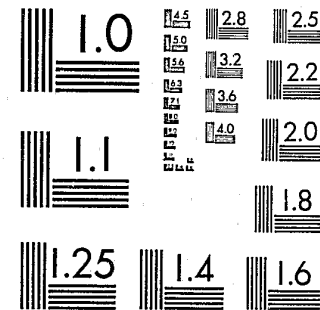


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Federal Probation

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SEPTEMBER 1982

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

U.S. Department of Justice
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This Issue in Brief ACQUISITIONS

Homicides Related to Drug Trafficking.—Homicides as a result of business disputes in the distribution of illegal drugs appears as a new subtype of homicide in the United States, report authors Heffernan, Martin, and Romano. In this exploratory study of 50 homicides in one police precinct in New York City noted for its high level of drug dealing, 42 percent were found to be "drug-related." When compared with non-drug-related homicides in the same precinct, the "drug-related" more often involved firearms and younger, male victims.

Management Theory Z: Implications for Correctional Survival Management.—Increased workload and decreased budgets are realities facing correctional management during the remainder of the 1980's, asserts Dr. William G. Archambeault of Louisiana State University at Baton Rouge. This means that fewer employees must be motivated to produce more and higher quality services. Faced with a similar dilemma, American business and industry have "discovered" Theory Z management and have demonstrated its pragmatic value. This article analyzes the utility of Theory Z in correctional organizations and outlines the steps necessary to implement this approach.

Making Criminals Pay: A Plan for Restitution by Sentencing Commissions.—Attorney Frederic R. Kellogg writes that the recent controversy over the insanity defense has focused public doubt over the criminal justice system. It highlights the need not for further tinkering but for wholesale reform. This recent proposal would classify offenses according to harm and enforce restitution in every case. It would sweep away the entire uncoordinated panoply of postconviction proceedings and replace them with a well-staffed sentencing commission of experienced trial judges whose assignment would be to assess the harm done by the of-

fender and collect judgment to repay the victim and the state.

Information Processing in a Probation Office: The Southern District of Georgia Experience.—Chief Probation Officer Jerry P. Morgan believes there is a place for word/information processing in the probation office. In establishing a system in the Southern District of Georgia, local sentence comparison became the first project followed by

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Learning Disabilities and Juvenile Delinquents

BY H. R. "HANK" CELLINI, PH.D., AND JACK SNOWMAN, PH.D.*

THE PURPOSE of this article is to review and discuss the pertinent studies and information on the possible relationship between learning disabilities (LD) and juvenile delinquency (JD). The Federal Bureau of Investigation's 1980 Crime Reports state that over one-half of all serious crimes in the United States are committed by children and adolescents under age 18, and that juvenile crimes are increasing faster than crimes of a similar adult population. These statistics are startling when one considers the large amounts of time, energy, and money spent on the justice and social services systems in the areas of juvenile crime evaluation, prevention, and remediation. This article will discuss the concept of learning disabilities, the relationship of LD's to JD's, and remediation programs presently in operation and possible treatment strategies.

Learning Disabilities

During the past 20 years children, adolescents, and adults with diagnosed LD's have attracted a great deal of attention from educators, psychologists, and other professionals. Many of

these professionals have researched the problems of these individuals with regard to their learning behaviors on both academic and social levels. The term "learning disabilities" was first used by S. Kirk in 1963 while delivering a speech to interested parents of perceptually handicapped children in Chicago. At this time, Kirk cautioned the parents against the dangers of labeling the children and recommended that the term "LD" be defined by certain behavioral characteristics related to specific learning problems (Hallahan and Cruickshank, 1973).

It is estimated by the Department of Health, Education and Welfare that there are up to ten million children in the United States afflicted with learning disabilities. The problem is not confined to the poor or the wealthy—it is found in every strata of economic and social life in the nation, and may affect only one or all children of a family. The magnitude of the problem of the child is fully as great as that of heart disease or cancer is for the adult. (Weber, 1974, p. 9).

Weber's quote may seem strong when comparing an adult having heart disease or cancer to a child with a learning disability. But can you imagine the essence of life (learning) being a source of constant frustration and self-doubt. This type of life long emotional pain is a reality to many people.

Before the introduction of the term "LD," the individuals with these types of problems were classified by the supposed area of cerebral

dysfunction or by suspected causal factors (Clemens, 1966). Several of the different labels applied to behaviors associated with learning problems are: brain-injured, specific learning disorders, maturational lag, psycholinguistic learning disabilities, strephosymbolia, and neurodevelopmental learning disorders (Cordoni, 1976). Other authors, Spears and Weber (1972), claim that over 40 terms have been used when discussing behaviors similar to LD. Some of these common terms are: minimal brain dysfunction, cerebral dysrhythmia, minimal cerebral dysfunction, developmental disability, perceptually handicapped, specific learning disability, delayed neural maturation, developmental dyslexia, hyperkinetic behavioral syndrome, behavioral disorders, language disorders, educationally handicapped, and impulse disorders.

At first, some of these labels were helpful in describing to other professionals the type of impairment being treated; however, as time went on, it was discovered the labels never accurately described the amount of damage to the nervous system and the range of problems and consequences that would befall the client. It can be seen that the terminology surrounding the concept of LD could easily become a verbal morass. Often children with supposedly similar diagnosed disabilities behave quite differently. Certain LD diagnostic criteria are commonly accepted by most authorities (Kirk, 1972; Gearheart, 1973). The diagnostic criteria are: (a) There must be a serious discrepancy between the child's aptitude and level of achievement; (b) individuals must possess at least an average intelligence; and (c) no sensory impairments (hearing loss, sight problems) are left untreated. Even these criteria are quite vague as the terms "aptitude," "achievement," and "average intelligence" are all involved in the controversy surrounding culture fairness of most psychometric measures.

The definition accepted for this article, as in most current literature regarding the concept of LD, is defined by Federal Public Law 91-230, section 602 (1970) as follows:

The term "children with specific learning disabilities" means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such terms do not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage.

Learning Disabilities and Juvenile Delinquency

The possible link between LD and JD has sparked the interest of increasing numbers of parents, professionals, and researchers. Many of these people are convinced that a link exists, while the opposing camp is just as positive that no causal connections have been or will be found.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice began a systematic effort in an attempt to understand the LD/JD controversy. The American Institute for Research (AIR) was hired in 1975 by OJJDP to summarize the most popular theories and information about the relationship between LD and Delinquency (Murray, 1976). AIR used a three-step approach to investigate the available material on the possible LD/JD link. First, AIR performed a literature search of library collections, relevant Federal agencies, and the abstract services of various professional associations. Next, 46 consultants who were active and respected in areas related to aspects of LD's, delinquency, or in both of the areas, were interviewed. Finally, all existing Federal projects, which were attempting to identify and treat learning disabilities, were examined. The primary concern of the latter examination was to ascertain if any impact was being made on the LD or JD populations.

After reviewing the above information, AIR was commissioned to draw preliminary conclusions about the possible link between LD/JD populations. From these conclusions, policy recommendations would be made which were to direct Federal funding in the juvenile criminal justice system. Due to the extreme importance of this study to the field of criminal justice, it will be reviewed extensively. The study has summarized previous research quite adequately, which lends itself to being the best review of the literature prior to 1976.

The AIR report contended that two models represent the basic and most frequently used logic for the support of a possible LD/JD relationship. The first model was labeled the School Failure Rationale, which delineated a series of events which linked the process of school failure to LD and JD's. This process begins with a child who has a LD and, because of this handicap, continually fails in normal school curriculums. These failures at school lead to a labeling process by which the LD child is seen negatively by teachers, peers, and adults. Eventually the individual begins to perceive of him/her self as deserving the negative

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labels which have been applied. This acceptance of a negative self-image results in a tendency for the child to drop out of school and associate with delinquency prone people. This association then is assumed to often lead the child into delinquent behavior.

The second model, the Susceptibility Rationale, states that many types of LD's are diagnosed in conjunction with personality attributes; such as, the inability to see causal relationships, little awareness of social cues, impulsivity, and emotional immaturity. These combinations of behaviors and traits act as liabilities in social situations. These liabilities in social adaptive behaviors supposedly lead to an increased probability of delinquent behavior.

The AIR study concluded that articles and speeches on LD's and JD's often operate on the assumption that the relationship between LD/JD is already established; but, as of the end of 1975, the study concludes that:

The existence of a causal relationship between learning disabilities and delinquency has not been established; the evidence for a causal link is feeble. (Murray, 1976)

The AIR authors contend that the studies completed by the end of 1975 were so poorly designed that they cannot be used to make even rough estimates of the possible link between LD's and JD's. The report outlined various methodological problems with studies completed before 1976 and then made recommendations on how to improve future studies. The problems with studies completed before 1976 are as follows: (1) no comparative studies of the prevalence of learning disabilities in delinquent and officially nondelinquent populations existed; (2) reliable estimates of the prevalence of learning disabilities were almost impossible because of problems in definition, diagnostic accuracy, procedural inaccuracies, analysis of data, and reporting difficulties in the investigations; and (3) no significant studies comparing the development of learning-disabled and non-LD children existed.

The AIR report mandated that research in the field of LD/JD be based on valid constructs with sound definitions, and that good methodological procedures be used.

Clarification of this position was given and reinforced by two authors (Nassi and Abramowitz, 1976), who discussed research standards usually abused in studies attempting to link criminality to biological causes. The abused measurement standards include the following: (a) careful investigation and measurement techniques, (b) extreme care

in interpreting, finding, and making conclusions, (c) using valid controls for comparison with experimental groups, (d) randomization of samples; and (e) the proper definition of the phenomena under study.

The AIR report made two final programming recommendations to OJJDP. The first recommendation was that because of the observational data given by professionals who work with this population, the authors believed that more research was warranted. The authors suggested that the term "learning disability" be abandoned in place of the term "learning handicap." The change was recommended as an aid in reducing the negative labeling affect associated with the word "disability." The second recommendation was that a project be formed to ascertain the value of treatment programs designed for the remediation of LD's as a possible aid to the habilitation of the juvenile offender.

The OJJDP in October 1976 funded a program based on AIR report recommendations. This project was finished in August 1980; and, even though the final report is not released, a preliminary report is available. Two agencies have jointly received this Federal grant: the Association for Children with Learning Disabilities (ACLD) and the National Center for State Courts. The diagnostic and treatment programs tested for this major study were located in Baltimore, Maryland; Indianapolis, Indiana; and Phoenix, Arizona. The project goal is to provide information designed to assist the development of future programming efforts regarding delinquency prevention.

The Association for Children with Learning Disabilities had the responsibility of providing the remediation programming, while the National Center for State Courts is responsible for the program's evaluation and any other research components associated with the project. The National Center subcontracted with Educational Testing Service to provide the necessary testing for diagnostic evaluations of learning disabled and nonlearning disabled groups.

The Educational Testing Service employed two steps to make the LD classification. The first step was accomplished by a review of the subjects' school records. The researchers were looking for information that would exclude children whose grades or test scores indicated that they were normal for their age. The mentally retarded and physically handicapped were also excluded from the population. If poor academic performance was indicated by low grades or low achievement test

scores, the persons were referred for further testing. The diagnostic tests used in making the LD/Non-LD classification were: Wechsler Intelligence Scale for Children (or Wechsler Intelligence Scale for Adults) where appropriate, Key Math Diagnostic Arithmetic Test, the Woodcock Reading Mastery Test, and the Bender Visual-Motor Gestalt.

It must be noted that the decision guidelines include discrepancies among test scores (ability and achievement), evidence from other test sources like the Bender, and the use of clinical judgment. The testing procedures designed by the Educational Testing Service are now being used by many other researchers in an attempt to add some consistency to the diagnostic efforts.

Now back to the study under discussion. Before stating the initial finding of the ACLD study, it becomes necessary to define the term "juvenile delinquency." For years defining juvenile delinquency has been a serious problem due to variations among statutes and in the treatment of juvenile offenders from one local to another. Because of the variations from one jurisdiction to another, the researchers had to develop an operational definition for juvenile delinquency, as they did with the concept of learning disability. After examining two alternative approaches, legal criteria and behavioral criteria, the researchers choose to use the legal criteria as their method of measuring delinquency. When a child was adjudicated by the courts they were then placed into the JD population.

Many estimates of the prevalence of LD have been made using various types of test batteries and criteria. This is especially true in studies completed before the AIR report. Because of the different diagnoses and tests used, an accurate estimate of LD's in the general population is quite difficult. Estimates for the general population range from 7 to 10 percent (Graydon, 1978; Murray, 1976), while the estimates for the prevalence of LD in juvenile delinquents run from 26 percent to 49 percent (Comptroller General of the United States, 1977; Podboy and Mallory, 1978; Poremba, 1967).

Using the ETS's definitions, tests, and procedures, the ACLD test results on approximately 1,300, 12 to 15 year-old boys in the cities of Baltimore, Indianapolis, and Phoenix, indicated that 16 percent of the officially nondelinquent children are LD while 32 percent of the delinquent population were found to be LD. Now even though the amount of LD's in the delinquent group was twice the size of the nondelinquent group, the

study concluded that the evidence is not sufficient to establish LD's as a causal factor in delinquency. The authors agree, though, that some type of relationship does exist and justifies further investigation into the exact nature of the relationship (Kelitz, Zaremba, and Broder, 1979).

One study (Berman, 1975) used five predictors of LD with a group of juvenile delinquency to construct a matrix for classification of delinquents. The five predictors were Wechsler Intelligence Scale, Wide Range Achievement Test, Halstead's Impairment Index, Trailmaking Test Part A, and Trailmaking Test Part B. These measures, according to Berman, discriminated significantly between the delinquent and nondelinquent groups with 87 percent of the delinquents and 78 percent of the nondelinquents control group. According to Berman, the Performance IQ and Impairment Index were the most powerful individual predictors. The authors contend that being able to successfully use neuropsychological functioning indicators to classify delinquents gives credence to the assumption that learning deficiencies are an etiological factor in a high number of delinquent cases. The Halstead-Reitan tests were designed to use in diagnosis of brain lesions and because of this, no reliability data are available for use with the LD population.

Authors Jerse and Fakour (1978) state that delinquents often can be considered as academically deficient. The indicators used in this study were the delinquents' school records and their test scores on the Iowa Test of Basic Skills.

With consideration still being given to AIR report recommendations (Murray, 1976), many researchers have still pursued the work of relating LD/JD's. Once such study conducted by Podboy and Mallory (1978), changed the name of their diagnostic label to learning handicap as AIR report recommended. The authors, though, choose to retain the word "disability" in the title contrary to AIR's recommendations. They titled their article "Learning Handicap: The Underdiagnosed Disability." What the authors did in this study was to test juveniles who were incarcerated in a facility in California. The facility was a juvenile detention home, which held the subject from 8 hours to 6 months. The median age for the group was 16 years 8 months. Their purpose was an attempt to develop a brief, but comprehensive, screening battery that paraprofessionals could administer. After clinical information was gathered, the battery of eight measures was administered. The tests used were:

1. Peabody Picture Vocabulary

2. Wide Range Achievement Test, Reading
3. Wide Range Achievement Test, Spelling
4. Gates-MacGinitie Reading Test: Comprehension
5. Babcock Story Recall Test
6. Bender Visual Motor Gestalt
7. Wechsler Intelligence Scale for Children (WISC)
8. (a) Wechsler Adult Intelligence Scale (WAIS)-Block Design
(b) Wechsler Intelligence Scale for Children-Block Design

Diagnosis of LD was made when a subject was of at least normal intelligence and showed at least 2 years discrepancy between aptitudes and current level of achievement. The discrepancy could not be attributed to the subject being developmentally disabled (mentally retarded). This diagnosis of developmentally disabled was made when an individual registered an IQ score below 80 on the WISC or WAIS. Using the WISC and WAIS, which necessitates a trained and certified professional, seems to defeat their goal of developing a test battery that can be administered by paraprofessionals. The authors claim that the diagnosis of LD was made quite conservatively. Using these procedures the authors found that nearly one-half of the sample was LD. When comparing the incidence of LD in this population (48.9%) to the reported national averages for the general population (5 to 10%), we can see that quite a difference exists. The authors conclude that:

A failure to diagnose and attend to a learning disability may interrupt the rehabilitation process, unwittingly compound the problem and contribute to compensatory acting-out on the part of the youth. On the other hand, if learning disabilities are identified during the intake process and the disabilities remedied, significant benefits may be realized in both social and personal terms. (Podboy or Mallory, 1978)

Dissenting Views

Many experts choose to doubt the concept of LD's, while other authors believe that LD's are a reality, but doubt their relationship to JD's. This section will discuss some of the literature that expresses dissenting views of LD's and the LD/JD relationship.

The Justice Department's publication of the AIR report titled, "The Link Between Disabilities and Juvenile Delinquency, Current Theory and Knowledge," (Murray, 1976) discusses several problems the consultants had with the concept of LD and, also, how the term has been used. The consultants described three major areas of controversy related to the conceptual validity of LD's.

The first major controversy centers on the extent to which LD's exist independently of standardized definitions and diagnoses. The term "dyslexia" demonstrates one example of how society creates the need to read, then diagnoses the individuals who have trouble adapting to its system as having a disability. The consultants believe that if the word "school" was substituted for "society," many other symptoms of LD would not be seen as disabilities, but just as behaviors which do not match norms.

The second issue the consultants discussed was the extent to which LD's were a function of a developmental lag. It was agreed by most of the consultants that LD associated behaviors seem to disappear or, at least, moderate during adolescence. Many believe that the implications of this developmental issue is often ignored. The fact may be, according to some, that there is nothing wrong with most people diagnosed LD, except that their developmental timing is out of synchronization, when comparing them to members of their own age group. The consultants think that the label of LD may be unfair to the child and may also be an obstacle to clear thinking on how to deal with the adaptive learning problems these people do have.

The third conceptual disagreement concerns the vagueness of any definable etiological underpinning for LD's. Many authors claim neurological causes for the behaviors called LD. But, over the years little progress has been made in tracing these behaviors back to any neurological problems. The consultants concluded that:

Thus when a definition of LD tries to employ etiological characteristics as a means of distinguishing "LD" from "not-LD", it leaves itself open to a number of theoretical objections. A principal one is the charge that the assumption of an organic cause triggers further assumptions that we should be looking for ways to "treat" and "cure" LD with medication and new instructional techniques. This quasi-medical model, the critics charge, is an unrealistically antiseptic approach. It ignores the many ways in which LD phenomena do interact with the environment and with institutional norms. (Murray, 1976)

One researcher (Campbell, 1978) studied the prevalence of LD in a group of 12 to 15 year-old delinquent and nondelinquent boys. The procedures used were those described in the ETS research guidelines. The assessment battery included the following tests on which the determination of LD was to be made: WISC-R, Woodcock Reading Mastery, Key Math, and the Bender Gestalt. Campbell reports that his data indicated that a boy who is LD is not necessarily going to become delinquent. The author stated in his

population that more LD's were present in the nondelinquent sample than the delinquent sample.

The scholarly disagreements continue with some new studies claiming that the incidence of LD in JD populations is high, while other professionals still say that the relationship between JD and LD is feeble at best. The scholarly issues are important, but let's not lose sight of the fact that many people with specialized learning deficits need help. Most of the authors of the studies which disagree on the intensity of and numbers of LD's in JD populations agree that a problem exists. These needs seem to be met by remediation programs that not only deal with the educational needs of these clients, but also with the emotional and behavioral ramifications that are coupled with their problem learning.

Instructional Remediation of Learning Handicaps in Delinquents

Bachara and Zaba (1978) discuss the effects of academic remediation of 21 female and 58 male learning handicapped juvenile offenders. The offenders consisted of 47 black and 32 white individuals whose ages ranged from 14 years, 10 months to 16 years, 11 months. These juveniles in school were at least two grade years behind their fellow students in reading and over 90 percent of the juveniles were far behind their class in all academic subjects. All of the subjects fell within average or above average IQ ranges and were from all socioeconomic groups, though the majority of subjects were from the lower socioeconomic group. In all of these offenders, learning deficits were considered to be the primary problem.

The data collected over a 3½-year time period indicated that the juvenile offenders who were provided with perceptual motor training, special education techniques, and tutoring exhibited a significantly lower recidivism rate than those who were not offered remediation sanctioned through the juvenile courts. The subjects were divided into two groups with group A being the untreated control group. The data indicated that 41.6 percent of group A (20 of 48) had additional trouble with the court system, while group B, the group with academic remediation, had a recidivism rate of 6.5 percent (2 of 31). One methodological problem with this study was that the subjects were assigned to remediation programming by judges in a nonrandomized procedure.

Two authors (Foster and Bernstein, 1979) recommended that structured programming be advocated for the inoculation of social skills among the high

percentage of juvenile delinquents who suffer from learning problems. These authors contend that many of these adolescents entering the juvenile justice system have never learned "normal" social behavior. Since they have never learned proper behavior, many types of professional counseling or social work interventions will prove useless, because most counseling systems assume juveniles can perceive proper social clues and choose not to do so. With the learning handicapped youth the matter of free choice may not be a reality. The authors believe that small group instruction, one-on-one tutoring, formal programming in social skills training, and using reinforced repetition in all teaching techniques would help the learning handicapped juvenile adjust to society and learn more rapidly.

Reporting on Project LEARN in St. Louis County, two authors (Sawicki and Schaeffer, 1979) found that out of the 125 randomly selected JD's that 7 percent were non-LD, 16 percent were within the mentally retarded range, and 77 percent were diagnosed LD. Relating LD to the offenders' criminal histories found that the juveniles with the most severe learning problems usually had the longest lists of offenses. The authors contend that these children need to be identified earlier so remedial education programs designed to meet their specific needs, as separate from the educatable mentally retarded could be met. The authors go on to say that the courts, the school, and the community share equally in any attempt to implement the holistic training necessary to aid this group of offenders.

Conclusions

In summary, throughout the literature many authors have chosen to accept the concept and label of LD as a valid behavioral state. These authors contend that it is unfair to the individuals diagnosed LD to use tests designed for normal functioning children as a measure of the severity of these persons' "disability." Obviously, these children (and later adults) have problems learning through curriculums designed to instruct the normal child, but this should not place the responsibility totally on the student. The educational, juvenile, and adult justice systems need to develop special programs to work with these individuals. The authors recommend that:

(1) Community educational programs be offered to parents and concerned individuals on learning problems and that these programs should offer information on the LD's special needs. The program-

ming should stress that these individuals are of normal intelligence, but for some reason, which we as professionals are not sure of, need educational methods different from the majority of students.

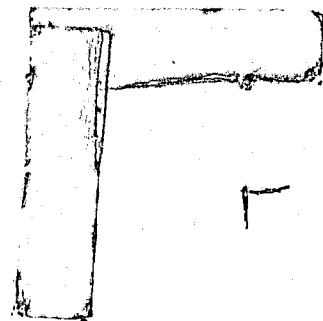
(2) Governmental and educational programming should be directed toward remediation of the current problem in individuals with these learning problems and that special techniques be tested and researched in an attempt to allow for the early identification of the problem in prekindergarten programs or, at least, early in the child's elementary educational experience. There is no reason to wait until the child is adjudicated to begin concern with their special educational needs and rights.

(3) Workshops for students could be developed which will act as a format for providing relevant information on the problems of socialization in our society. The concept of LD could be part of a programming trust which includes such pertinent topics as parenting techniques, drug abuse, career choice, sex education, and others. These workshops could begin early in the child's educational training with programming becoming more comprehensive as the child ages.

Even though from a purely scientific perspective the concept of LD needs further examination, we must never lose sight of the practical reality that many people's needs are not met by educational and psychological programming as it stands today. Serious learning deficits exist and need specialized, often individualized, solutions. Unfortunately, many of these individuals quit school early and afterwards end up as offenders in our criminal justice system, where confinement, not remediation, is the primary consideration.

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