

***“Working with the Cognitively Impaired Offender:
Effective Techniques and Tools”***

**4th Annual Conference on Serving Offenders
With Cognitive Impairments
March 11, 2009
Summary Report**

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UNIVERSITY *of* ALASKA
ANCHORAGE

The “Working with the Cognitively Impaired Offender: Effective Techniques and Tools” conference was held on March 11th at the Sheraton Hotel in Anchorage, Alaska. Presentations were given by Dr. Alix MeLearen, Ph.D, and Mr. James Haaven, Ph.D., TEP, MFA. A total of 179 people registered for the conference and evaluations were collected from 126 individuals. The following is a summary of the responses from the participants.

First, participants were asked to identify their role within their community. There were 124 responses to this question of which 36.3% (45/124) selected “Other” roles, 24.2% (30/124) said “Social Service Program Manager or Director”, 21% (26/124) indicated “Direct Therapeutic Provider” and 18.5% (23/124) responded with “Correctional or Justice System Provider” (see Figure 1).

Of those that indicated “Other”, seven persons did not specify their role, seven persons are Vocational Rehabilitation Counselors (of which two are Tribal), six persons specified the role of Case Management, four persons worked in the area of Nursing, three individuals are Care Coordinators, and two persons are PCA Program Coordinators. Two people identified themselves as Service Planners. Only one person indicated they worked in each of the role titles listed below.

- I & R
- Training Coordinator
- Care Provider
- Mother of offender/victim
- Therapeutic Court Coordinator
- Residential Treatment
- Personal Care/Waiver Agency
- Department of Social Services
- Direct Care Professional
- Community Support Supervisor
- Life Coach
- Batterer’s Intervention Facilitator
- D&A Counselor
- Developmental Disabilities Supervisor
- Disability Law Center
- Case Worker
- Prisoner Re-Entry Career Development Center
- CDC Support Specialist

Figure 1 Primary Role

Response	Number	Percent
Other (specify)	45	36.3%
Social Service Program Manager/Director	30	24.2%
Direct Therapeutic Provider	26	21%
Correctional/Justice System Provider	23	18.5%

*Nine individuals selected more than one role.

Next, participants were requested to indicate their general level of satisfaction with the conference (Fig 2). There were 124 responses to this question with 49.2% (61/124) indicating they were "Satisfied", 46.8% (58/124) selected "Highly Satisfied", 3.2% (4/124) were "Satisfied Somewhat", and 0.8%(1/124) indicated they were "Not at All Satisfied".

Figure 2 General Satisfaction Level

Response	Number	Percent
Satisfied	61	49.2%
Highly Satisfied	58	46.8%
Satisfied Somewhat	4	3.2%
Not at all Satisfied	1	0.8%

Knowledge & Presentations

Participants were asked to rate their satisfaction of the presenters.

Dr. Alix McLearen was the first presenter to be evaluated. There were 85 responses received of which 69.4% (59/85) were "High Satisfaction" and 28.2% (24/85) selected "Satisfied". The remaining 2 responses showed 1 person (1.2%) being "Somewhat Satisfied" and 1 individual (1.2%) as "Not at All Satisfied" (see Fig 3a).

Figure 3a Dr. Alix McLearen

Response	Number	Percent
Highly Satisfied	59	69.4%
Satisfied	24	28.2%
Satisfied Somewhat	1	1.2%
Not at all Satisfied	1	1.2%

The second presentation to be considered was that of Mr. James Haaven (Fig 4b). Fifty-one participants returned evaluations for this presenter. Of those responding to this question, 64.7% (33/51) indicated "High Satisfaction", 33.3% (17/51) selected "Satisfied" and 2% (1/51) said they were "Not at All Satisfied" (see Fig 3b).

Figure 3b Mr. James Haaven

Response	Number	Percent
Highly Satisfied	33	64.7%
Satisfied	17	33.3%
Not at all Satisfied	1	2%

Participants were next asked to rate their satisfaction towards topic relevancy. Of the 125 responses received, 59.2% (74/125) indicated a high level of satisfaction, 35.2% (44/125) were “Satisfied”, and 5.6% (7/125) said they were “Satisfied Somewhat” (Fig 4).

Figure 4 Topic Relevancy

Response	Number	Percent
Highly Satisfied	74	59.2%
Satisfied	44	35.2%
Satisfied Somewhat	7	5.6%

Networking was encouraged during the conference and participants were asked to rate their satisfaction of these opportunities. There were 122 responses to this question with 54.1% (66/125) of the participants being “Highly Satisfied” and 35.2% showing “Satisfied”. There were 12 (9.8%) individuals who were “Satisfied Somewhat” and 1 person (0.8%) was “Not at All Satisfied” (see Fig. 5).

Figure 5 Networking Opportunities

Response	Number	Percent
Highly Satisfied	66	54.1%
Satisfied	43	35.2%
Satisfied Somewhat	12	9.8%
Not at all Satisfied	1	.8%

The survey asked whether participants have had prior exposure to training for Cognitively Impaired Offenders. Responses show eighty-two participants (65.6%) have previously had training for Cognitively Impaired Offenders and forty-three participants (34.4%) indicated this conference was their first exposure to CI Offender Training (Fig 6a).

Additionally, participants were asked to indicate the number of prior trainings they attended with 113 responses received. A total of 51.3% (58/113) indicated they have attended one or more trainings 27.4% (31/113) indicated attending at least one prior training, 15.9% (18/123) have attended two trainings, 2.7% (3/113) had three trainings, 1.8% (2/113) had four trainings, and 3.5% (4/113) indicated they have attended five or more trainings (see Fig 6b).

Figure 6a First Offender Training

Response	Number	Percent
Prior CI Offender Training	82	65.6%
First CI Offender Training	43	34.4%
Total Responses to This Question	125	

Figure 6b Numbers of Prior CI Offender Trainings Attended

Response	Number	Percent
None or None Indicated	55	48.7%
One	31	27.4%
Two	18	15.9%
Three	3	2.7 %
Four	2	1.8%
Five or More	4	3.5%
Total Responses to This Question	113	

In the following portions of the evaluation, participants were asked to consider a series of statements about their current knowledge level compared to others employed in similar positions. They were then asked about the impact this training has had on their knowledge level.

ADULT COGNITIVELY IMPAIRED OFFENDERS

Results show that prior to the training, 50.4% (63/125) felt they had more knowledge than the average person in similar positions working with Adult CI Offenders and 37.6% (47/125) feel their knowledge was average when compared with others similarly employed. Seven individuals (5.6%) indicated a great deal of knowledge, four persons (3.2%) felt their knowledge was less than average, and four persons (3.2%) indicated very little knowledge of working with Adult CI Offenders (Fig 7a).

While there were 125 participants answering the first portion of this question, there were 122 responses for the second portion. The number of participants indicating their knowledge was increased by this training was 92.6% (113/122) while 7.4% (9/122) said their knowledge level remained the same (see 7b).

Figure 7a Current Knowledge of the Adult CI Offender

Response	Number	Percent
More Than Average Person in This Position	63	50.4%
Average for Person in This Position	47	37.6%
A Great Deal	7	5.6%
Less Than Average Person in This Position	4	3.2%
Very Little	4	3.2%
Total Responses to This Question	125	

Figure 7b Enhanced Knowledge of the Adult Offender

Response	Number	Percent
Greater Knowledge	113	92.6%
Same Knowledge	9	7.4%
Total Responses to This Question	122	

ADOLESCENT COGNITIVELY IMPAIRED OFFENDERS

When working with adolescent CI offenders, 47.2% (59/125) of the participants felt their knowledge was average to persons similarly employed, 24 individuals (19.2%) felt their knowledge was more than the average person with an equal amount of people (19.2%, 24/122) felt their current knowledge was less than average. Ten individuals (8%) indicated a great deal of knowledge while 8 people (6.4%) felt they have very little knowledge of working with Adolescent CI Offenders.

Participants were then asked whether their knowledge was increased by this training. Out of 120 responses 53.2% (67/120) indicated greater knowledge while 38.3% (46/120) felt their knowledge level remained the same. There were seven individuals (5.8%) who indicated this topic was not covered at this training (see Fig 8a & 8b).

Figure 8a Current Overall Knowledge of Adolescent CI Offender

Response	Number	Percent
Average for Person in This Position	59	47.2%
More Than Average Person in This Position	24	19.2%
Less Than Average Person in This Position	24	19.2%
A Great Deal	10	8%
Very Little	8	6.4%
Total Responses to This Question	125	

Figure 8b Enhanced Knowledge of Adolescent CI Offenders

Response	Number	Percent
Greater Knowledge	67	53.2%
Same Knowledge	46	38.3%
Topic Not Covered	7	5.8%
Total Responses to This Question	120	

CI OFFENDERS RISK ASSESSMENT

The next question participants were asked to evaluate concerned Risk Assessment. Responses were received from 124 participants for the first portion of this question and 122 for the second portion. When asked about current knowledge of this topic, 54% (67/122) indicated average knowledge 32.3% (40/122) replied more than average, 8.1% (10/122) felt their knowledge was less than average to persons similarly employed and 5 people (4%) indicating they have little knowledge of Risk Assessment.. There were 2 individuals (1.6%) stating they have a great deal of knowledge working with CI Offender Risk Assessments.

When asked whether their knowledge was increased by this training, 68.9% (84/122) indicated greater knowledge, 24.6% (30/122) felt their knowledge level remained the same and 6.6% (8/122) said this topic was not covered at this training (see Fig 9a & 9b).

Figure 9a Current Knowledge of CI Offenders Risk Assessment

Response	Number	Percent
Average for Person in This Position	67	54.0%
More Than Average Person in This Position	40	32.3%
Less Than Average Person in This Position	10	8.1%
Very Little	5	4.0%
A Great Deal	2	1.6%
Total Responses to This Question	124	

Figure 9b Enhanced Knowledge of CI Offenders Risk Assessment

Response	Number	Percent
Greater Knowledge	84	68.9%
Same Knowledge	30	24.6%
Topic Not Covered	8	6.6%
Total Responses to This Question	122	

NON-CLINICAL SUPPORT STRATEGIES

The majority of persons surveyed felt their knowledge of Non-Clinical Support Strategies was average (46.4%, 58/125) or more than average (34.4%, 43/125) to persons similarly employed. There were 14 individuals (11.1%) who felt their knowledge was less than the average person, 8 persons (6.4%) indicating a great deal of knowledge and 2 persons (1.6%) who said they have little knowledge of Non-Clinical Support Strategies.

Participants were asked whether this training has made an impact on their knowledge. There were 122 responses to the question with 77.9% (95/122) indicating greater knowledge of Non-Clinical Support Strategies and 19.7% (24/122) responding their knowledge level of this topic had not changed. Three individuals (2.5%) felt this topic was not covered at this training (Fig 10a & 10b).

Figure 10a Current Knowledge of Non-Clinical Support Strategies

Response	Number	Percent
Average for Person in This Position	58	46.4%
More Than Average Person in This Position	43	34.4%
Less Than Average Person in This Position	14	11.1%
A Great Deal	8	6.4%
Very Little	2	1.6%
Total Responses to This Question	125	

Figure 10b Enhanced Knowledge of Non-Clinical Community Support Strategies

Response	Number	Percent
Greater Knowledge	95	77.9%
Same Knowledge	24	19.7%
Topic Not Covered	3	2.5%
Total Responses to This Question	122	

CLINICAL COMMUNITY SUPPORT STRATEGIES

Participants were questioned about Clinical Community Support Strategies. Responses were received from 123 participants for both current knowledge assessment and enhanced knowledge post training. There were 54 (43.9%) individuals who indicated average knowledge, 39% (48/123) indicating higher than average knowledge, 11.4% (14/123) selecting less than average knowledge, 3.3% (4/123) as having a great deal of knowledge and 2.4% (3/123) with very little knowledge of Clinical Community Support Strategies.

Enhanced knowledge post training was indicated by 75.6% (93/123) with 21.1% (26/123) showing the same amount of knowledge. The selection of topic not covered at this training was chosen by 3.3% (4/123) (see Fig 11a & 11b).

Figure 11a Current Knowledge of Clinical Community Support Strategies

Response	Number	Percent
Average for Person in This Position	54	43.9%
More Than Average Person in This Position	48	39%
Less Than Average Person in This Position	14	11.4%
A Great Deal	4	3.3%
Very Little	3	2.4%

Figure 11b Enhanced Knowledge of Clinical Community Support Strategies

Response	Number	Percent
Greater Knowledge	93	75.6%
Same Knowledge	26	21.1%
Topic Not Covered	4	3.3%
Total Responses to This Question	123	

CULTURAL ISSUES

The topic of working with CI Offenders in respect to Cultural Issues was the next question. Fifty-eight individuals (46.4%) indicated an average knowledge of this topic, 38.4% (48/125) showed more than average knowledge, 7.2% (9/125) indicated they felt they have a great deal of knowledge and 4.8% (6/125) showed less than average knowledge. The choice of very little knowledge was selected by 3.2% (4/125) of the participants (Fig12a).

On this topic, there were 120 responses to the question of enhanced knowledge post training. Fifty-three individuals (44.2%) indicated they felt their knowledge remained the same as prior to the training, 41.7% (50/120) showed enhanced knowledge of this topic and 14.2% (17/120) said this topic was not covered in this training (Fig 12b).

Figure 12a Current Knowledge of Cultural Issues & CI Offenders

Response	Number	Percent
Average for Person in This Position	58	46.4%
More Than Average Person in This Position	48	38.4%
A Great Deal	9	7.2%
Less Than Average Person in This Position	6	4.8%
Very Little	4	3.2%

Figure 12b Enhanced Knowledge of Cultural Issues & CI Offenders

Response	Number	Percent
Same Knowledge	53	44.2%
Greater Knowledge	50	41.7%
Topic Not Covered	17	14.2%
Total Responses to This Question	120	

TRAUMA AND ITS' RELATIONSHIP TO OFFENDING BEHAVIORS

There were 124 responses to this question with almost an equal amount of people selecting more than average knowledge (42.7%, 53/124), and average knowledge (40.3%, 50/124) compared to those similarly employed. Other individuals indicated less than the average knowledge 9.7% (12/124), a great deal of knowledge, 6.5% (8/124), and very little knowledge (0.8%, 1/124) of trauma and its' relationship to offending behaviors.

Post training questioning yielded 122 responses with 55.7% (68/122) respondents indicating greater knowledge as a result of this training while 30.3% (37/122) said their knowledge level remained the same and 13.9% (17/122) felt the topic was not covered in this training (see Fig 13a & 13b).

Figure 13a Current Knowledge of Trauma & Its' Relationship to Offending Behaviors

Response	Number	Percent
More Than Average Person in This Position	53	42.7%
Average for Person in This Position	50	40.3%
Less Than Average Person in This Position	12	9.7%
A Great Deal	8	6.5%
Very Little	1	0.8%
Total Responses to This Question	124	

Figure 13b Enhanced Knowledge of Trauma & Its' Relationship to Offending Behaviors

Response	Number	Percent
Greater Knowledge	68	55.7%
Same Knowledge	37	30.3%
Topic Not Covered	17	13.9%
Total Responses to This Question	122	

FASD AND/OR TBI

The next area to be evaluated was current knowledge of working with Offenders with FASD and/or TBI. There were 49 (39.5%) participants indicating average knowledge with a similar response of 38.7% (48/124) replying with more than average knowledge of working with those with FASD and/or TBI. There was an equal response of 8.9% (11/124) for the categories of having a great deal of knowledge and a less than average knowledge of working with these individuals. Five people (4%) indicated very little knowledge in working in this area (Fig 14a).

Results show that 60.2% (74/123) felt their knowledge of working with FASD and/or TBI offenders was enhanced, 30.9% (38/123) felt their level of knowledge remained the same, and 11 persons (8.9%) selected the category of topic not covered (Fig 14b).

Figure 14a Current Knowledge of Offenders with FASD and /or TBI

Response	Number	Percent
Average for Person in This Position	49	39.5%
More Than Average Person in This Position	48	38.7%
A Great Deal	11	8.9%
Less Than Average Person in This Position	11	8.9%
Very Little	5	4.0%
Total Responses to This Question	124	

Figure 14b Training Impact on Knowledge of Offenders with FASD and/or TBI

Response	Number	Percent
Greater Knowledge	74	60.2%
Same Knowledge	38	30.9%
Topic Not Covered	11	8.9%
Total Responses to This Question	123	

DISCHARGE PLANNING

The final area to be evaluated is that of discharge planning to which 41.6% (52/125) indicated average knowledge of this area, 30.4% said they have more knowledge than the average person doing discharge planning, 16% (20/125) showed less knowledge than the average person and 7.2% (9/125) as having very little knowledge of this area. Six persons (4.8%) indicated a great deal of knowledge of discharge planning (Fig 15a).

Enhanced knowledge of discharge planning was indicated by 67.5% (83/123) of the participants with 27.6% (34/123) showing the same level of knowledge as prior to the training and 4.9% (6/123) people selected the option of topic not covered in this training (Fig 15b).

Figure 15a Current Knowledge of Discharge Planning

Response	Number	Percent
Average for Person in This Position	52	41.6%
More Than Average Person in This Position	38	30.4%
Less Than Average Person in This Position	20	16.0%
Very Little	9	7.2%
A Great Deal	6	4.8%
Total Responses to This Question	125	

Figure 15b Training Impact on Knowledge of Discharge Planning

Response	Number	Percent
Greater Knowledge	83	67.5%
Same Knowledge	34	27.6%
Topic Not Covered	6	4.9%
Total Responses to This Question	123	

The last question of the evaluation asked participants to indicate the areas* they felt need additional training, information or resources. Funding was the highest concern, with 52.4% (65/124), followed closely by community infrastructure (48.4%, 60/124), assessment & treatment models (45.2%, 56/124), cultural issues (43.5%, 54/124) and staff recruitment &

retention issues (41.1%, 51/124). Legal liability issues (25.8%, 32/124) and liability insurance issues (12.9%, 16/124) showed a lesser concern by the participants (Fig 16). Room was provided for participants to write-in other areas of their concern.

Figure 16 Additional Training, Information, or Resources Desired

Response	Number	Percent
Funding	65	52.4%
Community Infrastructure	60	48.4%
Assessment & Treatment Models	56	45.2%
Cultural Issues	54	43.5%
Staff Recruitment & Retention Issues	51	41.1%
Legal Liability Issues	32	25.8%
Liability Insurance Issues	16	12.9%
Total Responses to This Question	124	

* Totals exceed 100% as participants were able to select multiple areas.

Other Additional Funding Suggestions:

- List of resources available
- More homes and people in the general field
- Youth/Teenagers with these behaviors and are offenders
- Correlate treatment with both paid and not paid support providers
- Restorative justice modalities would be helpful to offenders, victims & communities
- Cannot emphasize this need (more funding) enough
- Why do we treat violent sex offenders with pedophiles
- Inter-agency treatment team building and communication
- Program Development & Assessment
- Educate the public & businesses in employing, etc. re-entering offenders
- Online resources for offenders & those who support them; a more integrated relationship w/the native population & their services they offer.
- Job/vocational needs
- More workshops
- More collaboration between the justice system and social services and inclusion of small communities/rural
- Crisis beds & crisis respite
- Basic Re-entry Issues: Transportation; Housing; Financial; Employment
- Administration needs to attend this type of training for reality checks
- Dept. of correction cut education budget by 56%+ when they are promoting education & programs. Very frustrating!
- Housing
- Education, Stigma busting
- Training for Direct Care
- Community Acceptance
- Difficulties living in rural communities. PO's unable to be in communities enough.
- Rape & sexual abuse in prison
- Mentoring/Accountability on the job training for overcomers!

General Comments:

- Finally! Topics that can relate to a good presentation
- McLearn: Simplistic understanding of issues and people. Outdated concepts of criminal behavior. Haaven: Very knowledgeable, insightful, experienced articulate, funny. Excellent presentation. General: very little time to talk w/others. Lunch would have been better without speakers!
- It would be ideal to make this a 2 day seminar - Day 1 with Dr. Alix & Day 2 with Dr. James!
- McLearn: I like that she wanted everyone to share information resources.
- There are serious issues in implementing the Behavioral Health Model of service delivery. Our substance abuse counselors do know enough about Mental Health & our MH Clinicians do not know about substance abuse. Work Force Development Issues. Dr. McLearn: Needs time management improvement as a presenter & to improve the technological portion of her presentation. Personally, she was very knowledgeable. Would like networking opportunities outside of sessions.
- A good attempt was made to network opportunities. I would recommend a statewide publication (perhaps produced by the Mental Health Trust) which is categorized by need/service and region...then verbally networked @ next conf.
- Would suggest making "ask the experts" as an after lunch program instead of end of day. It's usually how training's end, but I find it hard to keep attention on that at end of day. Thank you!
- Would appreciate an agency list of those represented at the conference, or, how about a facebook page or twitter page to network?
- The Networking panel was a waste of time - 6 homogenous people congratulating themselves!
- Came to conference to gather information on how to best support my son and provide my part of wrap around services when he is released
- Last hour was much more helpful & meaningful, but too rushed.
- More time was needed to discuss information. Basic information needs more time to hear what others say.
- Loved the resources