Intensive Rehabilitative Custody and Supervision Orders:  
A Case Study of a Female Youth with Mental Disorders 
who Committed Murder

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Canada’s Legislative Approach to Youth Crime

Juvenile Delinquency Act (1908 - 1984)
- De-criminalized youth crime
- Misguided/misdirected
- Indeterminate Sentences

- Legal framework to deal with youth crime
- Rights & responsibilities of youth
- Maximum Sentences – 3 Years

Youth Criminal Justice Act (2003 – Present)
- Rehabilitation & re-entry into community
- Declaration of Principles
- Adult Sentences may be imposed for serious violent crime
Canada’s Youth Criminal Justice Act (YCJA)

<table>
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<tr>
<th>Guiding Principles</th>
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<td>a) long term protection of the public;</td>
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<td>b) youth criminal justice system is separate from adult system</td>
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<td>c) youth are accountable for their behaviour</td>
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<td>d) youth have rights and freedoms including right to be heard and to participate in the process of making decisions which affect them</td>
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Youth Sentences

• The purpose of youth sentences is to hold the youth accountable for the offence by imposing just sanctions that have meaningful consequences for the youth and that promote their rehabilitation and reintegration into society, thereby contributing to the long term protection of society.
Types of Sentences

- Reprimand
- Absolute Discharge
- Fine to a maximum of $1000
- Order to pay compensation
- Order to perform community service
- Probation
- Intensive support and supervision program
- Order to an attendance centre
- Custody and supervision orders
- Intensive Rehabilitative Custody and Supervision Order
Intensive Rehabilitative Custody and Supervision Order (IRCS)

- Canadian justice system for youth recognizes the need for individual treatment plans for high risk youth that commit violent crimes and have a mental disorder.
- Violent crimes include 1\textsuperscript{st} degree and 2\textsuperscript{nd} degree murder, manslaughter, attempted murder, aggravated sexual assault, and repeat violent offences.
IRCS sentencing

• 1\textsuperscript{st} degree murder – maximum 10 years, 6 years secure custody followed by 4 years conditional supervision.

• 2\textsuperscript{nd} degree murder – maximum 7 years, 4 years secure custody followed by 3 years conditional supervision.
IRCS Assessment Process

A mental disorder is identified through a psychiatric and psychological assessment.

A pre-sentence report is completed by probation services.

An IRCS Treatment Plan is developed through the assessment process and approved by the Provincial Director.
IRCS Resources

• A youth that has been given an IRCS order is eligible for up to $100,000 per year.

• Funds are used to access treatment and rehabilitative services (e.g., therapeutic services to treat mental health issues, educational tools to assist with identified special needs or learning disabilities, materials or resources to develop job skills, recreational services, etc.).
A Distribution of IRCS Youth by Age

*Department of Justice, Government of Canada (2011)

![Age of Youth distribution](chart.png)

- 18: 32%
- 17: 21%
- 16: 17%
- 15: 5%
- 14: 3%
- 19: 9%
- 20: 1%
- 21: 10%
- n/a: 10%

www.kinark.on.ca
A Breakdown of IRCS Youth by Gender

*Department of Justice, Government of Canada (2011)

Gender

- Male: 83%
- Female: 17%

www.kinark.on.ca
Offence Type

- 1st Degree Murder: 7%
- 2nd Degree Murder: 33%
- Manslaughter: 37%
- Attempted Murder: 4%
- Aggravated Sex Assault: 7%
- Serious Violent Offence: 12%
Average Length of Sentence Among IRCS Offenders

*Department of Justice, Government of Canada (2011)

Average Length of Sentence in Years

- Serious Violent Offence
- Aggravated Sex Assault
- Attempted Murder
- Manslaughter
- 2nd Degree Murder
- 1st Degree Murder

Average Length of Sentence in Years: 0, 2, 4, 6, 8, 10
Percentage of Diagnosed Disorders Among IRCS Offenders

*Department of Justice, Government of Canada (2011)
Types of Diagnoses of Youth with First Degree Murder

*Department of Justice, Government of Canada (2011)

- Parent-child Relational Problems & Acute Stress Disorder
- ADHD
- PTSD, Dysthymic Disorder, ODD, & CD
- CD, ODD, Adjustment Disorder with Mixed Anxiety and Depressed Mood
- CD
Types of Diagnoses of Youth with Second Degree Murder
*Department of Justice, Government of Canada (2011)

• Depression, Drug Addiction, Schizoid Personality Traits
• Cannabis-related Disorder Not Otherwise Specified & Child or Adolescent Antisocial Behaviour
• Cannabis and Substance Disorder, LD
• Substance Abuse and CD, PTSD symptoms
• ADHD, PDD, ODD, Chronic Anxiety, Depression, Attachment Disorder, Mild Mental Retardation, ARND
• ODD, Cannabis-related Disorder, Antisocial personality traits
• ADHD, CD, Alcohol Dependence Disorder, Marijuana Dependence Disorder, LD
• Alcohol Dependence and Cannabis Use, CD
Types of Diagnoses of Youth with Second Degree Murder (Cont’d)

*Department of Justice, Government of Canada (2011)

- CD, Substance Abuse Disorder
- ODD, CD, Eating Disorder, Substance Abuse, Social Anxiety
- CD, LD
- PTSD, Attachment Disorder, Anxiety and Depression
- Adjustment Disorder, Cannabis & Alcohol Abuse
- Disruptive Behaviour Disorder, Cannabis Abuse & Alcohol Dependence
- CD, Major Depressive Disorder with Psychotic Features, ADHD, Substance Abuse, Borderline Intelligence
- Emotional Disturbance
- PTSD, Major Depressive Disorder, CD, Substance Dependence, Antisocial Personality Traits
- FASD, Adjustment Disorder with Anxiety, Mild Mental Retardation
Case Study of a Female Youth with Mental Disorders who Committed Murder

- Jane Doe, 14 year old female pleaded guilty to Second Degree Murder of a 3 year old boy
- Both children were in foster care at the same house
- The female youth killed the young boy on the night of her admission into the foster home
Assessment for Suitability of An IRCS Sentence

- Multidisciplinary Assessment including psychiatry, psychology, social work, and youth work
- To determine the presence of a mental disorder (Re: DSM-V) and its contribution to the act of murder
Assessment Findings and Recommendations

Multiple diagnoses:

• ADHD, PDD, ODD, Chronic Anxiety, Depression, PTSD, Attachment Disorder, Mild Mental Retardation, ARND

Risk Assessment Findings:

• Structure Assessment of Violence Risk In Youth (SAVRY) – High Risk of violent recidivism
• Recommended IRCS Sentence & received 4 years secure custody and 3 years community supervision
Treatment Plan

• Institutional Plan
  1:1 worker to assist in dysregulation of emotions and behaviour and compliance of daily program

• Therapy Plan
  Cognitive Behavioural Play Therapy

• Psychiatric Monitoring

• Annual updated risk assessments
Syl Apps Youth Centre

- SAYC is one of 2 provincial resources for Secure Treatment Youth aged 12-18.
- SAYC is the sole provincial resource for youth under the Ontario Review Board (ORB).
- SAYC is currently licensed for 64 beds: 8 units of 8 beds, 2 units for females, 3 units for males, one co-ed for Secure Treatment and Ontario Review Board Youth.
## Programming at Syl Apps

<table>
<thead>
<tr>
<th>Clinical Services</th>
<th>Wellness</th>
<th>Native, Cultural, Spiritual</th>
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<tbody>
<tr>
<td>• Assessment</td>
<td>• Medical</td>
<td>• Native Child &amp; Family Services</td>
</tr>
<tr>
<td>• Treatment</td>
<td>• Dental</td>
<td>• Chaplaincy</td>
</tr>
<tr>
<td>• Social Work</td>
<td>• Specialized services</td>
<td>• Coordination with community</td>
</tr>
<tr>
<td>• Psychology</td>
<td>• OT</td>
<td>partners</td>
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<tr>
<td>• Psychiatry</td>
<td>• Speech/language</td>
<td></td>
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<tr>
<td>• Art Therapy</td>
<td></td>
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<tr>
<td>• Therapeutic Rec</td>
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### Milieu
- Process Group
- Community Reintegration
- Recreation – outdoor baseball diamond, football and soccer field, full size gym
- Complete Section 23 school – 14 Teachers, Principal, Vice Principal and Counselor on site.

### DBT
- DBT Skills Group
  - Mindfulness
  - Emotion Regulation
  - Distress Tolerance
  - Interpersonal Effectiveness
- Walking the Middle Path
- DBT Review Group
- Coaching in the Milieu
Clinical Intervention/Assessments

- Regular counselling
- Secure and Community Based Programming
- Developmental Services Assessment
- Risk Assessment
Cognitive Behavioural Play Therapy (CBPT)

What is CBPT?

• A developmentally sensitive treatment for young children that relies on flexibility, decreased expectation for verbalizations by the child, and increased reliance on experiential approaches

• Unique adaptation of cognitive behavioural therapy as it was originally developed for adults

• Given Jane Doe’s ARND, Mild Intellectual Deficiency, PTSD, Mood Disorders she was deemed suitable for Non-Traditional Therapy
Identification and Management of Risk Factors

• Therapy focused:
  – Emotion Regulation
  – Trauma impact on current functioning
  – Trigger and coping strategies
  – Problem solving strategies for peer relations
  – Construction of her offence cycle and a safety plan
CBPT – Offence Cycle

- Thoughts
- Feelings
- Behaviour/Actions
- Consequence
Structure of Therapy

• Weekly one-hour sessions
• Sessions occurred at various youth facilities where Jane located (i.e. Peninsula Youth Centre, Arrell Youth Centre, Syl Apps Youth Centre, Roy McMurtry Youth Centre)
• Therapist able to provide treatment at all facilities allowing continuity of service
Communication and Clinical Supervision

• Quarterly reports to update IRCS Treatment Team regarding Jane Doe’s progress
• Participation in quarterly multi-disciplinary IRCS Treatment Team meetings
• Weekly clinical supervision by Clinical and Forensic Psychologist to guide treatment and address risk factors
Program Participation

• Life Skills program - baking, mathematics, store order, unit laundry and cleaning servery
• Art and Recreation Therapy
• Dialectical Behaviour Therapy Skills Group
• Completed high school diploma
• Completed WHMIS training, American Sign Language
• Unit programs: Girls Circle, Girls World, Lets Make Music, Dog Therapy and Walking, Brunch program
## Community Reintegration

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<tr>
<th>RL’s</th>
<th>Therapy</th>
<th>Open Custody</th>
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<td>- Slow increase in frequency and duration</td>
<td>- Move to being held in community</td>
<td>- Transitioned after long period of stability in secure</td>
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<tr>
<td>- Included exposure based activities (counseling, grocery store, open custody visit).</td>
<td>- Therapy transitioned from private to community agency</td>
<td>- Two returns to secure for re-stabilization</td>
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<td>- Frequency and duration reduced</td>
<td>- 2011 discharged to residential</td>
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## A Summary of Updated Risk Assessments over 4 years of IRCS Treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Assessment Method</th>
<th>Risk Level</th>
<th>Individual Risk Factors</th>
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<tr>
<td>2007</td>
<td>IRCS Structured Assessment of Violence Risk in Youth (SAVRY)</td>
<td>High</td>
<td>Impulsivity, Regulation of Anger, Low empathy, inconsistent compliance with interventions, poor peer relations, poor coping with stress</td>
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<tr>
<td>2008</td>
<td>Annual Mandatory Review of IRCS Sentence; SAVRY</td>
<td>Moderate - High</td>
<td>Improved control over Impulsivity and anger management, more consistent compliance with interventions, better relations with female peers, better coping with stress</td>
</tr>
<tr>
<td>2009</td>
<td>Annual Mandatory Review of IRCS Sentence; SAVRY</td>
<td>Moderate - High</td>
<td>Moderate control over Impulsivity and anger management, consistent compliance with interventions, better relations with female peers, continues to work on coping with stress</td>
</tr>
<tr>
<td>2010</td>
<td>Historical, Clinical and Risk Management – Twenty (HCR-20)</td>
<td>Moderate - High</td>
<td>Moderate control over Impulsivity and anger management, consistent compliance with interventions, socializing with peers on female unit, continues to work on coping with stress</td>
</tr>
<tr>
<td>2011</td>
<td>Historical, Clinical and Risk Management – Twenty (HCR-20)</td>
<td>Moderate - High</td>
<td>Moderate control over Impulsivity and anger management, full compliance with interventions, continues to socialize with female peers at group home, continues to work on coping with stress, takes full responsibility for offence, shows regret, remorse, empathy, does not believe she will commit murder in the future</td>
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Community Supervision Plan

• Case management through Association for Community Living
• Monitoring by probation services
• Semi-Independent Living
• Behavioural Services Support for daily activities and routine, emotional regulation, coping strategies, and job skills training
• Booster sessions for individual therapy
A Service Model for Dealing with Youth with Mental Disorders who Commit Murder

Youth

Court

Correctional and Probation Services

Mental Health Services

Community
Concluding Remarks

• Under Canada’s Youth Criminal Justice Act, an IRCS order for youth with mental disorders and commit serious violent offences is a viable sentencing option
• A youth is provided intensive treatment within a secure custody facility under a multidisciplinary team
• Treatment continues during the Community Supervision phase
• Judicial system or court monitors progress on a yearly basis