Learning Disabilities and Learning Difficulties Practice Guidance
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Helping Offenders with Learning Disabilities and Learning Difficulties

This toolkit is intended as a guide for working with offenders with learning disabilities or learning difficulties. It is not definitive but provides a brief overview of the learning disabilities and difficulties you are most likely to come across in your work with offenders.

Each section is broken into:

- Brief definition
- Signs to look out for that may help staff recognise when a person may have a learning disability/difficulty
- Practical tips for good practise in working with people who have learning disability/difficulty

First though is a clear definition of what we mean by learning disabilities and learning difficulties.

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<th>Learning Disability</th>
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<td><strong>Definition:</strong></td>
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<tr>
<td>• A significantly reduced ability to understand complex information or learn new skills (impaired intelligence)</td>
<td>• A specific learning difficulty is defined by specific problems processing certain types of information - essentially make it more difficult to learn</td>
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<tr>
<td>• A reduced ability to cope independently (impaired social functioning)</td>
<td>• It does not affect the overall intelligence (‘IQ’) of a person</td>
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<tr>
<td>• A condition which started before adulthood and has a lasting effect (NB can acquire LD in adulthood through brain damage)</td>
<td>• It is common for a person to have more than one specific learning difficulty and/or other conditions</td>
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<td><strong>Important to know:</strong></td>
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<tr>
<td>• To be identified as having a learning disability a person’s IQ will measure below 70, and the person will struggle with comprehension and/or social functioning</td>
<td>• The needs and challenges of people with learning difficulties vary tremendously, so everyone needs to be treated as an individual</td>
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<tr>
<td>• Affects the cognitive functions of the brain</td>
<td>• Some types of specific learning difficulties include: dyslexia, dyspraxia, dyscalculia, ADHD, ADD, Autism and Asperger syndrome</td>
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<tr>
<td>• Not a mental illness, is a lifelong impairment</td>
<td>• People with borderline learning disabilities have IQ scores 70-72 - significantly below average, but not enough to be considered a learning disability</td>
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<tr>
<td>• Also known internationally as ‘Intellectual Disability’</td>
<td>• People with borderline LD are not eligible for statutory social care support</td>
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Learning Disability

Definition of a learning disability:

- A significantly reduced ability to understand complex information or learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning)
- A condition which started before adulthood (18 years of age), and has a lasting effect

Department of Health, 'Valuing People' White paper (2001)

It is estimated that 1.2 million people in the general population of England have a mild or moderate learning disability (Valuing People, 2001). To be considered having a learning disability the person must have an IQ below 70, and be identified as having impaired social functioning, struggle with everyday tasks or have communication difficulties. A person with learning difficulties will be especially vulnerable in stressful situations.

Most people with learning disabilities look the same as the general population. Learning disability is not an illness and cannot be cured like some mental health problems. A person with learning disability is more vulnerable to bullying, exploitation and negative influence.

Case Study

I was managing a repeat offender with alcohol related violence problems. After working with my local Community Learning Disability Team to get him assessed as having a learning disability, a varied package of support was put in place. This combined the specialist interventions from the health and social care professionals and the offending behaviour measures used by the probation service, and was adapted to match this person’s level of understanding.

One of the simple but effective tools we developed was to create a poster of pictures to address the ‘cycle of change’ in tackling his offending behaviour. He drew pictures of things that made him feel safe and calm, for example, walking the dog, listening to music, etc. and whenever he felt stressed or felt the need to drink he would look at the pictures and felt safe and able to cope.

MAPPA Probation Officer
Thames Valley Probation
No two people with learning disability will be the same or have exactly the same needs. It is essential to treat everyone as an individual. Below are some common areas of difficulty.

**Possible difficulties:**

- Filling in forms
- Explaining things
- Understanding and/or following instructions or directions
- Managing a home; cooking, cleaning
- Looking after their personal hygiene
- Concentrating for a long periods of time
- Managing money and bills
- Tell the time, and be aware of passage of time
- Keeping appointments
- Remembering information
- Using public transport
- Reading, writing and comprehension
- Understanding social norms

**Case Study**

I became aware of a suspect with known learning disabilities who also suffered from depression. The police were aware of his conditions and asked him if he would prefer to be in a cell alone or with other people (because of his depression). He chose to be with other detainees in a single cell, but because of his manner and his level of understanding he was badly bullied by the others.

He had not realised this may happen as he was not familiar with the criminal justice system. This case highlights how important it is to make sure any options or questions posed to a person with learning disabilities are fully explained and that the person is supported to fully understand the consequences of any decisions that they make.

*Mental Health Nurse Offender Health and Social Care Team*

*Yorkshire and Humber Improvement Partnership*
Practical tips:

• Ask appropriate questions to assess the person’s level of understanding
• Enlist support of appropriate agencies
• Help with filling in forms
• Send text reminders of appointments
• Keep information simple
• Use pictures and drawings to help explain things
• Keep meetings short, and take breaks

How can you tell if someone might have a Learning Disability?

You may want to ask some of the following questions (remembering the sensitive nature of this area):

• Can you tell me where you live?/Can you tell me who you live with?
  This might show if the person is still living with their parents or in supported accommodation with staff helping them.

• Do you have anyone to support you like a social worker, doctor or nurse?

• Is there anyone who helps you with things like paying your bills, cleaning or cooking?

• Where did you go to school/Did you have extra help at school?
  Try to find out if the person went to a specialist school. The person may not see their own school as a ‘special’ school. They may have gone to a mainstream school but had extra help in class.

• What do you usually do in the day?
  Try to find out if they attend a day service or supported employment, for example.

• Have you ever been in hospital/?How long for and when/?Do you know the hospital’s name?
  This may help to find out if they have used local learning disability or psychiatric services. It may also provide clues about their physical and mental health.
• Do you sometimes find it hard to understand what other people are saying?
Some people will not have used learning disability services before, so questions about how they understand and cope may reveal a condition that needs further assessment.

• Can you tell me how old you are?/Can you tell me when your birthday is?

• Can you read? Can you write?
Ask the person to read some simple text aloud, or write down a simple sentence.

• Can you tell me what time it is?
If the answers given lead you to think the person may have a learning disability, or a similar condition that affects their ability to communicate and cope with the criminal justice system, it is recommended that you contact the appropriate health or social care professionals.

‘Positive Practice Positive Outcome’ (Department of Health, 2011)
Dyslexia

Dyslexia is not only related to literacy problems, though difficulties with reading and writing are usually present. Literacy difficulties may be the most visible sign of dyslexia, but it also affects other aspects of processing information. This could include problems with memory, not being able to process large amounts of information, finding it hard to be organised and not being able to sequence events. Dyslexia is classified as a specific learning difficulty.

It is estimated that 10% of the population are mildly dyslexic, with 4% being severely affected. Dyslexia is not connected to IQ, rather the dyslexic brain works in a different way. Though there are challenges connected to dyslexia, there are also positive traits found in people with dyslexia. They can be good communicators, have good understanding of the workings of computers and machinery, be great trouble shooters and be able to think creatively and laterally.

Case Study from the British Dyslexia Association Helpline

My son is 17 years old and has severe dyslexia and dyspraxia. He is easily led and unfortunately got in with the wrong crowd. Some of the members of the group were involved in criminal behaviour and there were arrests, including my son, although he was only on the fringes of things.

At the Police station I told them of his difficulties, but he was cleared by the Police Surgeon (Force Medical Examiner) as fit for interview. During the interview he was asked things in a random way, out of chronological order. He couldn’t remember and provided inconsistent answers becoming increasingly confused, stressed and inarticulate.

He was charged and subsequently convicted.

(From Good Practice Guide for Justice Professionals by British Dyslexia Association)

No two people with dyslexia will be the same or have exactly the same needs. It is essential to treat everyone as an individual. Below are some common areas of difficulty.

Possible areas of difficulty:

- Reading, writing and spelling
- Following directions
- Getting dates, numbers and events in the right order
- Remembering appointments
• Time management/meeting deadlines  
• Processing a lot of information at once  
• Difficulty taking in information effectively  
• Delay between hearing something and understanding it  
• Poor short term memory and working memory  
• Lack of verbal fluency and lack of precision in speech  
• Word-finding problems  
• Inability to work out what to say quickly enough  
• Particular difficulty with unfamiliar types of language such as legal terminology, acronyms  
• Weak listening skills, a limited attention span, problems maintaining focus  
• A tendency to be easily distracted, inability to remain focused  
• A heightened sensitivity to noise and visual stimuli  
• Impaired ability to screen out background noise or movement  
• Sensations of mental overload / switching off  
• Poor directional skills, mixing up right and left  
• Visual stress when reading; distorted/blurry/moving text  
• White paper can make print hard to read

Practical tips:

• Be clear in explaining new situations, helping the person concerned understand why they are there, what they can expect to happen, and when this may happen  
• Signpost what you are going to do. E.g. ‘Peter I am now going to ask you some questions’  
• Avoid acronyms, abbreviations and specialised language  
• Emphasize important words and concepts  
• Be patient and calm, and don’t rush the person you are talking to. They may need more time processing what you are saying and thinking about their answers  
• Break larger pieces of information into smaller chunks. Take breaks  
• Use list with bullet points rather than paragraphs when explaining what the person needs to do  
• Use visual aids, like drawings or photos when communicating  
• When talking about events that have happened, talk about them in chronological order of when they happened  
• Make questions precise and not general. E.g. ‘Where were you yesterday afternoon?’ rather than ‘Where have you been recently?’  
• Check that the person has understood what has been said
• Provide simple written instructions if the person struggles with taking in verbal information

• Make written material available in the format most accessible to the person. This could include a plain font size 14, using pastel coloured paper or using transparent coloured overlays

• Don’t assume the person can take notes while listening

• Summarise key points at the end of a meeting

• Make sure your expectations are appropriate

• Be flexible

The best way to help meet the needs of someone with dyslexia is to get to know their individual challenges and strengths. This will enable you to provide appropriate assistance. A to do list with bullet points will help someone struggling with sequencing, but not someone who can’t read. Pictures could help one person feel in control of what is expected of them, but be insulting to a person who is comfortable with written instructions. If you are unsure, ask the person in a direct and non-judgemental way.

Case Study highlighting Specific Learning Difficulties under stress

CJ’s performance in court demonstrated the impact of stress on a normally sociable communicative individual. A slight delay between hearing something and understanding it meant that CJ was unable to give an immediate response but suffered a ‘penny dropping’ delay before being able to work out what the question was asking.

Sometimes his answer would reveal that he had missed the point, sometimes pronunciation difficulties would cause him to stumble or he would mix up his words. Being aware that he was making a poor impression, his stress worsened until he was barely audible.

Midway through the proceedings, he had reached mental overload and was unable to think clearly.

Afterwards, although he won his case, CJ could only comment: “I went completely to pot there!”

(From Good Practice Guide for Justice Professionals by British Dyslexia Association)
Dyspraxia

Dyspraxia means that a person will have impaired movement, but the person may also struggle with language, perception, thought and organisation. The person may appear slow and hesitant. Other signs could be having poor posture, poor coordination and balance.

A person with dyspraxia can appear anxious, easily distracted and often have difficulty judging how to behave in company. Finding their way to an unfamiliar venue can be challenging.

The condition affects 10% of the population, with 2% being severely affected. Males are four times more likely to have dyspraxia.

Case Study

I was called to assess a repeat offender with alcohol related offending behaviour. He kept missing appointments with his Probation Officer. I asked some simple (closed) questions, such as, ‘Do you know the alphabet?’ to which he confidently replied ‘Yes, I do.’ But then I asked him to say the alphabet aloud and he could only get as far as the letter ‘D’ before making several mistakes. Also, he could not tell the time in the 24-hour clock format in which his appointment letters had been written (for example, 13.30).

It is very common for people with learning disabilities and learning difficulties to try to mask or hide their lack of knowledge. The role of the professional is to show the person that they can trust them and encourage the person to share information about themselves.

Senior Psychologist
Kent Probation

(from Positive Practice Positive Outcomes by the Department of Health)
No two people with dyspraxia will be the same or have exactly the same needs. It is essential to treat everyone as an individual. Below are some common areas of difficulty.

**Possible areas of difficulty:**

- Planning and executing actions (language based and practical tasks)
- Unclear speech; irregular pace and volume of speech
- Problems conveying ideas when communicating
- Awkward handwriting
- Difficulty understanding others’ needs
- A tendency to take things literally
- Poor short term memory
- Difficulty in sequencing; finding organisation and decision making hard
- Time management; poor understanding of time or urgency of situations
- Lack flexibility when it comes to change and new routines
- ‘Sensory overload’ because of inability to screen out background distractions
- May appear rude and brusque
- Fail to register body language
- Difficulty riding a bike, playing sports or driving a car
- Tendency to fall, trip, bump into things and people
- Difficulty starting and stopping actions
- Struggle with dressing and grooming; make up, shaving, buttons, laces
- Difficulty telling left from right
- Over sensitive to light and touch

**Practical tips:**

- Be clear in explaining new situations, helping the person concerned understand why they are there, what they can expect to happen, and when this may happen
- Signpost what you are going to do. E.g. ‘Peter I am now going to ask you some questions’
- Avoid acronyms, abbreviations and specialised language
- Emphasize important words and concepts
- Be patient and calm, and don’t rush the person you are talking to. They may need more time processing what you are saying and thinking about their answers
- Break larger pieces of information into smaller chunks. Take breaks
- Use list with bullet points rather than paragraphs when explaining what the person needs to do
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• Check that the person has understood what has been said
• Provide simple written instructions if the person struggles with taking on verbal information
• Make written material available in the format most accessible to the person. This could include a plain font size 14, using pastel coloured paper etc
• Don’t assume the person can take notes while listening
• Summarise key points at the end of a meeting
• Make sure your expectations are appropriate
• Be flexible
• Help person use post it notes as reminders
• Don’t fill cups too full
• Let the person sit down to do tasks

Case Study highlighting reliance on assistive technology.
I work for an I.T. company and rely absolutely on my technologies. For example I have 3 reminder systems to keep me organised. When I give presentations, the PowerPoint slides work as prompts. At work they have no problem in allowing me to record meetings and discussions so I can go back over them and check what was said.

But when I went to court for my hearing I could not cope at all. I am used to keeping all the information I need in my organiser but in court I had no way of accessing the details they wanted since I could not accurately recall what happened when.

If I could have had the questions written down or seen them on a screen I would have managed better but apparently I kept answering the last part and ignoring the rest.

I could not remember if I was repeating myself or making a new point and I had no solicitor to guide me, just my friend McKenzie.

Worst of all, at the end I could not be sure what had been established and was not allowed a transcript of the proceedings. It was all extremely stressful and frustrating.
Dyscalculia

Dyscalculia is the name given to describe inability to understand simple number concepts and to gain basic number skills. There are likely to be difficulties dealing with numbers at very elementary levels and therefore with learning number facts and procedures, telling the time, understanding prices and dealing with money and financial matters.

Dyscalculia may exist independently as a specific cognitive deficit, or it may co-exist with other Specific Learning Difficulties like dyslexia and dyspraxia. When working with someone with dyscalculia the information under dyslexia and dyspraxia could give added ideas of how to work with this person.

It is believed that 3 – 6% of the population have dyscalculia.

Case Study highlighting Dyscalculia

Mr M was always very poor at numbers and mathematics from his earliest years in school.

He was shouted at and bullied because of his poor performance.

Specialist assessment showed he lacked innate understanding of numeracy: dyscalculia.

As an adult, he gained employment as a hairdresser in a prestigious London salon.

A partner was taken to court for money laundering.

Mr M was also summoned, accused of fraud and had to attend a prolonged trial. His defence was: he never dealt with money, bank statements or had any idea of costs. He still lost his job because of his possible link with criminal activity.

No two people with dyscalculia will be the same or have exactly the same needs. It is essential to treat everyone as an individual. Below are some common areas of difficulty.
Possible difficulties:
• Counting
• Calculation of even simple sums
• Numbers with 0 in them
• Measuring
• Handling money
• Telling time
• Understanding concepts around speed or temperature
• Spatial orientation
• Following directions to a location
• Map reading

There is less research into what helps when working with people with dyscalculia that for people with dyslexia. Please refer to the Practical tips under Dyslexia for further ideas of how help people with dyscalculia.

Practical tips:
• Make sure the person can understand time to access appointments etc.
• Mobile messages to remind person of important meetings
• Provide access to help with finances
• Give very clear instructions on new locations
• Check for understanding of any concept including numbers e.g. speed, alcohol units
ADHD

What is it?

• Attention Deficit Hyperactivity Disorder. If no ‘hyperactivity’ present then ADD. ADD much less common

• 3 major aspects:
  - Inattention/distractability: difficulty focusing on tasks, listening for long periods and easily distracted by external stimuli or one’s own thoughts
  - Impulsivity: lack of inhibition which could show itself as the need for instant gratification
  - Hyperactivity: restlessness and over-activity, both physical and mental

• More common in childhood but does continue into adulthood

• Medication often taken

• ADHD has a genetic component, so a person is more likely to have it if parents or siblings have ADHD

• ADHD is not associated with purely social factors, like poor parenting, family stress, divorce, poor diet, excessive TV or video game viewing, although some of these can exacerbate pre-existing condition

• Common for sufferers to have co-morbidity with other learning difficulties

Case Study

“When I worked as a criminal practitioner I was involved in the case of ‘Ernie’ and ‘Patty’, both teenagers. A rusty revolver had been found in Ernie’s home. When it was suggested that Ernie had the revolver so that he and Patty could rob a post office, he agreed. I was their solicitor for the subsequent criminal proceedings.

Every time I spoke to Ernie to prepare his case he flew into a rage and demanded to know why I was questioning him. I could get no satisfactory instructions, except that he and Patty did not intend to rob anyone. They were tried at the Old Bailey. Ernie’s own counsel asked him “Did you intend to use this revolver to rob a post office?” Ernie said “Yes.” He was asked the question again and replied “No”.

Ernie and Patty received long prison sentences. I was baffled at the time. I now suspect that Ernie was severely dyslexic and probably also had Attention Deficit Hyperactivity Disorder. He was unable to cope with questioning either by me or the police. He would sign anything to end an interview. The court proceedings were completely beyond him.”

(from Good Practice Guide for Justice Professionals, 2012)
Signs to look for

- **Hyperactivity:**
  - Squirm in seat or fidget
  - Inappropriately leave seat
  - Appear driven or “on the go”
  - Talk excessively

- **Impulsivity:**
  - Answer questions before they are asked
  - Trouble waiting his/her turn
  - Interrupt others

- **Inattention:**
  - Fail to pay close attention to details or make careless errors in work or other activities, poor listening skills
  - Problems listening for info when someone is talking/reading and expecting them to listen
  - Trouble keeping attention on tasks
  - Difficulties listening in distracting environments, e.g. classroom
  - Not appearing to listen when being told something
  - Neither follow through on instructions nor complete chores (not due to failure to understand or a deliberate attempt to disobey)
  - Trouble organising activities and tasks
  - Dislike or avoid tasks that involve sustained mental effort
  - Lose materials needed for activities (assignments, books, pencils, tools)
  - Easily distracted by irrelevant information
  - Forgetful

- Not paying attention to things for very long, may appear ‘dreamy’ and lack concentration

- Easily get irritable, impatient or frustrated and lose temper quickly

- Being restless and impulsive, can lead to risk taking with little concern for safety or consequences

- Blurt out inappropriate comments

- Siblings/parents with ADHD diagnosis

- Slow speed of processing written and spoken language

- Can go off on tangents

- Continually starting new tasks before finishing old ones

- Word finding problems, e.g. “thingy”, “you know what I mean”

- Positive traits can include: creativity, enthusiasm, a quick mind, high energy level

- ADD more common in females and characterised by anxiety, sluggishness and daydreaming

- ADD sufferers less aggressive, overactive and impulsive
Case Study: An experience of living with ADHD

I had an issue controlling the amount of alcohol I drank, and had a problem with my temper, especially during premenstrual times. I was frightened I was going to physically hurt my child when I lost my temper, so my GP suggested I try SSRIs (Selective Serotonin Re-uptake Inhibitors) for pre-menstrual tension. These worked really well, and I still take medication daily. I did however continue to indulge in high-risk behaviour, which led to a serious motorbike accident that left me disabled. A few years ago I stopped drinking alcohol because I finally realised I only drank to get drunk; but I almost immediately developed problems with anxiety and mild obsessive-compulsive disorder. My GP doubled my dose of SSRIs, which has helped a lot. I have also recently stopped smoking cannabis on a daily basis – something I had done for nearly 25 years.

I realise now, from the stories my father has told me about his behaviour (being in trouble with the law, under-achieving at school, oppositional defiance, alcohol abuse, and so on), that he also probably would have had a diagnosis of ADHD if he was a child today.

(from ADHD: NICE Guidelines, 2009)
Practical tips

• Sufferers will often have feelings of low self-confidence, vulnerability, depression, and performance anxiety due to lost opportunities and low productivity - these will not always be overt

• Develop confidence by helping them identify the negative attitudes and habits and instead build skills

• People do grow out of ADHD, so time and maturity can be key

• Cognitive Behavioural Therapy (CBT):
  - Find ways to make sure important tasks are done, e.g. help with organisational skills
  - Find ways to organise life better
  - Put self-critical thoughts into perspective
  - Reduce unhelpful feelings of anxiety

• Encourage individual to:
  - Seek healthy ways to let off steam, e.g. gym, running, dancing
  - Try relaxation methods, e.g. listening to music, relaxation/breathing techniques
  - Tell people, but not use as an excuse
  - Ask for help, but be specific about what they need
  - Get feedback about how they affect others, also when they do things well
  - Use structure and prioritise, e.g. make lists, reminders
  - Respond to boring tasks quickly - OHIO (Only Handle It Once)
  - Accept that some things are just difficult
  - Plan for difficult meetings or conversations, anticipate problems
  - Learn to tolerate moods without panicking or catastrophising

• Allow them to call a “Time Out” when struggling to cope in a session, give them a break to regain focus and attention
Autism spectrum & Asperger

What is it?

- Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. (Autistic Society 2012)
- It is a spectrum, including conditions such as Asperger's syndrome, Mild or High Functioning Autism, Classical Autism and Kanner's syndrome
- An impairment of social skills - spoken and body language
- People with autism generally have average to low IQ
- More common in males
- Autistic Spectrum conditions are defined as a mental disorder and not a learning disability, it’s complicated by the fact that historically people with Autism etc have been dealt with by LD services
- Also complicated by the fact that you can have Autism and have an IQ in the normal range, so clearly not having a learning disability but then some people will have Autism and have a learning disability
- Autism is more common in people with LD but Autism does not equate to LD
- People with Autism and an IQ >70 are seen within working age adult services providing they have a mental health need

- Asperger Syndrome is a form of autism
- People with Asperger Syndrome often have average or above average IQ
- Live with a continual high level of stress and anxiety, so reach overload very quickly
- They do not usually have the accompanying learning disabilities associated with autism, but they may have specific learning difficulties. These may include dyslexia and dyspraxia or other conditions such as ADHD and epilepsy
- With the right support and encouragement, people with Asperger syndrome can lead full and independent lives
Case Study

John is an adult with Asperger syndrome in his early 40s. His mother had prepared him for most situations where he might become a victim of mugging. He had learned to avoid dark places, places where there weren’t many people, and to use taxis if he was out later in the evening. He was not prepared to be surrounded by a gang of youths on a Saturday afternoon outside a store. The gang asked him if he had money. He said he hadn’t. They then asked him for his watch, which he handed over. He could have drawn attention to what was happening or stepped back into the store but he hadn’t been taught how to deal with this situation.


Signs to look for

• Can be easily overloaded by sights, sounds and smells in busy places. In a crowded area, they may hear every conversation as loudly as the next – makes it impossible to focus on what you are saying to them and increases stress and anxiety

• When overloaded, may rock, tap, talk incessantly, pace or ask repetitive questions to try to keep control of themselves

• If unable to cope then may lead to Fight (lash out- verbally or physically), Flight (try to run away) or Freeze (withdraw into themselves and become unresponsive)

• Fight, Flight or Freeze are attempts to escape overload - they are not in control of themselves

• People with autism may experience over or under sensitivity to Sounds, Touch, Tastes, Smells, Light, Colours

• Good memory and attention to detail

• Learn better within a context and may be able to read, write and comprehend at a higher level in a personal or vocational interest area

• May lack social instinct - not know if being bullied or conned or if someone is angry with them or if they have made someone happy

• Like structure, systems and regulation

• Ability to concentrate without distraction

• Accuracy (often 100%)

• Close attention to detail

• Conscientious and persistent

• Lack of instinctive social behaviour

• Repetitive and obsessive behaviours

• Narrow interests
• Find difficulty in grasping abstract, ambiguous concepts or idioms e.g. “You've got a chip on your shoulder” or “let's take an overview”

• Literalness of understanding means that skills learned in one context will not necessarily be generalised to another, similar context. The skill has to be learned again in each new context. Can seem very naïve

• Some rigidity and inflexibility of thought processes

• Difficulty with and dislike of eye contact

• May find co-ordination difficult, e.g. using cutlery, scissors, riding a bike

• Difficulty interacting socially - knowing when to start/finish a conversation, choosing appropriate topics of conversation, knowing how close to stand

• Find it hard to understand or interpret other people’s thoughts, feelings or actions

• Will find unexpected or unusual situations very difficult, inability to cope with unplanned change

• Typically do not use their imagination when thinking, so struggle to imagine consequences of own or other’s actions

• Marked difference between high level intellectual functioning in comparison with emotional and social intelligence

• Show limited empathy, even to close family. Little empathy for victims

• May show strange comfort behaviours or ‘ticks’, e.g. flap hands, cover ears or eyes, walk on tip toes, make popping noises with mouth, pace around

• The more intelligent they are, the more aware they will be that they are getting the interaction wrong but will not know how to remedy it

Case Study

I recently found myself in court opposite a 15-year-old with Asperger syndrome and it was obvious how difficult he was finding the whole thing and how his behaviour might influence the view the magistrates took of him. For example, the lack of eye contact can be interpreted as a person telling lies. Magistrates have been trained on the eye contact issue in connection with certain cultures but I am not sure that they have been made aware of how it is also the case in people with Asperger syndrome.

Solicitor, Brighton and Hove

Practical tips

• If information and instructions are written down rather than spoken (or spoken and backed up by written instructions) they may be processed more easily

• Use literal language and be precise about what you mean, not abstract ideas e.g. “jump in the car”, “make mincemeat of you”, “cat got your tongue”

• Establish routines and structures. Discuss any changes with them. Think about fire alarm tests, timing of tea breaks etc

• Interviews much easier to cope with if questions written and submitted in advance

• Say what you are going to do, remembering that words may be taken literally

• Use cues to prepare individual for next question, e.g. state directly that you are moving onto the next question

• Avoid vague questions, e.g. instead of “Tell me what you saw yesterday”, use Tell me what you saw happen in the shopping centre at 10:00am”

• Watch for signs of stress, individual may overload and go into meltdown quite suddenly

• If individual goes into meltdown then stop what you are doing, they need peace and quiet to calm down

• Avoid metaphor or nuances, try not to leave anything ambiguous

• Allow processing time between exchanges, don’t push or prompt

• Allow additional processing time if multiple speakers or questioners as individual will need to ‘tune into’ different participants

• Have ‘time outs’, at least a quarter of an hour per hour

• Don’t make individual wait in a crowded or noisy room

• Don’t expect individual to understand body language, gestures, tone of voice or facial expressions

• Don’t misread lack of eye contact as lack of engagement, may need to not look at you to concentrate on what you are saying

• Talk to individual’s parents, carers or professionals
General/undiagnosed

Signs to look for

• May find it difficult:
  - Filling in forms
  - Explaining things
  - Following instructions and directions
  - Concentrating for long periods
  - Managing money
  - Telling the time/time awareness
  - Keeping appointments
  - Remembering information
  - Understanding social norms
  - Sequencing things in order
  - Learning from past experiences – may break rules again and again

• Comprehension, reading, writing - pretend able to but avoid doing so

• Unclear handwriting, may use capital letters to disguise difficulties with reversible letters e.g. d/b

• Misread similar words, e.g. was/saw, county/country

• Overreact to jokes or sarcasm

• Avoid conversation and communication - avoid group situations

• Look out for coping strategies, e.g. not knowing a word so using something similar that conveys the meaning but isn’t quite right.

• Repeat things when recounting event or get lost

• People with Learning Disability may prefer to call it a Learning Difficulty

Case Study

John was sentenced to supervision and unpaid work for an offence of common assault. He was suspended from unpaid work due to his behaviour. He would not follow instructions and swore at the supervisors. His offender manager undertook some research and discovered that he had been identified as having learning difficulties at school. He seemed to display this behaviour then. It was also recorded that he had difficulty in understanding what others say to him. As a result he was unable to follow direction at work. The offender manager thought that John may be falling foul of the rules because he did not fully understand the instructions being given to him.

(from Crossing the Communication Divide, 2009)
Practical tips

• It is very difficult and costly to get a diagnosis and not always necessary, we don’t need to classify, we need to know how to work with that individual

• Ask what support they received at school, what worked and what didn’t?

• Use the person’s name at the start of each sentence

• Explain to the person why, what and when things will happen

• Avoid jargon or check understanding - e.g Adjourn, Alleged, Bail, Breach, Comply, Compensation, Concurrent, Conditional/Unconditional, Conviction, Custody, Guilty/Not guilty, Impose, Punishment, Remorse, Reparation, Revocation, Supervision

• Do not rush any discussion

• Use visual aids, for example, photos, calendar for dates. Or even asking them to visualise things

• Use concrete terms, for example, “At 9:00am” rather than “early on”

• Break information into small chunks and give the person time to understand the information

• Prepare the person for each stage of the communication

• Be patient and allow the person to process the information

• Be careful not to be too directive, may say what they think you want to hear

• Avoid double negative statements and vague questions, for example, “You were not in the shop, were you?”

• Also avoid metaphors, suggestion, implied meanings and sarcasm

• Be careful about repeating questions as this may suggest that the person did not give the right answer the first time round

• If contradictory information is given, do not assume that the person is being manipulative, this may indicate that they don’t understand or can’t remember

• Ask! People will have found coping strategies so ask what works for them and what is helpful

• If possible, keep interactions short to reduce anxieties and promote concentration. Several short sessions are likely to be better than one long one

• Keep environment calm and free from distracting noises
• Explain why you are there, purpose of conversation and what will happen
• Give an overview of a subject before going into detail
• Deal with an issue in chronological order, do not jump around
• Ask if they receive help with things like paying bills, cleaning, cooking
• Ask them about a typical day in their life
• Concentrate on strengths to develop other skills, e.g. use specific interest areas to develop sequencing activities
• Be aware of an individual’s learning style and adapt your delivery, e.g. visual, spoken, written
• Reflect on your own attitudes, e.g. embarrassment, patronisation, fear or irritation can cause barriers
• Sometimes simple clear instructions are best even if they seem coldhearted - sugarcoating leads to waffle

Case Study
I was called into the local Young Offender Institute to assess a young man. He had attended a special needs school when he was younger, but had not been followed up by community services. He was convicted of criminal damage and received a community sentence, with an evening curfew of 7pm. When he later failed to stick to his curfew he was arrested and detained in the YOI.

He was distressed and confused. My assessment indicated that this young man had a moderate learning disability. During this assessment he was asked if he was able to tell the time. He replied no, he could not. He had never had a watch and had never been able to tell the time, but no-one had asked him this when the curfew was set.

Clinical Psychologist, Birmingham and Solihull Mental Health Trust
(from Positive Practice, Positive Outcomes, 2011)