

Juvenile Justice NSW

Supporting Young People who have an ID or cognitive impairment



Ruth Marshall
Principal Psychologist
Juvenile Justice NSW



Prevalence data (Intellectual Disability)

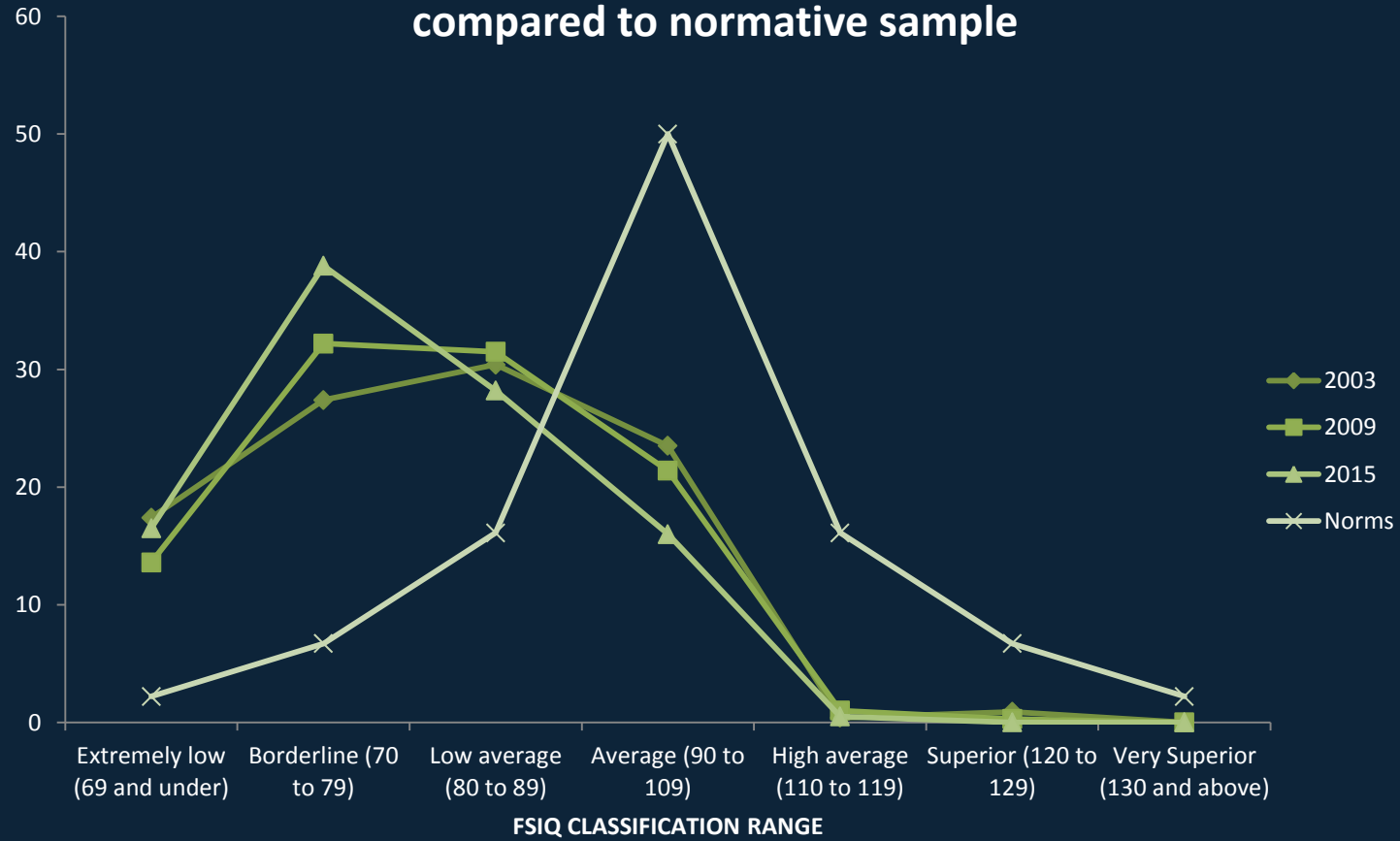
- **Range 2.3 - 3% in general population**
- **Approximately 1.8% of the Australian population**
- **Higher in males than females**
- **YPiCHS (2009)* 13.6% FSIQ <70 (Flag ID)**
- **YPiCHS (2015)* 16.6% FSIQ <70 (41.2% with valid ABAS-3 results scored a GAC <70)**

*Young People in Custody Health Survey © Juvenile Justice NSW & Justice Health & Forensic Mental Health Network



Young People in Custody Health Surveys

2003, 2009 and 2015 YPiCHS FSIQ scores compared to normative sample





Over-representation

Compared to individuals without an intellectual disability, those with an intellectual disability or cognitive impairment are more likely to be:

- arrested
- refused bail
- convicted
- sentenced to imprisonment
- receive a longer term of imprisonment, and
- serve a greater percentage of their sentence before being released on parole.....



Why do you think this is the case?



FOUR YOU SAY ANY FIN BOUT
HIS MOTHER I MUST WANT YOU
THAT YOU ARE NOT BLIGE
TOOSAY AN THIN LESS YOU
FISH AS ANY UDOO WILL BEERY
CORDED MAYBE HEAVY DENSE
GAINST YOU, STAN?



Cognitive impairment and communication

Young people with cognitive impairment will always have communication difficulties:

- 1 Expressive communication
- 2 Receptive communication
- 3 Recency
- 4 Suggestibility
- 5 Acquiescence



Can we do better?

YES we can!



Role of Juvenile Justice NSW

“Young people with an intellectual disability or cognitive impairment may be particularly susceptible to getting in trouble with the law and repeating their offending, as clients with an intellectual disability have been shown to find it more difficult to learn new adaptive behaviours to replace maladaptive behaviours, than other clients” (JJ Guidelines, page 4)

It is important that staff are able to **identify** and **support** young people who may have an intellectual disability, and that our policies and services are equal for all. Staff need to know how to work with young people who have a cognitive impairment, how to **advocate** on their behalf, when (and how) to make a referral to a JJ Psychologist for further assessment... and that support is available



Identification: WHY?

Identifying an intellectual disability can have significant implications for the young person including:

- 1 Legal (e.g. section 32 diversion)
- 2 Financial support
- 3 Educational assistance
- 4 Living supports
- 5 Supervision & intervention



Cultural considerations

- The terms ‘cognitive impairment’ or ‘intellectual disability’ may be problematic for Aboriginal people due to the racist implication that Aboriginality is the cause of lower intellectual ability
- The issue of ‘shame’ is of significant importance to Aboriginal people, and particularly for young people - a person is ‘shamed’ when they are singled out from the security of the group
- A mild disability being masked by more evident physical disabilities, substance abuse disorder or issues caused by lack of education, social and/or economic disadvantage
- Lack of culturally appropriate assessment tools
- Insufficient training



Summary: What do we know?

- **One in six (16.6%) young people in JJNSW custody obtained a FSIQ score indicating Intellectual Disability** (YPiCHS, 2015, 13.6% in 2009)
- **Most young people with an ID fall within the mild range**
- **Larger numbers have a cognitive impairment** (FSIQ range <90 = 77.3% in 2009 and 83.5% in 2015)
- **The majority have communication difficulties** (e.g. 60% UK - Gregory & Bryan, 2011; 50% Victoria - Snow & Powell, 2011; NSW - Snow et al, 2015*)
- **Poor language/communication skills** developed in childhood increases the risk of anti-social behaviour by age 14 (Smart et al, 2003; Bor et al, 2004) and higher rates of recidivism (Bercow, 2007)
- **A disproportionate number of young people with FASD** come into contact with the criminal justice system (36% WA - Bower et al, 2018)



FASD: Difficulties and presentation

- **Difficulty understanding cause-effect and therefore predicting consequences**
 - may become defensive or hostile when confronted with their behavior
- **Difficulty understanding abstract concepts such as “later”, “maybe”, “soon”, “sometimes”**
 - outbursts due to inability to delay gratification, and/or lateness or missed appointments
- **Rigidity in thinking**
 - inappropriate behaviour and/or being seen as stubborn or defiant
- **Problems with auditory processing, verbal requests being difficult to understand**
 - seemingly non-compliant behaviour
- **Difficulty interacting with others due to social immaturity**
 - often overly affectionate, keen to please and therefore easily manipulated by others
- **High threshold for pain and difficulty perceiving extremes in temperature**
 - repeatedly touches hot plates, and unaware of injury/infection

Alternative interpretations

Behaviour	Misinterpretation	Alternative interpretation
Non-compliance	<ul style="list-style-type: none"> • Deliberate misconduct • Stubborn 	Young person doesn't understand the instructions given
Repeatedly making the same mistakes	<ul style="list-style-type: none"> • Deliberate misconduct • Manipulative 	Young person can't link cause to effect and/or generalise
Often late	<ul style="list-style-type: none"> • Deliberate misconduct • Lazy 	Young person can't tell the time and/or needs help with organising
Can't sit still	<ul style="list-style-type: none"> • Deliberate misconduct • Attention-seeking 	Neurological need to move while learning and/or sensory overload
Poor social skills	<ul style="list-style-type: none"> • Deliberate misconduct • Poor parenting 	Young person has difficulty interpreting social cues from peers
Over-active	<ul style="list-style-type: none"> • Deliberate misconduct • Deviancy 	Hyper/hypo-sensitive to touch, ADHD
Can't work independently	<ul style="list-style-type: none"> • Deliberate misconduct • Poor parenting 	Young person can't translate verbal direction into action



Paradigm shift

- **Reframe** NOT WON'T BUT CAN'T
- **Refocus** on strengths
- **Restructure** with small steps and support
- **Respect** cultural background
- **Reassure** and give hope
- **Reward** meaningful goals achieved



Research: ID and MH

- **Cognitive impairment is associated with many factors that increase the risk of mental illness (e.g. deprived/disrupted childhood, maladaptive coping strategies, low self-esteem) ...and fewer protective factors**
- **An Australian study found that 40.7% of children and adolescents with an Intellectual Disability in their sample could also be classified as having severe emotional or behavioural disorders (Enfield & Tonge, 1996)**
- **People with ID have a higher prevalence of mental disorder than those without (30-40% v 10-20%) but lower levels of access/service utilisation (Ponzio & Trollor, 2012)**



Co-morbid MH diagnoses

- **Schizophrenia and other psychotic disorders**
- **Mood disorders including Bipolar Disorder and depression**
- **Anxiety disorders**
- **Post Traumatic Stress Disorder**
- **Obsessive Compulsive Disorder**
- **Eating Disorders (Pica & Rumination)**



NDIS: Advocacy role

- **Evidence of disability** with focus on adaptive functioning
Diagnosis helpful but not required
- **Permanence of disability** including psychosocial disability due to developmental trauma
- **How does the disability impact on their behaviour?**
What can the young person do, and what do they need help with?
 - Communication
 - Social interaction
 - Learning
 - Self-management
 - Self-care
- **Impact of other issues on disability** (e.g. mental illness, drug and alcohol abuse)
- **Preparation for the planning meeting... and stay involved**



NDIS: Update

- **By December 2018, Youth Justice NSW had referred 64 young people to the NDIS, and 56 had been accepted - FACS funded NGOs had referred 23 JJ clients**
- Individual packages for young people and their families including access to education, health, mental health, speech pathology, community supports and transport
- **Specialist support co-ordination for those with complex needs including developmental trauma is essential**
 - **Integrated Service Response (ISR) Unit** established to support 300 clients a year across Justice, Education, Health and FACS
 - **Complex Support Needs Pathway** tailored to meet the specific needs of young people in the criminal justice system

Since it was set up in March 2019, **100%** of young people referred have been accepted

Any questions?





Thank you