

DIAGNOSIS AND TREATMENT OF PERSONS WITH
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
WITHIN THE JAILS AND JUVENILE FACILITIES OF THE
UNITED STATES CRIMINAL JUSTICE SYSTEM:
WHY IT MATTERS



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*Executive Summary of an expert white paper prepared by the
Attention Deficit Disorder Association (ADDA) and its
ADHD Correctional Health/Justice Committee*



Attention Deficit Disorder Association (ADDA)
And Its ADHD Correctional Health/Justice Work Group
White Paper Executive Summary

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Within the Jails and Juvenile Facilities of the United States
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Why It Matters**

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AN EXECUTIVE SUMMARY

In January 2014 The Attention Deficit Disorder Association (ADDA) and its Attention Deficit Hyperactivity Disorder (ADHD) Correctional Health/Justice Committee in cooperation with the National Commission of Correctional Health Care (NCCHC) released a white paper written by Janet Kramer, Judy Cox, Carol Kuprevich, and Robert Eme and edited by eleven professionals from across the nation. The forty-four page paper is available, in its entirety, on the ADDA website at www.add.org.

The white paper addresses a brief history of the project, statistics and findings to support the need for ADHD treatment in corrections facilities, and the potential benefits of solutions through awareness, evidence-based screening and diagnosis, and treatment. The paper closes with a comprehensive reference list and ten appendices both of which are likely to be helpful to practitioners as well as to grant writers, administrators, students, and academicians. Among the most important purposes of addressing ADHD in jails and juvenile corrections facilities is for the increased safety of staff and the long-term well-being of detainees.

There is much evidence supporting the incidence of ADHD in childhood and adolescence and growing evidence to indicate that issues related to ADHD persist into adulthood and affect about 4.4 percent of the general population and, likely, a higher percentage of the incarcerated population. Perhaps the first solution toward addressing ADHD in the jails and juvenile justice populations is to educate persons in the justice arena about ADHD, its prevalence, and the impact on daily functioning in the facilities. This is referred to as awareness. Additionally, policies and procedures should be established for screening. Ideally, all inmates should be screened.

Screening is a process to identify those who may have ADHD. Facilities can gather information from the observations of facility staff, a review of available records, health history, and through the use of standardized questionnaires such as the World Health Organization Adult Self-Report Scale Screener, a 6-item scale and the Barkley Quick-Check for ADHD Diagnosis Screening tool. The protocol that a facility writes might include questions as developed by Robert Eme, Ph.D. in 2012. The five simple questions include: *Are you easily distracted? Do you have difficulty sustaining attention? Do you have difficulty prioritizing work? Do you have trouble planning ahead? Do you have difficulty completing tasks on time?* If the response to any of these is often or very often it may be indicative of the influence of ADHD. ADHD is defined by the core signs of inattention, hyperactivity, and impulsiveness.

For inmates who screen positively for having signs and symptoms of ADHD further assessment is needed. Assessment is completed by a licensed mental health professional or a trained interviewer. The numerous assessment options to use include a structured interview instrument such as the Mini International Neuropsychiatric Interview-Plus and others. Diagnosis is made based on interviews, historical data when available, staff reports, tests, and family and self-reports. After a diagnosis is made effective treatment is indicated.

Effective treatment for the offender with ADHD focuses not only on best practices in overcoming impairments in executive and management functions associated with ADHD but also impairments in co-occurring psychiatric disorders which are commonly co-morbid. The efficacy of medications for alleviating the symptoms of ADHD and for improving adherence to other treatment programs is well established. Medication is the cornerstone of ADHD treatment. A 2012 Swedish study by Lichtenstein, and others, compared the rate of criminality for 25,656 persons with ADHD while they were receiving medications to times they were medication free. Findings demonstrate decreases in impulsive urges which may also prevent re-offending.

Adult prescriptions for stimulants and other medications require special considerations due to the presence of other physical and emotional problems requiring medications that may interact badly with stimulants. Prescribing controlled substances in correctional settings can create challenges for the correctional setting but the significant functional benefit for inmates, and thus, for the correctional staff, make it worthwhile to address. There is demonstrated capacity for providing the level of security needed to provide these medications and there are, in individual cases, non-stimulant medications that may be an option. Additionally, the abuse potential for stimulants is often overstated and usually by professionals who are not familiar with the effects of stimulants in the treatment of ADHD. Overall, the potential benefits of treatment appear to outweigh the potential risks.

Besides pharmacological interventions there are psychological interventions that may be effective for persons with ADHD. Cognitive behavioral treatment, applied behavior analysis, and coaching as well as specific psychological interventions for co-occurring mental health issues are aimed at improving strategies for self-control and reduction of antisocial attitudes and behaviors. An inmate with ADHD, who receives treatment, can learn to successfully follow rules and demonstrate appropriate behaviors and language toward successful treatment completion within the correctional setting.

Three ADHD treatment programs developed for correctional facilities include CHOICES developed as a diversion program for adults who screened positive for ADHD. It is now being used in Washington State, California level V facilities as well as New Zealand and Australia. Another program was started as a controlled trial in Iceland and is now used in forensic psychiatric settings in England and Canada. It is called the R&R2 ADHD or The Reasoning and Rehabilitation Program. In Delaware, the ADHD Corrections Project was piloted in re-entry units of adult facilities. Coaches and educators work with inmates to help them understand the impact of the ADHD on their lives and how to access community resources for a successful and planned re-entry. This program is expanding to other facilities for both adults and juveniles.

In summary, addressing ADHD within jails and juvenile facilities in the United States criminal justice system does matter. By increasing awareness, screening and diagnosing ADHD among this population and providing effective interventions, our jails and juvenile facilities can become safer environments for inmates and for staff. Inmates who receive individualized treatment for ADHD have a greater chance of successful transition back to the community, and recidivism can be reduced, thus limiting the rampant overcrowding of our facilities.