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The National Council of Juvenile and Family Court Judges and its National College of Juvenile Justice wish to extend their gratitude and appreciation to the following for their support and encouragement of this monograph:

Law Enforcement Assistance Administration
US Department of Justice
Washington, DC

Max C. Fleischmann Foundation
Reno, Nevada

This monograph, *The Juvenile Court Judge and Learning Disabilities*, was produced by the National Council of Juvenile and Family Court Judges under contract to the Law Enforcement Assistance Administration, Contract No. LEAA-76-JN-99-0016. The views expressed in this text are not necessarily those of the Law Enforcement Assistance Administration, the U.S. Department of Justice or the Max C. Fleischmann Foundation.

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The Juvenile Court Judge and Learning Disabilities

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First Printing 1976
Second Printing 1976
Third Printing 1978

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Foreword

It is a relatively recent discovery that an overwhelming number of juvenile offenders are handicapped, most of them learning disabled, but significant numbers of others are mentally retarded and emotionally disturbed/socially maladjusted. This fact may go a long way toward explaining the lack of success of corrections officials in rehabilitating offenders. Their overemphasis on security, punishment, and the custodial has been inappropriate for the handicapped. It would be fair to say, I think, that they have been treating the wrong problem. Dr. Jacobson, in the monograph which follows, renders a very useful service by airing the problem of the learning disabled youngster and his functioning in the home-school-society milieu.

How should the juvenile justice system, and in particular juvenile court judges, respond to knowledge of the *incidence* of handicapping conditions in the offender population and detailed knowledge of the various handicaps? Further, what options does the juvenile court judge have in dealing with the learning disabled offender? Moreover, how does a juvenile court judge recognize that a given offender who appears before him has a handicap and the nature of that handicap?

The incidence of learning disablement in the juvenile offender population — in such diverse places as Rhode Island, Colorado, and California — has been variously estimated at fifty percent, seventy-five percent, and higher. Therefore, it is likely that all youngsters who come to the attention of the courts should be regarded as "at risk," that is, suspected of having a learning disability. There are three primary ways in which the court can have its suspicions confirmed:

1. Taking a very brief medical history on each child, looking specifically at whether the youngster is or has been under the care of a neurologist, neurological pediatrician, or psychiatrist and eliciting opinions from those practitioners, and looking for Dr. Jacobson's "Observable Signs Warranting Further Inquiry Into Learning Disabilities."
2. Sending for each youngster's school records (with appropriate approvals), for it is in the testing, evaluation, and the cumulative school record that learning disablement is often most visible.
3. Because some cases of learning disablement are undiagnosed, a judge with strong suspicions should refer a youngster for diagnosis to: a neurologist or neurological pediatrician, the school or child study team in the school, a child evaluation center, or a diagnostic center.

Once a diagnosis of learning disablement has been made or confirmed, the judge must decide as to disposition. Because incarceration in a traditional correctional setting is contra-indicated (indeed, it may greatly exacerbate the problem), the judge must utilize alterna-

tives, such as diversion, probation, "sentencing to the community," all of which require up-to-date information on community resources.

The question might well be asked, Why send a youngster back to school for remediation when, as is all too often the case, the school has failed to help the learning disabled youngster to learn, to overcome, or to compensate for his debility, and when among the consequences of cumulative failure are deviance and other untoward behavior? The answer is that the schools are far better equipped and far less iatrogenic than correctional facilities. This is not to say, however, that other options in the community should not be explored: alternative schools, residential schools, workshops, and even retraining and certifying, particularly in this period of declining school enrollments, entirely new types of instructional and ancillary personnel. In all likelihood, referral back to the school will necessitate placement in a special class, with a small (perhaps 6:1) student-teacher ratio; remedial help, especially in reading; and treatment by ancillary personnel, such as school psychologists, counselors, social workers, volunteers, and paraprofessionals.

If, by itself, the school program is inadequate, the youngster might, by court order, receive:

(a) additional counseling and psychological services.
(b) other school placement arrangement, such as work/study, or vocational/technical placement.
(c) placement in an approved private residential school.
(d) placement in a foster home.

If existing rules and regulations unduly restrain the court's options, new legal opinions might have to be rendered. The courts are having an increasingly strong impact on education in the United States. Of particular interest in the present instance is the Pennsylvania decision, Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania, which affirmed appropriate education as a right. ***In re Gault***, 387 U.S. 1 (1967) holds the possibility that the court may very well begin to exercise a reviewing function in the area of treatment and rehabilitation. ***Goss v. Lopez***, a due process decision for students, puts restraints on the options schools have in dealing with problen children. The Nascent Right to Treatment, 53 V.A.L. Rev. 1134 (1967), a decision establishing treatment as a right for mental patients, holds the implication for educational institutions that those who label children carry with such labeling the obligation to remediate and rehabilitate such children. Lastly, we should reconsider the suggestion made by Richard Allen a few years ago that communities develop an "Exceptional Offenders Court," in which the norm-violating behavior of the handicapped can be dealt with more intelligently, justly, and humanely.[1]

American education, in recent years, has developed a country-wide program called, National Assessment of Educational Progress, an evaluation program designed to assess the effectiveness of education. Using the findings, decision makers can make more enlightened decisions on programming, organization, expenditures, and alternatives.

A similar effort is needed in the juvenile justice area — perhaps a National Assessment of Correctional Progress. Such a program, national in scope and unified in perspective, could rectify the ills perpetrated on the handicapped.

The disabled learner described by Dr. Jacobson in the pages that follow is in unhappy straits. He has failed at home, at school, with his peers, and if he should find himself caught up in an unenlightened juvenile justice system, he will again experience failure. The concern of juvenile court judges for the problems of the handicapped juvenile offender has the potential of breaking a very unhealthy cycle and influencing the rest of the criminal justice system.

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New Jersey Department of Education

[1] *R.C. Allen, "Toward an Exceptional Offenders Court," Mental Retardation,* February 1966.

The Juvenile Court Judge and Learning Disabilities

Introduction

There is something that teachers, psychologists, physicians, and juvenile justice personnel call learning disability, although there is some lack of clarity about what it is. There also is doubt that it is significant. Despite the confusion and doubt, juvenile authorities have shown increasing interest in LD undoubtedly because of its relationship with delinquency.

What have learning disabilities got to do with delinquency? Approximately twelve percent of the population is learning disabled.[1] Most of LDs have problems in coping with school learning/performance to such a degree that they become problem cases. At least fifty percent and perhaps eighty percent of delinquents are learning disabled.[2] Learning disability is a basic factor in delinquents, the raw material from which delinquency is manufactured. The process begins in the school,[3] but it continues wherever learning and performing is an issue. Learning disabilities, after they lead to delinquency, become a compounded problem and needs specific treatments to achieve rehabilitation. A permanent socially contributory adjustment of the learning disabled delinquent will depend upon a remedial education.

Learning disability is not, at the base, a "won't do" handicap. It is a "can't do" handicap, like a broken leg, not as obvious, but just as surely crippling. The essentially normal appearance of the LD child makes it more difficult to accept the reality of the handicap. Delinquency for the LD child begins as an adaption to avoid failure in school. The delinquent symptom formations follow anxiety generated by the encounter with learning or performing. Any delinquency in its psychological sense is a symptomatic way of avoiding anxiety. Thus, an LD child who becomes delinquent may look like a "won't do" problem, a rebel, but remains a handicapped child merely covered with rebellious features.

Why does the juvenile court judge need to know about learning disabilities? The National Council of Juvenile Court Judges is founded on the premise that delinquent children should be treated and rehabilitated, and treating and rehabilitating delinquents with LD requires knowledge of what LDs are and how to treat them so that rehabilitation is achieved.

Awareness and evidence that there is a relationship between any learning problems and delinquent behavior has grown over three quarters of a century and has accelerated rapidly in the last decade.[4]

Precisely how LD and delinquency are related has not been clear. Whenever a relationship is observed such a question naturally arises: Do learning disabilities generate delinquency, or is poor learning a result of a delinquent's belligerent attitude toward teachers and school?

There appears to have been too little critical thought to this question. Perhaps the reason is that the psychological thinking of the past seventy-five years has been dominated by the assumption that motivation was the key concept for understanding why people behave the way they do. It followed that to change behavior, we first had to change motives, consequently, some variations of Freudian therapy were the main treatment philosophies wherever any treatment was found. This treatment philosophy developed in the interesting work with middle-class adults, where it was accepted if not greatly beneficial. It seems to have been applied to the field of delinquency with too little consideration of important differences. In any case, the trial of psychotherapy and counseling to rehabilitate delinquents was long and expensive but not very effective.

There has been a general shift in psychological thinking. Behaviors, especially immediate and specific behaviors, result from the external forces in one's situation which affect the consequences of behavior choice, and to change behavior the strategy is to manage the situation and the consequences of behavior. Recently, the evidence of the relationship between learning disability and delinquency is increasingly viewed from the assumption that learning disabilities lead to delinquency. While this proposition is by no means clearly established by scientific methods and it should be, it appears to be the approach most likely to produce the greatest understanding and the best, most economical results.

What is Learning Disability?

The terms used within the field of learning disablity create a problem. There are many terms, medical, educational, and psychological, which have been used to describe learning disabilities on the whole or in part. Sometimes different terms describe essentially the same thing, but at times there are terms which are used to describe different things. For the reader uncertain of the meanings of the many terms there is a 1966, Department of Health, Education and Welfare task force report which devised a nomenclature relating the various terms used in the LD field.[5]

LD can occur in many forms, and on first looking into the LD field, one can be bewildered by the variety of, for example, the hyperkinetic child within the same category as the child without abstract reasoning ability.

At a simpler level, understanding can be gained by finding what learning disability is not. It is not a deficiency of speech, sensory acuity such as:

- hearing loss
- mental retardation
- gross brain damage
- epilepsy
- personality disorders
- educational failures:
  - omissions
  - missed optimal periods
  - disordered habits

Although these above deficits or disorders may occur in the same child who has an LD, they are different problems.

Broadly defined, an LD is any inability to learn or perform in reading, writing, spelling, computing, speaking, listening, or thinking due to a deficit or dysfunction of psychoneurological information processing or expression. Deficits are differences in level between estimates of ability which compare a child with other children, usually from testing and actual performance. Dysfunctions describe processes which themselves are not deficient but interfere with others. One of the most common examples of a dysfunction is the individual who performs arithmetic problems poorly with his eyes open, but adequately with them closed. His vision, per se, is not deficient, but the incoming visual information processing interferes with auditory reception information for arithmetic problems, holding that information in immediate memory, or performing operations upon the information. The deficits and/or dysfunctions may occur in one or more components of spoken/written language, or behavior.

It is important to note that the definitions here are reserved for those deficits or dysfunctions which result in a level of performance in basic classroom skills diminished to a point significantly below that expected on the basis of intelligence and grade or age. The reasons for this clause, which ties deficits or dysfunctions to educational performance level, is that we may find as many children with psychoneurological process deficits or dysfunctions who do not have resulting decrements in classroom skills as those who do have them. The clause excluding the non-symptomatic deficits and dysfunctions is of practical value in dispensing with irrelevant findings, converging on the problem with the remedial goal in focus and avoiding overdiagnosis.

It appears that children with information processing and performance deficits and dysfunctions who have no learning problem have fortunately learned accidently to compensate. The existence of the

child's deficit or dysfunction is ordinarily undetected by the teacher, and frequently the child is unaware of it. However, precisely how problems are compensated is not known. This is an area of obviously needed research for if we know how children learned to compensate, we might be able to teach it to others, and that knowledge might be of great value in LD prevention and remediation.

The definition is convenient for screening purposes. By adding the question of under what conditions does the child fail the learning task and under what conditions does he adequately perform the task, the definition becomes valuable for remediation. That is, this approach identifies deficient or dysfunctional processes which cause failure and implicates effective conditions and usable processes for learning so that compensatory teaching/learning methods may be designed.

Assessment

The strategy of evaluation should be to plan for remediation to begin where each LD child is in terms of his abilities, achievements, and interests. For example, the reading program for a teenage boy with a third grade reading level should involve the use of an auto mechanic's manual with the language revised appropriate to his level.

Evaluation and remediation should also identify what may be inappropriate for attention, because of the child's present situation. For example, penmanship, spelling, and grammar are unimportant for most LD and delinquent youths. The structure, impersonality, and lack of punishment in programmed instructional materials make them valuable with LD and delinquent youths. Contractual teaching has similar values. These methods exclude control hassles and games which abound in the delinquent's repertory of responses and are easily elicited, and overturn learning.

The most valid contexts for assessment are basic academic tasks, such as reading, writing, spelling, computing, and oral communication. The rationale for the emphasis on the learning or performance task is due to the limitations of tests. There are many factors which would result in a child being deficient according to test score, but adequate in classroom performance. First, all tests have a percentage of error. Consequently, a certain number of tests will indicate that a child is subnormal when he is not. Second, there are factors in the conditions under which a child is tested which differ from those of the classroom and which may account for failure. For example, a child who may be slow to comprehend oral instructions may not understand the test task and fail the exam. However, in the classroom, where instruction may be repeated or is accompanied by visual information, he will have no difficulty. Third, all of the sensory-motor channels and psychological processes involved in a class learning task may be unknown or merely not included in a test task. As an example, a child who needs both auditory and visual information in learning to spell may have only auditory information in a testing situation and would, therefore, do poorly. Finally, the human learner, especially when highly motivated, by his/her own unique means not readily recognized, may be able to compensate for natural defects. If for any reason (competition, or relationship with teacher or peer group), the child is more highly motivated to perform in class than in a testing situation, he/she may pass the former and fail the latter. Therefore, if test scores alone are used as signs of an LD, the diagnosis may be misleading and remediation may be inappropriate. Unless test signs can be tightly related to a classroom learning task, they have little diagnostic value. On the other hand, if a child does well in testing, but poorly in classroom learning tasks, and emotional or motivational factors are ruled out, then the information is diagnostically valuable and may be of remedial value. Of course, it is necessary to establish that the classroom meets criteria of adequacy, such as teacher qualifications and the quality of the education at institution. Assuming that fact is established, then test scores can only give confirming information about the child, while his classroom performance is the ultimate criterion and the basis of final diagnosis and treatment.

Broadly, evaluation may be made at three levels:

1. ***Labling – dispositional*** — This involves the determination of positive signs which identify for purposes of disposition. This is the level at which most institutional placement, classification, and disposition occurs.
2. ***Diagnostic – remedial*** — This involves the determination of cause or treatment types for applying specific remediations, such as medications, educational programs such as acquisition of letter sound associations or psychological experiences. Some institutional classification and program is based upon this level.
3. ***Task – analytic*** — This involves highly individualized study to develop a remediation for specific learning-task; individualized, prescriptive teaching is an example.[6]

LD children may be evaluated from the point of view of various disciplines and schools of thought. Evaluation by a team of professionals, including physicians, psychologists, speech and hearing specialists, and teachers, is desirable in many ways, but an ideal which may often be impractical. Remediation for the LD youth may consist of environmental manipulation, medication, psychological process and sensory modality manipulations, remedial education (providing necessary information and skills), and psychotherapy (including behavior modification). Any of the above including combinations will depend on the particular and generic professional, as well as the type of problem.

Strategically, the evaluation of LD children should begin with positive expectations. There is a real basis for expecting LD children to lead normal achieving lives. Visible positive expectation on the part of the evaluators and remediators is of great value in changing the attitude of the LD child who has negative views of learning and of himself as a learner.

The causes of LD may be genetic, trauma, disease or accident, chronic mental disturbance, deprivation, emotional, or unknown. The definition is convenient for screening purposes.

The Learning Disabled Delinquent

A delinquent may be defined as a juvenile whose actions deviate, usually rebelliously, from social norms and is labelled as a delinquent. He/she is so labelled when he/she is detected and then encounters court and law enforcement authorities. The negative attitudes and interaction between delinquent and justice agents have a primary significance in this labelling process.[7] The negative reaction is remarkably similar to that earlier authority, the teacher.

The delinquent is hard to teach academically. Academic learning is ordinarily not only a scene of previous failure, it is alien to the delinquent's interests and values. Teachers and delinquents ordinarily occur at opposite poles of a cluster of related dimensions and share little understanding. Delinquents rarely become teachers. Generally, those who become teachers, as children liked their teachers, liked school, and performed well. They have difficulty understanding anyone who hates school, teachers, and learning. Teachers and delinquents may have gone through the same school events but had such different experiences that there is little common ground for understanding. Understanding the relationship between learning disabilities and delinquency may be one of the most significant tasks for rehabilitation of delinquents. Explanation of this relationship becomes the main task of this presentation. The explanation is found in the educational system, for that is where most delinquency develops.

SCHOOL AND SOCIETY

The purpose of the educational system is to prepare youth for adult roles within society. Toward this end, forces in the school shape a child's experiences so that they closely parallel the experience of an adult in society. Margaret Mead demonstrated this relationship in three primitive societies.[8] However, the relationship is also easily observed in complex, contemporary societies such as ours. While there may be much irrelevant academic content, the classroom social processes, such as "psyching-out" the teacher to achieve the few available good grades, and performing routine tasks under an au-

thoritarian structure, are similar to processes in adult occupational roles. Work in school is for the grade; work on the job is for the buck. Because the school structure closely parallels society, the basic social forces for delinquent adaptation, which have been identified in general societal terms, may be seen in the school system as well. For these forces spring from the competitive success structure, and from the achievement emphasis, and the greater emphasis on goals than the means of achieving them.[9]

FRUSTRATION AND DELINQUENCY

In school, the child finds himself in a limited success structure at the kindergarten level, and as he progresses through the grades, success becomes more difficult to attain, because the disparity between goals and means increases. For example, those students who achieve the highest academic success in elementary school must, upon entering junior high, begin anew to compete for positions with children from other elementary schools who were similarly outstanding. This process is repeated at the high school, college, and graduate school levels. The limited success structure is clearly revealed by the B average, which is generally the turning point of school success. In 1969, five Denver area school districts reported that the percent of B averages or better for high school graduating classes ranged from eighteen to twenty-six percent. Being above average, B or A grades, is commonly regarded as good. We may assume then, that approximately eighty percent of the children in these areas did not receive good grades, that is, they were not successful.[10] This situation threatens a child's emotional adjustment. To be happy and adjusted, according to Rotter, one must be able to perform what others value.[11] The grade point average is valued as much in school as salary is valued by the adult in the occupational world.

Not only is the child's happiness and adjustment threatened by his/her inability to obtain good grades, but the educational system reacts to his/her inability by pressuring the child toward delinquency. In 1939, Dollard put forth the formulation now generally accepted by psychologists, that frustration leads to aggression.[12] Kvaraceus' application of Dollard's theory showed that frustration in school leads to aggression in school.[13] He further deduced that the causes of delinquency would be found in situations that frustrate, and that the school was a primary source of frustration. A child's frustration due to unsuccessful performance (grades) may be deflected in various symptomatic ways, withdrawal, compensation, or aggression. The child's aggression focuses upon the teacher, because the teacher plays a central role in the child's frustrating school experience. The teacher's frustration of the child is basically because of the pressure to perform that he/she applies and reactions to the child's failure.

Unpublished data obtained by the writer provides some insights into teachers' high expectations, negative perceptions, and sensitive vigilance toward their students. To begin with, teachers tend to see most children as underachieving. Junior high school teachers, rating a population of 232 students, regarded one-third as "underachieving somewhat" and another one-third as "definitely underachieving." The teachers' acute awareness of each child's performance was revealed by another rating task. Each teacher estimated the year-end grade point average of their 150 children. These estimates and the children's actual grade point average were extremely highly related (correlation coefficient of .918). Of further interest was the finding that compared with the actual grade point average, the estimated grade point average was more highly correlated and with more measures of attitude and school performance. Analysis showed that the teachers' high estimates were associated with student attitudes of maturity, future time orientation, and self-direction. Where estimates were lower than actual grades, teachers were responding to the students' underperformance, delinquent and other anti-social attitudes.

The type of interaction and labelling that occurs in the school is essentially the same type of process as that which defines the delinquent. Cloward and Ohlin observed, " . . . It is customary for authorities to distinguish between the behavior of the delinquent and his attitude in relation to the system of social rules which he has violated."[14] Like law enforcement personnel, teachers make crucial, discriminatory decisions about children on the basis of the child's behavior and attitudes.

THE LEARNING DISABLED CHILD IN SCHOOL

If a child has a learning disability, he/she becomes a more likely candidate for the negative labelling which can begin a delinquent career. The child is obviously more disadvantaged than the normal child in school, and the disparity between his/her goals and means of achieving them is greater. Consequently, the child experiences more frustration. In addition, the teacher is more frustrated by this type of child than by the normal child. Without special training, teachers tend to regard learning disabled children as some kind of attitudinal problem — baffling, unmotivated, emotional, and sometimes retarded — despite obvious intelligence. They are more clearly aware of performance and attitude than the underlying causes of learning disabilities. The visible discrepancy between the LD child's potential and his/her academic performance is likely to be greater than the normal child's. Tests frequently show normal intelligence, and his/her physical appearance and behavior is generally normal, not retarded. Consequently, the teacher tends to see the child as an underachiever with an attitudinal problem. In the relationship between the teacher and child, a learning disability will increase the probability of mutual threats, frustrations, and aggressions, and the child learns basic lessons in delinquent orientation. The probability of such an adaptation increases as the child's condition continues unrecognized.

THEORETICAL STATEMENT

Learning and adjustment to the school is the most important task for children. It is a stress-loaded task. Learning disabilities greatly increase the probability of the child's failure and frustration, and, therefore, bring the child into conflict with the teacher in a way that generates delinquency. Other factors may further or cancel out delinquency, such as parental attitudes toward the child and school, school assessment of the child's performance, and other individual factors of teacher and child. Also, LDs are not absolutely essential to a delinquency adaption in or out of school. Familial, cultural, and individual factors may be casual. The central theme of this monograph is that most frequently delinquency begins in an antagonistic interaction between teacher and student, and that the basic cause of that antagonism is LD.

HELPING LEARNING DISABLED DELINQUENTS

What can juvenile justice do about delinquents with learning disabilities? Because so many delinquents have LDs, the odds are that any delinquent is more likely an LD than not. Of course, a routine screening for LD in delinquents is desirable, but until such service is available any juvenile justice staffer may have to draw on his/her resources and other limited resources. The juvenile justice staffer may be able to improve the odds of accurate suspicions about LD by reference to the definitions set forth here.

Any delinquent of essentially normal intelligence, and who is not brain damaged, emotionally disturbed, or culturally disadvantaged, and who is two years below grade level in reading, writing, or spelling, is a likely suspect. Likewise it is true for the delinquent with above average ability, who is below the level expected on the basis of intelligence.

A history of developmental lags in any or all of these areas, motor, social, language, intellectual operations, is further grounds for suspecting LD. Teachers describe LD children as generally immature, uneven in their progress in various subjects, extremely variable and unpredictable in their performance from day to day, unable to work on their own, with short attention span, distractable, hyperactive, unable to grasp or remember oral or read material, with difficulty in

reading, especially sounding out words, with memory deficits, and with reversals in writing and poor spelling. A more detailed list appears in Appendix A. The reader may also note drawing and writing typical of LD children in Appendixes B and C.

In the delinquent, it is easy to observe the LDs particular adversion to everything about school. Commonly, these children are similarly adverse to reading. In most cases, the behaviors of the LD are clearly and repeatedly described in notes in cumulative folders.

Ideally, the juvenile justice worker should have the service of a team of teachers, psychologists, speech and hearing specialists, physicians (ordinarily psychiatrists, neurologists, pediatricians, or internists). These personnel should have fairly obvious specializations and credentials in LD work.

At a minimum, the juvenile justice worker should have at least one resource person and perhaps the most likely and effective single source would be masters level LD teacher or a remedial reading teacher, if trained in special methods for LDs, not one who merely does more intensive or small group work using the regular classroom methods.

Because there is still a wide variety of personnel in the field, as a practical matter, the juvenile justice worker may have to find effective resources by trial and error. The oral and written assessments must seem sensible and the predictions accurate.

The Association for Children With Learning Disabilities is a valuable resource for locating information and resource persons. To find the nearest chapter write to the Association for Children with Learning Disabilities, 5225 Grace Street, Pittsburgh, Pennsylvania 15236.

Another valuable agency is the local school district which should have an administrator responsible for LD, or at least special education. Most districts also have administrators of pupil services or psychologists. Yet another resource would be university departments of education, psychology, speech, and learning. Many universities have clinics or other services for LDs. Mental health clinics may be helpful also.

If the juvenile justice worker is interested in public education and program development, appropriate contacts are the local chapter of the ACLD, the Council of Exceptional Children, the school district, mental health center, speech and hearing clinic, Easter Seal agency, and university departments of education, psychology, or clinics.

Ideally, what is needed is a routine screening service for all delinquent youth and diagnostic/remedial programs in schools and correctional agencies.

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[1]N. Kephart, A presentation at Flood Junior High School. Englewood, Colorado 1966.

[2]R.P. Anderson, ***The Child With Learning Disabilities and Guidance*** (Boston: Houghton Mifflin Co., 1970); A. Berman, "Learning Disabilities and Juvenile Delinquency; initial results of a neuropsychological approach" (Paper presented at the International Conference of the Association for Children with Learning Disabilities, Atlantic City, New Jersey, February 4, 1972); D. Dzik, "Vision and the Juvenile Delinquent," ***Journal of the American Optometric Association*** XXXVII (1966):461-468; C. Anderson, ***Society Pays: The High Cost of Minimal Brain Damage in America*** (New York: Walker & Co., 1972).

[3]D. Elliot, "Delinquency, School Attendance and Dropout," ***Social Problems*** XIII (1966):307-314; F.N. Jacobson, "Learning Disabilities And Juvenile Delinquency: A Demonstrated Relationship" in ***Handbook on Learning Disabilities***, ed. Robert E. Weber (Englewood Cliffs: Prentice Hall, 1974)

[4]C. Rousy and W. Cozad, ***Hearing and Speech Disorders Among Delinquent Children*** (Topeka, Kansas: Menninger Clinic, 1966); P. Blanchard, "Reading Failure," ***Mental Hygiene*** XII (1928):722-88; E. McCready, "Defects in the Zone of Language," ***American Journal of Psychiatry*** VI (1926-27):267-77; M. Monroe, ***Children Who Cannot Read*** (Chicago: University of Chicago Press, 1932); A. Gates, "Failure in Reading and Social Maladjustment," ***Journal Of National Education Association*** IV (1936):205-6; K. Hermann, ***Reading Disability*** (Copenhagen: Munksgaard, 1959); T. Ingram, "The Association of Speech Retardation and Educational Difficulties," ***Proceeding of the Royal Social Medicine*** LVI (1963):199-203.

[5]S. Clements, ***Minimal Brain Dysfunction in Children*** (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1966).

[6]B. Bateman, "Three Approaches to Diagnosis and Educational Planning for Children With Learning Disabilities," ***Academic Therapy*** II (1966-67):215-222.

[7]R. Cloward and L. Ohlin, ***Delinquency and Opportunity*** (Glencoe, Illinois: The Free Press, 1960).

[8]M. Mead, ***Sex and Temperament in Three Primitive Societies*** (New York: W. Morrow and Company, 1935).

[9]R. Merton, ***Social Theory and Social Structure*** (Glencoe, Illinois: Free Press, 1957).

[10]F. Jacobson, Unpublished Data; E. Jorgensen, O. Bangsgard, and T. Glad, "Adolescent Psychiatry in a Private Danish Institution," ***Journal of Learning Disabilities*** I (1968):38-41.

[11]J. Rotter, ***Social Learning and Clinical Psychology*** (Englewood Cliffs, New Jersey:Prentice Hall, 1954).

[12]J. Dollard, L. Doob, N. Miller, O. Mowrer, and R. Sears, ***Frustration and Aggression*** (New Haven, Connecticut: Yale University Press, 1939).

[13]W. Kvaraceus, "Delinquency, a by-product of the schools?" ***School and Society*** LIX (1944):350-351.

[14]R. Cloward and L. Ohlin, ***Delinquency and Opportunity***.

Appendix-A

Observable Signs Warranting Further Inquiry Into Learning Disabilities

MOTOR COORDINATION

1. Has difficulty in walking up stairs.
2. Cannot skip.
3. Holds a pencil or pen in a weak, improper, or clumsy grasp.
4. Has difficulty in using scissors.
5. Has jerky movements.
6. Trips often.
7. Bumps into objects.
8. Cannot tie knots, zip zippers, button buttons.
9. Turns head from side to side in a rhythmic pattern.
10. Demonstrates poor balance.
11. Startles easily.
12. Hyperactive.
13. Hypoactive.
14. Drops things.
15. Is clumsy in general.
16. Can't catch a ball.
17. Has sloppy eating habits.
18. Drools.
19. Has difficulty in walking a straight line.
20. Cannot balance objects.
21. Cannot stay neat for any length of time.
22. Trouble swallowing.
23. Displays weakness in an extremity.
24. Walks with feet turned inward.
25. Walks on toes.
26. Favors one extremity.
27. Drags a foot.
28. Shuffles feet.
29. Repeats the same behavior over and over.
30. Any motor irregularity.

BEHAVIOR

1. Likes to see things — anything moving.
2. Stamps on the floor.
3. Hits head against the wall.
4. Hits his head with his hand.
5. Drums fingers on the table constantly.
6. Bites nails.
7. Twists hair.
8. Tense or disturbed (needs to go to the bathroom often, high strung).
9. Always looks downward.
10. Becomes frustrated easily.
11. Is slow to finish work (doesn't apply self, daydreams a lot, falls asleep in school).
12. Cannot tolerate changes in routine.
13. Likes to touch and feel things.
14. Has lack of emotional control.
15. Appears hostile.
16. Has tics.
17. Has difficulty in being aggressive with peer relationships.
18. Is gullible.
19. Gets upset over disappointment.
20. Is impulsive.

21. Has catastrophic reaction to frustration.
22. Is withdrawn.
23. Daydreams.
24. Exhibits moods of unhappiness.
25. Cannot make social judgments.
26. Has bizarre fears.
27. Is short tempered.
28. Has frequent temper tantrums.
29. Maintains a blank expression.
30. Is overly meticulous.
31. Constantly rocks in chair.
32. Picks at paper and tears small pieces.
33. Has petit mal seizures.
34. Cries easily and for no apparent reason.

RESPONSES (AUDITORY VOCAL)

1. Doesn't seem to listen to daily classroom instructions or directions (often asks to have them repeated whereas rest of class goes ahead).
2. Can't correctly recall oral directions when asked to repeat them.
3. Doesn't seem to comprehend spoken words (may recognize the words separately but not in connected speech).
4. Repeats what is told before he acts or responds.
5. Asks the same question over and over.
6. Tends to forget what he heard.
7. Overreacts to normal situations with continuous talk.
8. Is unable to differentiate sounds and noises.
9. Cannot distinguish direction of sound.
10. Requests directions time and time again.
11. Attempts to read lips.
12. Speaks extremely softly.
13. Talks in loud voice all the time.
14. Does not comprehend what is said.
15. Does not remember simple directions.
16. Constantly asks neighbors for help after verbal instructions.
17. Cannot apply former experiences to new situations.

COMMUNICATION (VERBAL)

1. Unable to learn sounds of letters (can't associate proper phoneme with its grapheme).
2. Mild speech irregularities (can't pronounce common second grade words).
3. Immature speech patterns (still uses much baby talk).
4. Has delayed speech.
5. Has poor articulation.
6. Has infantile speech.
7. Stutters.
8. Has trouble with certain sounds such as *s* and *th*.
9. Mumbles.
10. Loses the endings of words.
11. Lisps.

12. Transposes sounds in words (says 'nabana' instead of 'banana').
13. Is unable to vocalize thought with normal flow and speed.
14. Uses dirty words to replace good vocabulary.
15. Feels the urge to make irrelevant remarks.
16. Cannot recall pertinent facts about self.
17. Refuses to speak.
18. Speech not fluent.
19. Confuses prepositions such as over, under, in, out, etc. ("Put water under a fire to boil it.")
20. Language irregularities.
21. Tells barren or incoherent stories (they don't even make sense to peers).

CENTRAL

1. Cannot split attention.
2. Cannot remember after intervening task.
3. Cannot automate irregular plurals, analogies, etc.
4. Cannot automate sequences, e.g., days of week.
5. Difficulty with arithmetic (e.g., can't determine what number follows 8 or 16; may begin to add in the middle of a subtraction problem).
6. Cannot apply the classroom or school regulations to own behavior whereas peers can.

VISUAL

1. Avoids work requiring concentrated visual attention.
2. Is unable to focus on one item.
3. Squints or turns head to focus.
4. Obvious constant copying errors (i-e) (f-l) (g-q)
5. Eyes lose track of moving object.
6. Cannot maintain eye contact.
7. Has poor judgment of distance.
8. Juxtaposition of copied items irregular, e.g., letters.
9. Cannot perform mental tasks with eyes open.
10. Has spacial orientation problems.
11. Is disorganized in space, loses direction and orientation.
12. Confuses right from left and left from right.
13. Has short reading attention span.
14. Has difficulty in reading from the blackboard.
15. Makes extremely peculiar drawings.
16. Has difficulty differentiating subjects.
17. Cannot perform mental tasks with eyes closed.
18. Has difficulty in returning eyes to left margin when reading or writing.
19. Has poor aim.
20. Is unable to classify visual objects.
21. Holds paper at an angle.
22. Is unable to copy.
23. Has faulty body image.

ACADEMIC

1. Can't name letters when they are pointed to.

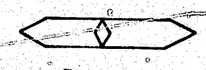
2. Can't pronounce the sounds of certain letters.
3. Usually short attention span for daily school work.
4. Does very poorly in reading, writing, computation, spelling tests compared with peers.
5. Reverses and/or rotates letters and numbers (reads b for d, u for n, 6 for 9) far more frequently than most peers.
6. Reverses and/or rotates letters and numbers (reads tac for cat, left for felt, 327 for 723) far more frequently than peers.
7. Loses place more than once while reading aloud for one minute.
8. Omits words while reading grade-level material aloud (omits more than one out of every ten).
9. Reads silently or aloud far more slowly than peers (word by word while reading aloud).
10. Can't sound out or unlock words.
11. Can read orally but does not comprehend the meaning of written grade-level words (word caller).
12. Can't follow written directions, which most peers can follow, when read orally or silently.
13. Reading ability at least ¾ of a year below most peers.
14. Excessive inconsistency in quality of performances from day to day or even hour to hour.
15. Seems very bright in many ways, but still does poorly in school.
16. Unequal work among and within subjects.
17. Two or more grades behind in basic skills.
18. Unable to plan or do work on his/her own.
19. Doesn't like, avoids academic tasks.
20. Has short reading attention span.

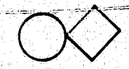
This checklist of observations can be of help in drawing attention to the child who warrants further study. It is imperative that no assumptions be made on the basis of the checklist alone. There are various technical tools — tests and devices — that should be used to identify the kind of problem: learning disorders, psychological disorders, emotional problems, imbalance in physical growth. Only after thorough study and evaluation by competent educational psychological and medical specialists can the actual presence of a problem be established.

Appendix-B

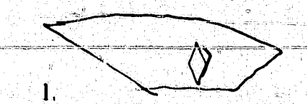
Examples of Geometric Drawings by LD Children

STANDARD DESIGNS

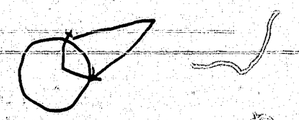




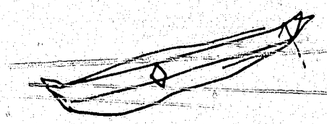
LD COPIES



1.
Girl, 9 years

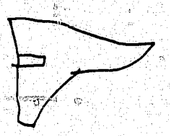


1.
Girl, 7 years



2.
Girl, 8 years, 4 months

2.
Boy, 10 years, 9 months



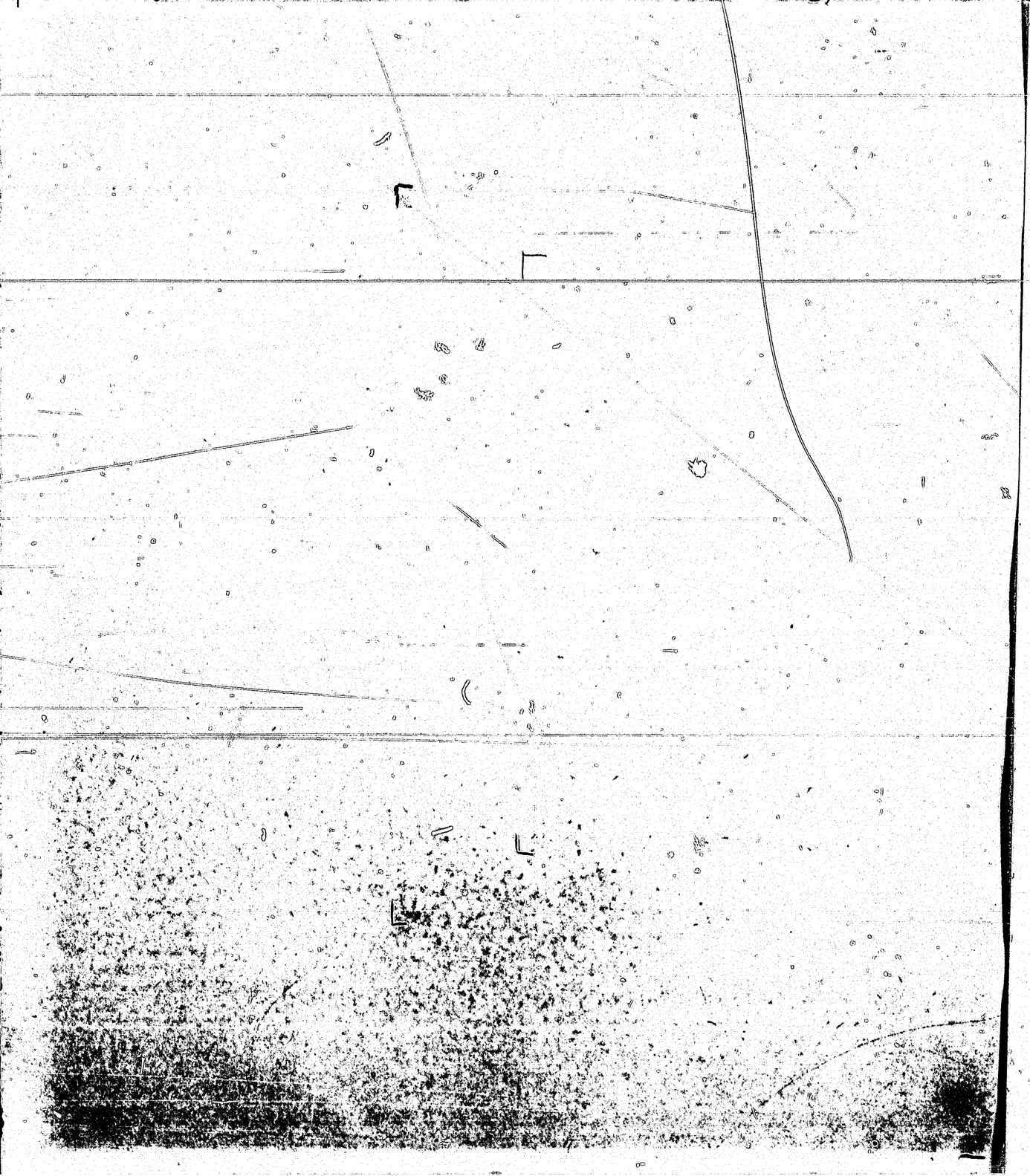
3.
Girl, 5 years, 5 months

Appendix-C

Written Composition Typical of Learning Disabled Children — 7 1/2 Year Old Girl

I saw the hose that my daddy made.

"I saw the house that my daddy made."



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