

CRIMINAL JUSTICE & ADHD: THERE ARE SOLUTIONS

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Presentation Objectives:

By the completion of this workshop participants will be able to:

1. Explain the importance of addressing ADHD and coordinating response throughout service systems, using new knowledge of the key components for the diagnosis of ADHD.
2. Describe an innovative partnership between the Attention Deficit Disorder Association and the Delaware Center for Justice to address ADHD in the criminal justice system.
3. Identify outcome opportunities for case managers working with persons who have involvement with criminal justice and who have ADHD.

Experiential Learning: ADHD Screening

From the Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Circle the number that best describes how you have felt and conducted yourself over the past 6 months.

	Never	Rarely	Sometimes	Often	Very Often	Score
1. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	1	2	3	4	
2. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	1	2	3	4	
3. How often are you distracted by activity or noise around you?	0	1	2	3	4	
4. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	1	2	3	4	
5. How often do you feel restless or fidgety?	0	1	2	3	4	
6. How often do you have difficulty waiting your turn in situations when turn taking is required?	0	1	2	3	4	
Total:						

A score of 11 points or higher indicates that your symptoms may be consistent with Adult ADHD.

What is ADHD?

...and how does it manifest itself in
the Criminal Justice System?

Attention Deficit-Hyperactivity Disorder

Neurodevelopmental disability present at birth, directly related to different from usual chemical signaling in the nervous system that can be passed on from parent to child and may be negatively impacted throughout life by brain trauma and injury. (*Kramer*)

Impacts the behavior, emotional functioning, learning and cognition of effected individuals.

Attention Deficit Hyperactivity Disorder (ADHD) occurs in **4.4%** of the general adult population in the United States, but has been found in **over 25%** of our adult incarcerated population.

ADHD incidences in correctional facilities may **range from 20% to greater than 50%**
(Eme & Hurley)

In Barkley's research of youth over 10 years, matched for socioeconomic setting:

- 20% of his control group were arrested, compared to 48% of the ADHD group
- Control group arrested on average 2.1 times, compared to 6.4 for ADHD group

Washington State's CHOICES Program-
Consistently reduced recidivism by ~40% over 20 years

Unfortunately, the initial mental health screenings now used by the mental health staff in United States correctional facilities do not specifically identify those with ADHD or learning disabilities.

As demonstrated by its prevalence within the prison population, the role ADHD plays in one's decision-making process is particularly relevant to issues of criminal justice.

Characteristics of inmates who screen positive for ADHD:

Distractibility

Selective Attention: focusing on one task at a time

Sustained Attention: staying on task until complete

Working Memory Deficit: forgetfulness

Increased difficulty achieving mainstream success can lead to **esteem issues**, a sense of feeling **misunderstood** and a tendency toward **alternative pathways** for finding acceptance and achievement— e.g. gangs.

Impulsivity

People with ADHD have problems inhibiting their *prepotent responses*: responses that favor short-term reinforcement at the cost of long-term outcomes.

Sense of time impairment: “Now” vs. “Not Now”

Reward Deficit: focus on immediate gratification

The need for more frequent and intense rewards can lead to **sensation-seeking behaviors**, such as **substance abuse**. (Also as a means of self-medication.)

Hyperactivity

AD/HD has been linked to an increased likelihood of developing **Oppositional Defiant Disorder** and **Conduct Disorder**, characterized by behaviors such as:

- Defiance, stubbornness, temper problems (ODD)
- Aggression, theft, destruction of property (CD)
- Other serious violations of societal rules

Initial Contact:

ADHD symptoms may set off red flags:

Irritability, restlessness, defiance of authority, inability to prioritize what's immediately important and follow instructions.

Offer elaborate explanations- **unconvincing.**

Trouble keeping story straight- **suspicious.**

Court & Judgment:

Attention impairments may make one appear unconcerned or uncooperative- **bad attitude.**

Probation & Parole:

The challenges facing all inmates upon reentry are significantly amplified for those with ADHD.

Working-memory deficit: **forgetfulness**, difficulty holding events in mind.

Sense-of-time impairment: impacts ability to prepare for upcoming events, judge the passing of time, and accurately assess time requirements— problematic **procrastination.**

ADHD impairments result in increased difficulty completing tasks and fulfilling obligations, which can result in serious problems, e.g. missed appointments.

People with untreated ADHD may enter the criminal justice system because of neurological differences. Although ADHD is not an excuse for law-breaking or inappropriate behaviors, those with ADHD are **more prone to engaging in criminal activity when exposed to a criminogenic environment.**

Once in the system, these deficits will often “snowball” into progressively worse outcomes. Inability to follow requirements set by police, attorneys, parole officers and judges can escalate legal troubles.

The challenges facing all inmates upon re-entry are significant amplified for those with the disorder. Thus, ADHD not only increases the likelihood that an individual finds themselves in corrections, but also makes it more difficult for them to successfully return to the community.

- Adults with ADHD who are incarcerated for the first time, usually have less serious offenses including misdemeanors compared to others who are incarcerated for the first time or have a significant juvenile record.
- Adults with ADHD who have multiple incarcerations are much more likely to also have a co-occurring disability or mental illness.
- ADHD frequently exists as comorbid with other disorders, and may often be masked by more obvious or visible problems.

an Innovative Partnership

between the Delaware Center for Justice (DCJ) &
Attention Deficit Disorder Association (ADDA)

The ADHD Corrections Project, started in 2010,
is a partnership between ADDA
(Attention Deficit Disorder Association)
and the Delaware Center for Justice, Inc.

Funded by Shire & Member of the CFC
(Combined Federal Campaign)

Missions of Partner Organizations

ADDA

Provides information, resources, and networking opportunities to help adults with Attention Deficit Hyperactivity Disorder lead better lives.

Delaware Center for Justice, Inc.

Non-profit agency dedicated to creating a safer, more secure Delaware by seeking to achieve and preserve a high quality of justice through an extensive range of programs, public education, and advocacy. Focus of mission includes:

- Conditions of confinement
- Alternatives to incarceration
- Reentry initiatives for incarcerated populations
- More cost-effective and efficient use of limited corrections resources
- Legislative reform as it pertains to creating a higher quality of justice
- Meeting the needs of victims of crime
- Crime prevention programs

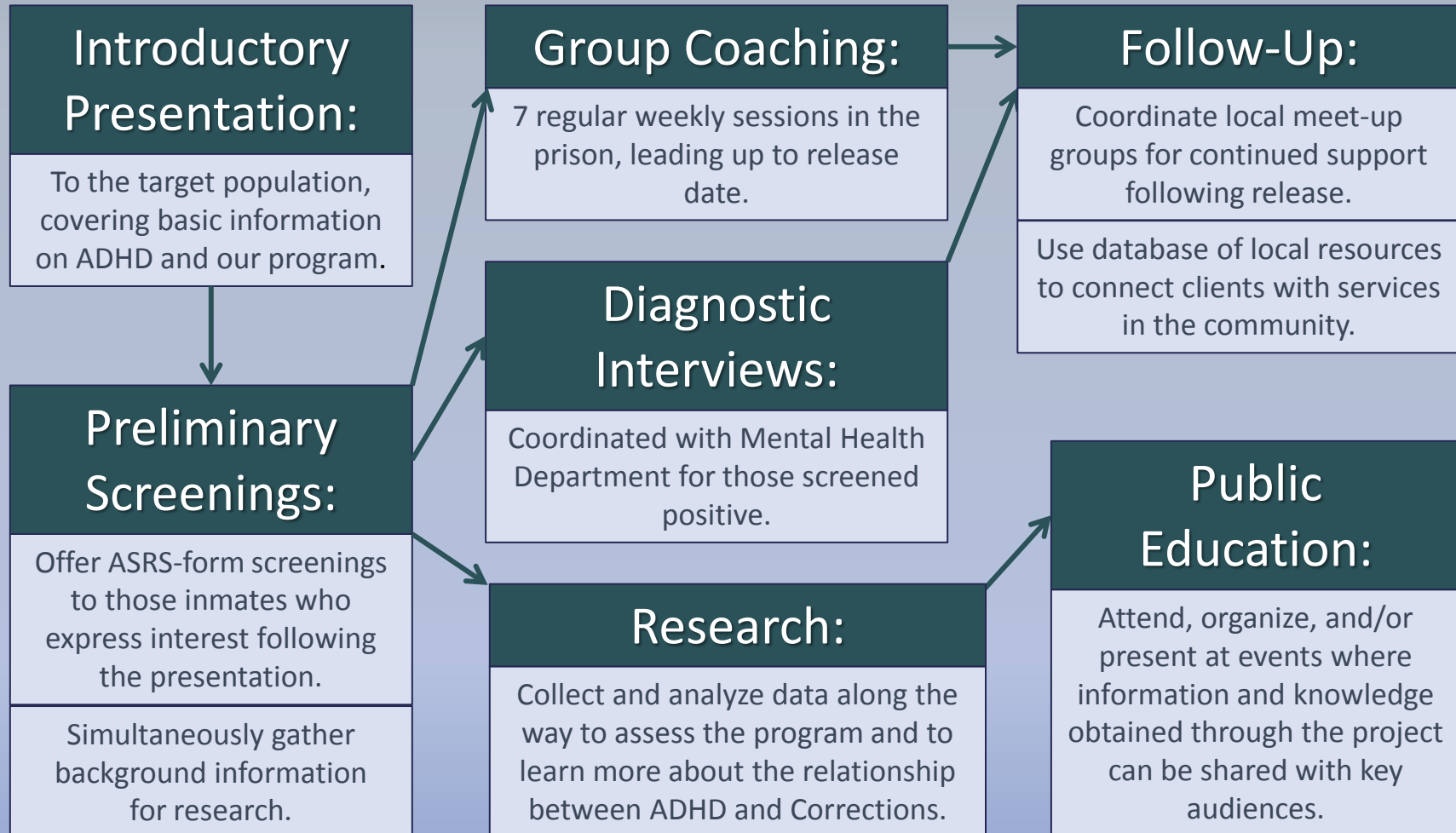
The ADHD Corrections Project

Three Step Process-

- 1) ADHD Identification
 - a) Diagnostic Screening
 - b) Comprehensive 1:1 Interview
- 2) ADHD Group Coaching Sessions
- 3) Follow-up Support

The ADHD Corrections Project:

Structure



The project targets the reentry population of local prisons in Wilmington, Delaware.

Howard R. Young Correctional Institution (also known as Gander Hill Prison) is a Level 5 men's facility in the northeast section of Wilmington.

Head Start is a reentry program with its own housing unit, which accommodates approximately 60 inmates and operates on a 3 month cycle.

Demographics of Participants

- » Age
- » Education Level
- » Driving History
- » Creativity
- » Employment History
- » Incarceration History
- » Experience with ADHD

Group Coaching Structure

- » 8 weekly sessions
- » 2 hours/session
- » Client Centered Approach
- » Participants determine relevant sessions and topics
- » Education, Activities, Reflection

Coaching Framework

- » Introductions to topics
- » Relevant readings
- » Discussions
- » Activities: journaling, thought records, use of case scenarios, task maps, functional assessments (ABC's), ADHD wheel
- » Homework Assignments

Group Coaching Topics

- » Time Management
- » Anger Management/Conflict Resolution
- » Stress Management
- » ADHD & Addiction
- » ADHD & Cognitive Behavioral Therapy
- » Relationships & Work
- » ADHD & Parenting
- » ADHD & Reentry

CBT as a Compliment to ADHD Coaching

Challenges thought processes & distorted thinking patterns

Empowers participants to move forward using CBT strategies in other areas of life: relationships, employment, re-integration into community

Develops individuals goals and values

Skills & Strategies

- » Recognizing Cognitive Distortions
- » Using Positive Talk
- » Using Guided Imagery
- » Active Listening
- » Sequential Planning
- » Conflict Resolution/Diffusing Anger
- » Accessing Resources in Community
- » Organizational Skills

Vision for the Future

Community-based Coaching Component

- » Facilitated by professional but ultimately peer run
- » Similar to AA/NA group meetings
- » Initial funding but ultimately self-supporting

Case Management Services

- » Client Centered
- » Stages of Change Model
- » Community Setting
- » Cohesive partnership with probation/parole & corrections treatment team

Case Study

By simultaneously collecting relevant background information and tracking outcomes for our participants, we continue to increase our understanding of the relationship between this disorder and the criminal justice system.

The results of this research not only demonstrate the significant (and often overlooked) connection between ADHD and corrections, but also provide valuable insights as to how we can better help our participants overcome the additional challenges to successful re-entry posed by this disorder.

Although ADHD is not an excuse for law-breaking or inappropriate behaviors, those with ADHD are **more prone to engaging in criminal activity when exposed to a criminogenic environment.**

Research: Data Collection

Research data gathered during the screening process is analyzed to further assess the influence of ADHD in Delaware's correctional institutions.

Methodology: Self-report survey

Data is current as of our most recent round of interviews in May, 2013.

*NB: Because participation in the survey and preliminary screening was offered to all interested inmates following an introductory presentation on ADHD and our program, these statistics are not intended to represent incidence of AD/HD among a random sample pool, but rather represent patterns in relevant background information among informed participants.

Statistics are based on a survey of **140** male inmates.
The average age of participants was **30.12** years old.

62.1% of participants screened positive for ADHD,
compared to **24.3%** screened negative.

(**13.6%** of results were deemed inconclusive.)

Only **55%** of those screened positive for ADHD had
ever been diagnosed. At the time, none were
receiving pharmacological or behavioral treatment.

Research: Findings

	Positive	Negative	Borderline
* Immediate Family Member with ADHD	0.583	0.000	0.667
* Extended Family Member with ADHD	1.000	0.200	0.667
Issues During Pregnancy/Delivery	0.208	0.118	0.333
Mother Used Alcohol/Drugs during Pregnancy?	0.243	0.133	0.125
Mother Used Cigarettes during Pregnancy?	0.473	0.276	0.188
Significant Developmental Delays?	0.115	0.061	0.118
Serious Childhood Medical Issues?	0.314	0.353	0.368
Serious Childhood Head Injuries?	0.372	0.353	0.222

ADHD is a hereditary disorder which may be negatively impacted throughout life by brain trauma and injury. (*Kramer*) It is estimated that **80%** of individuals with AD/HD are born with it, while **20%** may acquire it later on. (*Barkley*)

Research Findings: Educational Background

	Positive	Negative	Borderline
Highest Educational Level Completed	11.511	11.985	10.889
Ever Repeated Grades?	0.488	0.500	0.421
Considered “Problem Student”?	0.611	0.667	0.769
* Praised for Creativity	0.709	0.394	0.684
Ever Suspended/Expelled?	0.897	0.853	1.000
Ever Discontinued Courses/Dropped Out?	0.663	0.485	0.579
Average Grades (GPA Scale)	2.257	2.657	2.231

Majority are above average intelligence; however because of ADHD are less likely to “work/perform to their potential.”

Research Findings: Employment

	Positive	Negative	Borderline
Employment Status Prior to Incarceration:			
• Full Time	0.379	0.706	0.579
• Part Time	0.218	0.176	0.000
• Unemployed	0.276	0.118	0.263
• Student/Other	0.115	0.000	0.158
Length of most recent job (in months)	32.882	41.963	33.813
Ever Fired?	0.410	0.353	0.529
# of Times Fired	3.121	1.591	1.333
Ever Served in the Military?	0.047	0.061	0.000

While there was very little difference between positive and negative groups in terms of whether or not they had ever been fired from a job, there was a significant difference in the **number** of terminations between the two groups. Those screened positive were fired on average **twice as many times** as than those who screened negative.

Research Findings: Driving History

	Positive	Negative	Borderline
Have, or have ever had, a License	0.632	0.794	0.556
License Ever Suspended?	0.797	0.793	0.750
* Number of Speeding Tickets?	3.025	2.177	1.235
Ever Stopped for OUI?	0.289	0.242	0.158
Number of OUI's	1.875	1.625	2.833
Arrested on those occasions?	0.700	0.778	0.667
Number of Accidents ever involved in?	2.488	1.574	1.368

Although there was a **21%** discrepancy between the positive and negative groups in terms of possession of a driver's license, there was a difference of only **6%** in whether or not their licenses had ever been suspended. It is possible to have one's license suspended even if one does not technically possess a license. For example, one can have their license suspended for driving without a license, or for criminal charges.

More members of the positive group reported having had their driver's licenses suspended than actually possessed driver's licenses.

Research Findings: Social

	Positive	Negative	Borderline
Marital Status:			
• Single	0.609	0.529	0.526
• Partnered	0.184	0.265	0.316
• Married	0.092	0.088	0.053
• Separated/Divorced	0.115	0.118	0.105
Trouble Making Friends	0.186	0.061	0.053
Trouble Keeping Friends	0.414	0.059	0.118
Relationship Trouble	0.598	0.294	0.579
Mood Changes Unpredictably/Frequently	0.795	0.394	0.789
Trouble with Temper	0.779	0.529	0.941

ADHD can lead to social difficulties, such as trouble with self-esteem.

Research Findings: Medications, Substance Use & Incarceration

	Positive	Negative	Borderline
Took Medications as Child	0.554	0.333	0.579
On Medication Prior to Incarceration	0.452	0.235	0.474
Currently on Medication	0.453	0.353	0.474
History of Recreational Drug Use?	0.831	0.774	1.000
History of Addiction?	0.658	0.533	0.579
# of Incarcerations- Total	7.010	3.368	4.658
# of Incarcerations- Sentenced	4.574	2.917	3.250

Individuals with ADHD have a higher predisposition for **substance abuse**, both as a means of **self medication** & due to a propensity for **sensation-seeking behavior**.

Sometimes the impact of ADHD is more visible in the **number of offenses** than simply whether or not a violation occurred. Individuals with ADHD experience greater difficulty avoiding repeat offenses, thus making successful reentry even more challenging for them.

Case Study

Brief video to demonstrate either our pilot project or general impact of ADHD on experiences with the criminal justice system

AND/OR

Review of testimonials from participants in pilot project group coaching sessions

The White Paper:

*Diagnosis and Treatment of Persons
with Attention Deficit Hyperactivity Disorder
Within the Jails and Juvenile Correction Facilities of
the United States Criminal Justice System:
Why It Matters*

The ADDA ADHD & Corrections/Justice Workgroup

Purpose:

Advocate for the recognition and appropriate treatment of those with ADHD in the justice system through a **planned effort** of education/awareness and policy development.

Why Be Concerned About Adults with ADHD in U. S. Jails?

ANSWER:

- » Number of adults with ADHD in system
- » Behavioral symptoms related to ADHD challenge institutional security
- » Less likely than those without ADHD to respond positively to focused correction treatment programs such as substance abuse treatment and group therapy involving confrontation
- » Higher recidivism rate after the first and subsequent incarcerations if specific treatment for ADHD is not in inmate's treatment plan

Traditional Correctional System in U. S.

- » Primary job of Corrections is to safeguard the public and secondarily, safeguard the inmates
- » Behaviors evaluated as disciplinary issues, not mental health issues (Cultural difference between corrections & health service)
- » Disjointed treatment with emphasis on substance abuse treatment
- » Treatment of ADHD and other mental health disorders is focused on preventing suicide and emergency treatment of acute mental health issues
- » Until recently, poor identification of psychological and developmental disorders
- » Co-morbid mental health issues not identified

Adults with ADHD in Jail

- » More likely to be placed in jail pre trial because of previous minor charges, appearance of not paying attention, or erratic behavior or response
- » More likely to be bullied by others and respond with aggression
- » More likely to confess to charges even when innocent
- » Lack of social and financial resources extend stay in jail
- » More likely to attempt suicide while upset especially at time of first incarceration
- » Probably will not receive ADHD medication in jail

Benefits of Screening for ADHD in Jail

- » Provides opportunity to identify previously unrecognized behavioral challenges
- » Alerts staff to issues related to inmate clinical symptoms and formulate an appropriate response, therefore improving inmate and staff safety
- » Educates staff about an extremely common disability challenging inmates and improves the quality of staff and inmate interaction through the institution of appropriate accommodations and expectations

Benefits of Screening for ADHD in Jail

- » Reduces conduct violations and improves participation in educational, vocational and reentry programming
- » Increases post release success under supervision in the community, reducing drug use and recidivism

*Young, S. , Adamou, M., Bolea, B., Gudjonsson, G., Muller, U., Pitts, M., Asherson, P., (2011)
The identification and management of ADHD with the criminal justice system. BMC
Psychiatry, 11, 1-14.*

Public Policy Development Concerning ADHD and the Correction/Justice System

Stages of Development:

- » Information gathering and pilot program development
- » Review information on ADHD screening, diagnosis and treatment within U. S. Correctional facilities
- » Review experience within local correctional facility including success, barriers and inmate/staff evaluation of program
- » White Paper focused on specific area of correction/justice system developed with large varied group of experts and utilizing evidence based information and best practice standards.

First White Paper: ADHD and Its Management in Jail/Juvenile Facilities for the First-Time Offender

Questions?

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