.
  - i. The IDD diagnosis tends to overshadow their mental health diagnoses and attribute these behaviors to their disability rather than it co-occurring alongside their mental health symptoms.
  - ii. Untreated mental health symptoms could continue to worsen and the individual's ability to cope may be significantly impaired.
  - iii. These individuals may experience more episodes of crisis and intervention from corrections officers due to their inability to regulate their emotions.
- D. Everyone, regardless of IDD or mental health diagnosis, communicates wants and needs through behavior.
  - i. Individuals with IDD often struggle with verbal communication, making behavior a primary way to express themselves.
  - ii. This can sometimes be labeled as having behavioral issues or being disruptive.
- E. 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.

## **SUGGESTED ACTIVITY:**

Discussion prompt: Gauge participant knowledge on trauma and IDD.

Topics to cover include:

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

### **2.4 Define trauma.**

- A. Trauma is an emotional response to a challenging event, often resulting 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.
  - iii. Anything can be traumatic for any person and trauma is defined by the individual.
  - iv. There are various events commonly related to trauma, such as accidents, abuse, or neglect.

## **INSTRUCTOR NOTE:**

Trauma impacts the brain in many ways, engaging different areas of the brain. This unit focuses on the amygdala, which is important in how the brain responds to triggers. Students may encounter working with individuals where reactions to triggers are influenced by past trauma. Having an understanding of the amygdala’s function can help with managing these situations more effectively.

### **2.5 Identify how trauma affects behavior.**

- A. The brain is wired to sense threats and keep an individual safe from harm.
  - i. The amygdala is part of the brain responsible for emotional processing and threat detection.
  - ii. The amygdala is constantly scanning the environment for sensory cues that remind it of past trauma.
    - 1. When someone experiences a traumatic event, the amygdala takes a snapshot of the sensory information from the event and stores it.
    - 2. 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.
    - 3. The brain can sometimes perceive something to be dangerous or harmful, even when it is not the case.

- B. A trigger can set off a reaction, making the person feel as if they are re-living the trauma.
  - i. Sometimes individuals are aware of things that may be triggering or distressing for them; other times they may not be.
  - ii. Examples of potential triggering situations may include:
    - 1. Feeling confused or not understanding communication from others
    - 2. Feeling out of control or trapped
    - 3. Being touched, handcuffed, or restrained by another person
    - 4. Particular or familiar smells
    - 5. Loud/disruptive/familiar sounds, such as harsh tones of voice or yelling
    - 6. Feeling exploited or provoked
- C. Upon detecting a trigger, the amygdala sends an automatic signal to the brain's response system, activating:
  - i. Fight
  - ii. Flight
  - iii. Freeze
  - iv. Appease
- D. Not everyone will respond to triggers with fight or flight.
  - i. Some may freeze, which in the correctional setting can appear as non-compliance or refusal.
  - ii. Others may appease, agreeing to what is being asked of them, even if it goes against their best interest, as it may feel safer than resisting or saying no.
- E. Some behavior responses to triggers may include:
  - i. Yelling
  - ii. Becoming aggressive
  - iii. Destroying property
  - iv. Crying
  - v. Becoming unresponsive
  - vi. Isolating from others

## **2.6 Identify how trauma affects individuals with intellectual and developmental disabilities.**

- A. 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.
- B. For people with an IDD diagnosis, their ability to override the fight/flight/freeze/appease response when triggered is also affected.

- i. Their behavior once triggered may appear exaggerated or take longer for them to calm for the following reasons:
  - 1. Lack of cognitive reserve
  - 2. Lack of coping skills
  - 3. Limited behavioral range
  - 4. Communication skills deficits
  - 5. Low frustration tolerance
  - 6. External focus of control
- C. Some people may require assistance to use their coping strategies and begin to self-soothe once triggered.

## **2.7 Identify best practices for providing trauma-informed care.**

### **INSTRUCTOR NOTE:**

A person does not have to be aware of an individual's trauma history to provide trauma-informed care. It begins with recognizing signs and symptoms of trauma. Approaching interventions from a trauma-informed care perspective can increase the likelihood the person can recover more quickly and respond to triggers more safely.

- A. Trauma-informed care involves providing the person with a sense of safety, connection, and empowerment.
  - i. Safety
    - 1. Provide safety from further trauma.
    - 2. Be honest.
    - 3. Practice calming/de-escalation techniques.
    - 4. Be open and let the person know what to expect.
    - 5. Be calm and patient and ask questions that are not accusatory.
      - a. Ex: "What happened to you?" Or "How are you feeling?" As opposed to "What's wrong with you?"
  - ii. Connection
    - 1. Identify their strengths and build rapport
    - 2. Be respectful.
    - 3. 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:**

The instructor must develop at least three (3) scenarios, likely to be encountered by learners when engaging with an individual with an IDD, to practice trauma-informed care. Each scenario must be followed by a discussion in the format determined as most appropriate by the instructor.

**Unit 3 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.

**SUGGESTED ACTIVITY:**

Discussion prompt: Why is it important to identify individuals with an intellectual and/or developmental disability?

- 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.

**3.1 Identify assessment tools used for screening and identification for an individual with IDD.**

- 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.



B. Observational Assessment Tools for IDD.

i. Inmate Activity:

1. Apparent the subject is a follower rather than leader of criminal activity.
2. May readily confess, due to lack of full understanding of the circumstances or their rights.
3. Behavior at the scene of the incident such as remaining at the scene while others left.
4. May have been used as a pawn by more sophisticated offenders.

ii. Communication:

1. Limited ability to speak or comprehend at age-normative level.
2. Marked difficulty maintaining attention or conversation.
3. Difficulty describing facts in detail.
4. May be limited verbally or repeat what has been said.
5. Atypical pitch, rate, or volume when speaking.

iii. Social Behavior:

1. Highly reactive to change, surprise, strangers.
  - a. Insistence on routine
2. Fear of touch
3. Repetitive behavior
4. Lack of awareness of personal space within the cell.
5. Non-age-appropriate behavior.
6. Extreme distress which is seemingly out of context.

C. Performance tasks to help gauge a person's functioning.

- i. If it appears an inmate is having a hard time adjusting, try asking 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.
  4. Explain how to make their bed.
- ii. If more time is needed for a person to answer the above-mentioned questions, consider reasonable accommodations to help with compliance.

**3.2 Recognize the steps 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.

- Collaboration and communication between the jail and LMHA/LBHA and LIDDA staff are important to ensure continuity of care.
  - 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.
    - 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, jail staff 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 4 Management of Inmates with Intellectual and Developmental Disabilities**

##### **INSTRUCTOR NOTE:**

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 inmates, how to make observations, and what strategies to use to respond to inmates with IDD.

##### **4.1 Identify communication strategies for individuals with intellectual and developmental disabilities in a correctional setting.**

- A. Allow time and space when possible.
  - i. Do not rush the conversation or seem hurried.
  - ii. Give plenty of time for the person to process and respond to questions or commands.

- iii. Give the person space.
- B. Be observant and use active listening.
- C. Assess language skills to help choose the level of language you use.
- D. Use simple and concrete sentences.
- E. If available, use information from others familiar with the inmate, on how to best respond.

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

- A. Use clear and simple language.
  - i. Use short, concrete commands such as “stop moving” rather than “stop resisting.”
  - ii. Avoid:
    - 1. Giving multiple commands at once.
    - 2. Using jargon or unfamiliar language
    - 3. Speaking in paragraphs.
- B. Be alert to signs of increased frustration.
  - i. Try to eliminate the source through distraction and/or redirection, if possible, as behavior may escalate.
- C. 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.
- D. Do not touch the person unless necessary.
  - i. An unexpected or unwelcome touch may elicit a fight or flight response.
  - ii. If it is necessary to touch the person, provide a warning and telegraph physical moves when possible.
- E. Avoid quick movement and loud noises.

**4.3 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 learners identify communication challenges and demonstrate communication strategies for engaging with individuals with an intellectual and/or developmental disability in a correctional setting. Possible activities for demonstration include scenarios, role-play, discussion, or answering questions about scenarios.

# 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.

- 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

# 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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:			
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
<b>*If yes, Notify Medical or Supervisor Immediately</b>			
<b><i>Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted</i></b>			
	YES	NO	<b>"Yes" Requires Comments</b>
<b><i>IF YES TO 1a, 1b,1c,or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i></b>			
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?			
<b><i>IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted</i></b>			
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.)?			

***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](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.