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The Diagnosis of Specific Learning Disabilities in a Juvenile Delinquent Population

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The term "learning disability" was first given widespread recognition by Kirk in 1962 (1), although the concept had antecedents which may be traced back several years. This concept of learning disabilities has met a significant educational and clinical need by identifying those persons who exhibit behavioral difficulties most noticeably in structured learning situations. These individuals do not, in most cases, manifest lowered intelligence nor "hard" neurological signs such as spasticity, motor weakness or gross motor dysfunction, but rather "soft" signs most readily apparent in the use of spoken or written language.

Currently, the notion of learning disabilities enjoys a secure yet controversial position in disciplines such as psychology, education, and medicine. As would be expected with such a recent entry into established domains, there has been little agreement among professional opinions. In fact, according to Cruickshank (2) the term has been poorly understood by many professionals. There is a congruence, nonetheless, about the definition, adopted by the National Advisory Committee on Handicapped Children and reported by Hobbs in 1975. This definition has served as a guideline for the Association for Children with Learning Disabilities and for most of the individual state legislatures. The definition reads as follows:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantages (pp. 301-392). (3)

Even more recently, an interest has developed concerning the possible relationship between learning disabilities and juvenile delinquency. A causative relationship has been asserted by some; youths with learning disabilities, or at least learning problems, become prone to "act out" in a delinquent manner which will compensate for lack of recognition through more normal channels, i.e., academic performance. A moderate body of research has investigated this problem and a causative link has yet to be established. Furthermore, a relationship between learning disabilities and juvenile delinquency—let alone a causative one—has not heretofore been firmly established.

In April of 1976, the American Institutes of Research prepared a comprehensive study on this subject for the National Institute for Juvenile Justice and Delinquency Prevention in the Office of Juvenile Justice and Delinquency Prevention, a division of the Law Enforcement Assistance Administration. This report, entitled "The Link Between Learning Disabilities and Juvenile Delinquency—Current Theory and Knowledge," provided an excellent review of existing literature, expert opinion, and current theory, as well as a review of all related demonstration projects. This extensive report provided a solid jumping-off point for the present study.

The American Institutes of Research assessment of this problem was reduced to two major conclusions, the first of which is as follows: "The cumulation of observational data reported by professionals who work with delinquents warrants further, more systematic exploration of the learning handicaps of delinquents." (Murray, et al., 1976). (4)

The above conclusion was consistent with the approach taken by Chief William Mulligan, Mr.

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John H. Barnes and other staff members of the Sonoma County Probation Department. Over the years, Mulligan and his associates had advocated the proposition that an inordinate number of the juvenile clients they served suffered from learning disorders which resulted in serious consequences, both in personal and societal terms. (5) Mulligan (6) (7) concluded that failure, frustration, and conflict were caused by this disorder, as was the alienation in school settings, the increasing involvement in antisocial delinquent behavior, and the devastating price paid in personal suffering. The second major conclusion of the AIR report was that: "The existence of a causal relationship between learning disabilities and delinquency has not been established; the evidence for a causal link is feeble." (4) The report underscored the fact that there is a paucity of data concerning the LD/JD link, and the research to date has been with small samples and a minimum of scientific rigor.

Some studies have been reported which screened for learning disabilities during the diagnostic phase of the youths' encounters with the juvenile justice system. Varying percentages of youth diagnosed as learning disabled have been reported ranging from 22 percent to 90 percent. In all probability, such a wide range is due to such factors as misdiagnosis, overgeneralization, unsystematic procedures and fundamental differences in the definition of learning disability. In some cases, no testing whatever was performed, while in other studies psychometric, neurological and electrophysiological data were all considered. The lack of uniformity regarding the criteria for "learning disabilities" makes it difficult to analyze these relationships.

Juvenile delinquency is a global concept that is used to describe a broad spectrum of qualitatively diverse youth. Technically speaking, a delinquent youth is one who has been so determined by a juvenile court. For the purposes of this study, all youths who were brought to and detained at the Sonoma County Probation Department Juvenile Facility at Los Guilucos were considered as delinquent.

It was recognized that there are types of youths who are both under and over-represented in the juvenile system and that in this study the curfew violator as well as the armed robber are included without qualification as juvenile delinquents. The only distinction that was made was on the basis of the type of offense with which the youth was charged. A "601" offense was a lesser or "status" charge that is peculiar to juveniles. This most typically referred to a charge of "beyond parental control," "runaway," and the like. A "602," on the other hand, was the numerical designation for those youths charged with more serious offenses that are typically seen with adult offenders as well. For example, grand theft auto, receiving stolen property, and drug offenses were common under the "602" designation.

Methodology

Participant Selection.—The participants were youths who were detained at the Los Guilucos Juvenile Detention Facility, Santa Rosa, California, for a period which varied from a few hours to several months, during the period of August 1976, through May of 1977. The intention was to make the sample as random as possible, i.e., to obtain a true cross section of all youths processed through the facility during the period of the study.

Typically, the examining psychologist would receive from the correctional counselors a list of 4 to 10 youths who were available. The youth was then asked if he would take the test at that time, or when he would be able to during the next 2-3 hours. Three to four youths were usually examined in succession, and the youths and correctional couselors found that this method of selection was most acceptable. While a number of factors mitigated against total randomization, it was felt that essentially complete randomization was achieved.

In all there were 250 participants, 183 males and 67 females. One hundred seventeen were considered "601's" and 133 were "602's." The age range was 11 years 7 months to 18 years 1 month, with a median age of 16 years 8 months. There were 5 youths who were over 18 years of age. They had committed offenses as juveniles but were allowed to serve their commitments in a juvenile facility after they turned 18.

Examiners.—The examiners were three Ph.D. level psychologists. Examiner A was a 34-year-old male who evaluated 177 of the participants. Examiner B was a 36-year-old male who evaluated 38 of the participants. Examiner C was a 47-year-old female who evaluated 35 of the participants.

Approach to Participants.—Prospective participants were approached with a standard informed consent statement that included the following: "I would like to give you a few tests which have to

do with your learning abilities. It's a normal part of the procedure here, but will not affect the outcome of your case in any way."

All questions were answered. Approximately 99 percent of those approached agreed to participate. One reason that there was such a high percentage of participation was that in some cases a youth who refused to participate for one examiner agreed to participate for another examiner on a later occasion.

Testing Conditions.—The participant was taken into one of six rooms, depending on (1) which of the three living units to which he or she was assigned, and (2) space availability. Three of the rooms were small, approximately 8' by 10'. The other three were larger interview rooms. All rooms had a desk and two chairs and were well lit. None of the sessions for which the data were retained for analysis contained major distracting factors.

Interview and Demographic Information.—The first 5 to 7 minutes were intended to serve a two-fold purpose: (a) to gain rapport and to allow the youth to feel comfortable with the procedure, and (b) to gain as much information as possible which could be later analyzed in terms of predictive relationships. A checklist with coded categories was utilized. Briefly, the information requested related to the following areas: (a) type of offense and prior record; (b) family situation, number of siblings, etc.; (c) school attendance and performance, especially in English class; (d) physical condition, medications, illnesses, accidents.

After the above information and any other relevant clinical observations were recorded, the complete battery was administered. The battery consisted of the following measures:

Bender Visual Motor Gestalt.—Designed to measure visual perception, fine motor coordination and to detect gross indicators of brain damage. The participant is asked to copy each of nine designs, ranging from simple to complex, on a single piece of white paper.

Dictation.—Designed to provide a measure of the ability to transfer the spoken word to the written word. It also acts as a measure of spelling, punctuation, capitalization, and penmanship. Correlates well with reading level. A three sentence paragraph is read to the participant who is asked to write what has been heard the way he or she usually writes.

Copying.—This is employed if the participant is unable to write from dictation and is designed to identify whether basic visual perception and graphic abilities are present. A participant who is completely—or almost completely—unable to write from dictation is shown the same paragraph and asked to copy it directly beneath.

Babcock Story Recall Test.—Designed to provide a measure of both immediate and delayed memory for auditorially presented prose material and to investigate ways in which the actual material might be distorted in recall. After explanatory instructions, a 53-word story is read, after which the participant is asked to repeat it word for word, giving the general idea if the exact words are not remembered. The story is then read again and, ten minutes after the second reading, recall is once again requested according to the same instructions.

Wechsler Adult Intelligence Scale (WAIS) Block Design.—Given to all participants 16 years of age and older. Designed to provide a measure of visual-motor integration; i.e., the way in which visual perception and motor dexterity systems work together. The materials consist of nine identical blocks which are red on two sides, white on two sides and both red and white on two sides, and a booklet with pictures of designs which can be made from the blocks. The task is to put the blocks together, within a time limit, so that the blocks will match the picture. The designs to be matched successively increase in complexity.

Wechsler Intelligence Scale for Children-Revised (WISC-R) Block Design.—Given to all participants 15 years, 11 months of age and younger. The purpose is the same. The designs are different but the procedure is very nearly the same.

Wechsler Intelligence Scale for Children (WISC) Digit Span.—Designed to provide a measure of auditory memory, also has been shown to be a good indicator of concentration ability, and where performance is especially poor, is an indicator of brain damage. Sets of numerals of successively increasing length (e.g., 3, 2, 6; 5, 4, 1, 7; 6, 8, 9, 2, 7) are read aloud to the participant. After each set, the participant is asked to say aloud the numbers heard, in the same order, i.e., forward. After the limit of forward recall is reached, backward recall is sought for similar sets of numerals.

Peabody Picture Vocabulary Test.—Designed as a quick (10-15 minute) measure of intelligence. The IQ used in this study was derived from this measure, with a cutoff score of 80 which was used to differentiate the Developmental Disability group. The Peabody Picture Vocabulary Test was found to be a measure which could be quickly explained to potential testers who may not have had special training in test administration or psychology. Each page of the test booklet consists of four pictures. The examiner says a word which names, or designates a concept, for one of the pictures. The participant is asked to point to the picture which best goes with the word.

Wide Range Achievement Test (WRAT), Reading.—Designed to provide a measure of the grade level at which the participant reads. The participant is asked to read aloud as many words as he or she can from a page of words of progressively increasing difficulty.

Gates-MacGinitie Reading Test: Vocabulary Grades 10-12 Version.—Designed to provide a measure of reading vocabulary. The participant is asked to read silently groups of five words; one standard and four matching choices. The choice which most closely resembles the standard is to be underlined.

Gates-MacGinitie Reading Test: Comprehension, Grades 10-12 Version.—Designed to provide a measure of the degree to which the participant understands what is read. The participant is asked to read silently a series of short paragraphs. Each paragraph has two blank spaces representing missing words. For each blank space, there are five choices. The participant is asked to underline the word which best fits in the blank space.

Findings

Participant Profile and Characteristics of Sample.—The statistical analysis was performed on the 233 participants for whom complete data were available. Based on an analysis of these variables, a profile of the typical participant in the study would be the following: a 17-year-old, white, male, younger child living with his natural (relatively large) family. He was currently enrolled in school and reported either being indifferent to or disliking school. However, he reported average or above average school performance. He had a prior juvenile record.

Thirty percent of the participants reported that at least one other member of their family had been in a correctional facility, and 26 percent reported that at the time of the examination at least one other family member was currently in a correctional facility. In three cases, two children from the same family were being held at the Los Guilucos Juvenile Facility.

Of those participants not currently enrolled in school, the majority had been expelled. Furthermore, the highest grade completed typically did not reflect the level of academic achievement. That is to say, notwithstanding attendance or achievement, the results indicated that students were carried on the school records and promoted through the grades.

Sixty-one percent of the participants informed the examiner that their grades in English were average or above. As a point of contrast, 38 percent reported that they had at one time attended special or remedial reading classes, with only 19 percent being currently enrolled in a class of this type.

Eighty-nine percent of the participants were not receiving any type of professional help, but of those few who were, it was invariably psychological or psychiatric. In addition, medication was not prescribed in 91 percent of the cases, and only 20 percent used a sensorimotor aid. The sensorimotor aids were limited to eye glasses (89 percent) and hearing aids (11 percent).

A notable illness or accident to themselves or another family member was reported for only 16 percent of the participants. Of this proportion, the majority revealed that the misfortune had occurred to them rather than another family member.

Performance Variables

The major performance variables of interest are listed below:

Story Recall—the total number of correctly recalled segments on the Babcock Story Recall Test.

Bender Gestalt—the score according to the Koppitz scoring method on Designs A, 3, 6, 7, and 8 of the Bender Visual Motor Gestalt Test (BVMG).

PPVT IQ—the Peabody Picture Vocabulary Test (PPVT) IQ score.

Digit Span—the total number of digits correctly recalled, both forward and backward.

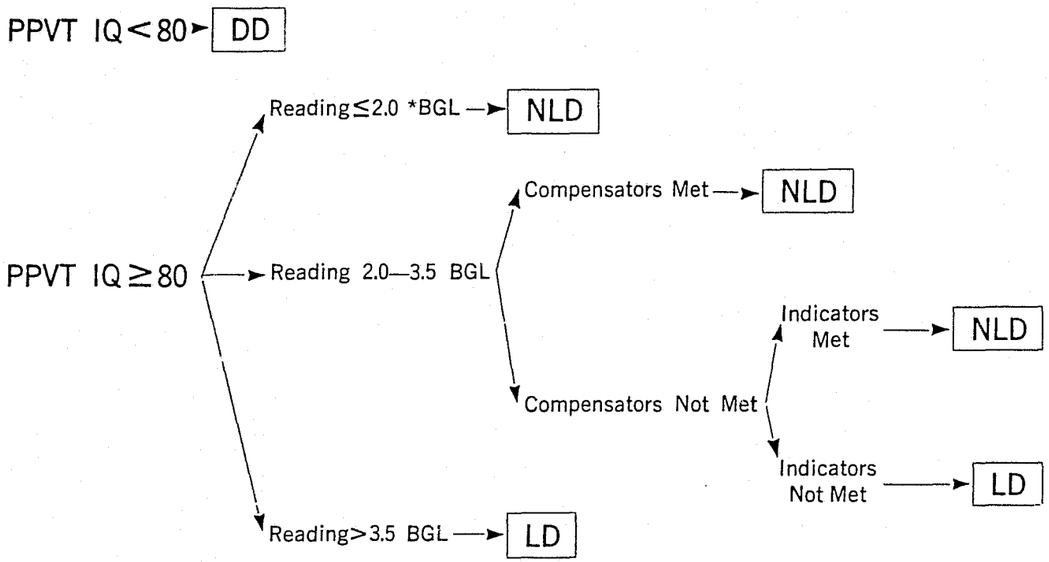
Block Design—(scaled score) the standard score is based on the raw score such that the mean of the normative population is 10 and the standard deviation is 3.

Reading Grade Level—the grade level at which the participant performed on the WRAT Reading Test.

Vocabulary—the number of Gates-MacGinitie

FIGURE 1—Illustrative Model for Classificatory Scheme:

15 Years and Older



*BGL=Below Grade Level

Vocabulary items (out of eight) correctly identified.

Comprehension—the number of Gates-MacGinitie Comprehension items (out of seven) correctly identified.

Spelling (Errors)—the number of words incorrectly spelled on the dictation paragraph.

Classification of Groups

The diagnosis of "learning disabled" or not learning disabled is in many cases not a simple one. A number of factors must be considered; e.g., how far below expected grade level the youth reads, age, IQ, and various other areas of deficiency in addition to reading.

With the above considerations in mind, the participants in our sample were classified as Developmentally Disabled (DD), Learning Disabled (LD), or Not Learning Disabled (NLD) on the following basis. If the PPVT was found to be below 80, the participant was classified "developmentally disabled" (DD). It was decided that the inclusion of individuals with PPVT IQ's below 80 could potentially confound reading disability with low intelligence. Each individual with a PPVT IQ of 80 or above was classified "learning disabled" (LD) or "not learning disabled" (NLD) as follows:

1. If the age of the participant was 180 months (15 years, 0 months) or greater at the time of examination, the following rules applied:

a. If reading was above grade level, at grade level, or not more than 2.0 years behind grade level, s/he was classified as NLD, notwithstanding any other performance criteria.

b. If the reading was more than 3.5 years below grade level, s/he was classified as LD.

c. If the reading was between 2.0 and 3.5 years below grade level, the protocol was considered as follows: If both the Reading Vocabulary and Reading Comprehension scores were above the 75th percentile in our sample, the participant was considered to be adequately "compensating" for word calling below grade level and s/he was classified NLD. If these compensators were not satisfied, the following "indicators" were examined for performance at or below the indicated level:

TABLE 1.—*Distribution of sample by classificatory group*

	DD	*LD*	*NLD*	*Total*
Boys	20 (11.7%)	90 (52.6%)	61 (35.6%)	171
Girls	10 (16.1%)	24 (38.7%)	28 (45.2%)	62
Total	30 (12.9%)	114 (48.9%)	89 (38.2%)	233

TABLE 2.—*Mean scores on demographic data*

Variable	*DD*	*LD*	*NLD*
Number of Children in family	4.27	5.20	3.68
School Performance	2.31	2.38	2.22
English Grades	2.41	2.32	2.12
Remedial Reading	1.54	1.53	1.74

TABLE 3.—*Mean scores on major performance measures*

Measure	*DD*	*LD*	*NLD*
PPVT IQ	74.00	89.87	97.51
Reading Grade Level	4.60	6.03	9.69
Bender Gestalt	3.09	2.56	2.24
Digit Span	9.84	10.43	11.82
Story Recall	13.97	17.76	20.76
Block Design	8.26	9.58	10.91
Vocabulary	1.82	3.40	6.19
Comprehension	1.48	1.83	4.31
Spelling (errors)	4.83	3.66	1.52

(1) Story Recall—25th percentile
(2) Bender Gestalt—25th percentile
(3) Digit Span—Scaled Score 6
(4) Block Design—Scaled Score 6

If two or more scores on these indicators were equal to or less than the levels mentioned above, the participant was classified LD. If fewer than two scores met these criteria, the participant was classified NLD.

Thus, a classificatory system was developed which takes into account age, IQ, reading grade level, "compensators" (other reading abilities), and "indicators" (other language-related abilities). This is presented graphically in figure 1 for those participants who were 15 years of age or older.

A similar depiction would describe the classification system for those less than 15 years of age. Table 1 presents the results of this classificatory technique for boys, for girls, and for the entire sample. Twelve and nine-tenths percent (12.9%) were found to be DD, and 38.2 percent, NLD. Forty eight and nine-tenths percent (48.9%) of the sample was found to be LD, while this proportion was somewhat higher for boys (52.6%) than for girls (38.7%). It is also important to note that 211 of the 233 participants (90.6%) were found to read below grade level. Reading below grade level, however, is quite different from being diagnosed or classified as learning disabled.

Analysis of Demographic and Interview Data.—The interview questions and demographic scores that significantly separated the three classificatory groups (DD, LD, and NLD) are illustrated in table 2. These results indicate that DD and LD participants tended to come from larger families; have poorer school performance, poorer English grades, and are more likely to have been in a remedial reading class than their NLD counterparts. All other demographic and interview variables showed nonsignificant group differences.

Analysis of Performance Variables

An analysis of variance was performed on the major performance measures. Table 3 presents the results of this analysis, comparing the classificatory groups on these measures.

The majority of the measures significantly separated the classificatory groups with the not-learning disabled (NLD) performing at a level superior to that of the learning disabled (LD) who in turn performed at a level superior to that of the developmentally disabled (DD). It is important to remember that high scores on the Bender Gestalt and Spelling Tests indicate poor performance, whereas on the balance of the measures, high scores are associated with good performance.

It is noted that while the expected reading grade level was the 11th grade for all groups, the actual reading level was nearly 10th grade for the NLD group, 6th grade for the LD group, and 4th grade for the DD group.

Discussion and Summary

The present study has been a systematic endeavor to identify delinquent youths who have a clearly identified learning disability. The study took the position that if a learning disability was substantial enough to contribute to a serious acting-out, compensatory behavior pattern, then a standardized clinical examination would diagnose this disability without difficulty. Furthermore, the purpose of this study was to develop a diagnostic battery that could be administered by paraprofessional personnel, and did not require a formal psychological, psychiatric or neurological workup. The definition of learning disabilities that served as a conceptual backdrop for the study was that adopted by the National Advisory Committee on Handicapped Children.

The diagnosis was made on the basis of a severe discrepancy between achievement and expectation that was not due to a developmental disability (mental retardation), severe psychological dis-

turbance or physical disability. In addition, there were multiple indicators which were taken into diagnostic consideration if the youth was found to have at least normal intelligence. Operationally, every effort was made to be diagnostically conservative; that is, to have considerable evidence to support the diagnosis of learning disabled.

A few of the demographic characteristics differentiated the three groups, although most did not. It was not surprising that the DD and LD participants would tend to report doing more poorly in school than the NLD youth. It was interesting that the LD youths tended to come from larger families than DD youths, who in turn came from larger families than NLD youths. It is clear then that family size was a significant factor that was associated with a discrepancy between expectation and achievement.

All major performance measures separated the classificatory groups, with NLD performing superior to LD, who performed superior to DD. This indicates that each measure in the battery was an important indicator of learning disability.

Our operational definition of learning disabilities was an outgrowth of the "national definition" (recounted in the Introduction section). According to our definition, or classificatory system, it was found that 12.9 percent of the sample was Developmentally Disabled (DD), 48.9 percent was Learning Disabled (LD), and only 38.2 percent was Not Learning Disabled (NLD). While a non-delinquent sample was not available for comparison in this study, the figure of approximately 50 percent learning disabled is clearly higher than most estimates in the general population, which cluster around 10-20 percent (e.g., Myklebust, 1968). (8)

We have taken a conservative approach, i.e., it could be argued that the actual proportion of learning disabled youths in our sample is higher. The vast majority of those examined (90.6%) read below grade level and performed below average for their age on other measures as well. In any case, this study has provided solid evidence, in a large sample, that the proportion of those with learning disabilities is greater in delinquent youths than the proportion reported in the general population.

Furthermore, there are very real learning-related problems with many youths who may not be classified as learning disabled. For example, consider the 16-year-old eleventh grader who may have "gotten by" thus far in school. Although he has had a negative attitude towards school for several years, he managed to receive passing, if mediocre, grades with little effort because of average or above average intelligence. While he is not "learning disabled," he is significantly behind grade level. Such youths, along with the learning disabled population, are prime candidates to drop out of school and pose high risks for delinquent activity.

Implications from the Evidence

The real impact of this project will be realized by the extent to which such a battery is implemented in juvenile justice decisionmaking and remediation. The causes of juvenile delinquency are clearly multivariate and complex, but much of the data generated by this project is significant nonetheless.

The idea that approximately 13 percent of those who enter the juvenile justice system may be substantially substandard from an intellectual perspective is certainly alarming. No less disconcerting is the fact that close to 50 percent of the juvenile delinquent population may very well be learning disabled according to rather rigorous guidelines. What does this reflect about our schools, the probation department and the courts? Now that we recognize this fact, what can we do about it?

The answers to these questions are beyond the purview of this report, and require the participation of a wide variety of community personnel. While no reduction in delinquency can be immediately predicted, it does seem apparent that alternatives to standard juvenile justice processing can be devised and, armed with diagnostic information, more knowledgeable dispostions can be made in juvenile cases.

It is also important to note that it is not difficult to learn how to administer this battery, and pilot runs indicate that a person with no prior experience can become thoroughly familiar with the battery in a relatively short time. Furthermore, field utilization appears to be possible due to the low cost and minimal time involved.

Recommendations.—There are a number of specific recommendations for future researchers to consider if this project is complemented by additional investigations. First, it would be helpful to consider an inner-city population that would be representative of a broader cross section than that available in Sonoma County. Second, a comparable school population could be evaluated with the same battery.

The present project should prove sufficiently provocative to stimulate juvenile justice personnel to systematically inventory the learning status of the major sub-groups which they serve. For example, status offenders and chronic offenders should be evaluated and on the basis of this data, dispositions as well as rehabilitation efforts would be well served with this available information.

It has, of course, been repeatedly shown in treatment efforts of many different types that it is an absolute necessity to have precise diagnosis precede attempts to remediate or correct. This has been true with those specific problems categorized by the amorphous term of learning disabilities. It now appears that we have an effective and reasonable diagnostic capability with the added bonus of widespread applicability.

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Issues in the Decriminalization of Public Intoxication

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The decade of the sixties represented a shift in the legal approach to public intoxication. Since the first written law in North America making public intoxication a criminal offense was established in 1619, the number of persons processed through the criminal justice system for this crime has ranged from one-third to one-half of all offenders. Throughout the 1960's, arrests for public intoxication in the United States reached the two million mark, representing almost one-third of all arrests in the country. In cities like Seattle, it was estimated that 70 percent of police man hours were spent on this type of offense and 80 percent of the jail population were alcoholic offenders (Spradley, 1970).

Underlying the legal position regarding public intoxication was a deep-rooted moralistic view which saw all use of alcohol, and especially its misuse, as evidence of moral turpitude and therefore as punishable behavior. The shift which occurred in the 1960's was to redefine the misuse of alcohol and alcoholism as a medical problem and as a disease rather than as a voluntary, "free-will" decision by the inebriate. This decision created a dilemma in enforcement. Clearly, the number of public inebriates was high, their visibility reflected on the community, their behavior was offensive to the public, and the need for control remained high. Yet how does one justifiably deal effectively with a public health problem within the criminal justice structure and meet both the social needs of the public and the health care and other needs of the inebriate?

Ten years after the President's Commission on Law Enforcement and Administration of Justice Task Force Report (1967) on Drunkenness recommended a public health approach be substituted for criminal procedures, the dilemma remains and the legal debate continues. The essence of the conflict revolves around the inability of the legal process to deal effectively with a public health or social problem and the community's continued insistence that law-enforcement remain an integral part of the social solution. Thus, the dilemma and conflict are perpetuated in the current decriminalization trend by emphasizing the social and medical needs of the inebriate while simul-

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