

The impact of learning disabilities on correctional treatment

Offenders who have had serious difficulties in acquiring academic skills may not benefit adequately from treatment programs that assume they possess these skills. Therefore, when offender treatment programs fall short of expected results, their lack of success may be related to a constellation of difficulties referred to as learning disabilities.

It is important to note that the mastery of academic skills extends beyond mechanical proficiency. For example, the ability to read requires matching written symbols to sounds then to words and, finally, extracting meaning from the text. Difficulty with any of these steps may be related to a learning disability.

Further, while learning disabilities are primarily difficulties with academic skills, they also often co-occur with social skill or impulse control problems, attention disorders, or extreme restlessness and hyperactivity.

This article, therefore, examines how learning disabilities are defined and identified, their prevalence within the institutional population and, perhaps most important, how offender treatment or programming can accommodate the unique needs of offenders with learning disabilities. Defining learning disabilities Learning disabilities can best be described as a group of problems resulting from disorders in the receipt of information and its transmission to the brain. Individuals are born with learning disabilities, even though such conditions may not become evident until formal schooling begins. A person also does not outgrow a learning disability - it usually remains present throughout their life.

Learning disabilities are sometimes referred to as "invisible" disabilities because people with these problems appear to function normally in most areas of life and often have average to above-average intelligence. In fact, a significant discrepancy between intellectual ability and academic achievement is one indication of a learning disability.

These disabilities affect various sensory modes involved in processing information. The process of receiving and expressing information can be broken down into four stages:⁽²⁾

- input (the receipt of information by the senses);
- integration (the organization and comprehension of information);
- memory (the storage and retrieval of information); and
- output (the oral or written expression of information).

Learning disabilities may occur at any of these stages. For example, individuals who have difficulty following instructions may have auditory input problems resulting from an inability to focus their attention. On the other hand, those who have difficulty with oral expression may have memory or output problems. Slow and laboured self-expression is often the result of difficulty in accessing words from memory to transform thoughts into oral or written expression. The individual may also not have developed a "self-talk" system that allows them to plan what to say before speaking.

Learning disabilities do not impact exclusively on academic learning situations. They also interfere with non-intentional learning, which is learning that occurs out of simple awareness (such as learning to speak). Problems related to academic skills are referred to as primary disabilities, while problems related to self-regulatory behaviour (such as attention focusing or impulse control) are considered to be secondary disabilities. The effects of learning disabilities

- Learning disabilities tend to reveal themselves in adults in a variety of ways:
- having excellent speaking ability, but an inability to express thoughts on paper;
- having mechanical aptitude, but difficulty with reading, writing or spelling;
- learning well when shown, but being unable to follow written or spoken instructions;
- being unable to organize belongings, time, activities or responsibilities;
- having a history of academic failure;
- making frequent excuses to avoid reading (such as "I forgot my glasses"); and
- avoiding asking questions because of a fear of appearing "dumb."

Further evidence of a learning disability may be the inability to maintain relationships or make friends, a constant feeling of anxiety, tension or depression, poor self-image, an inability to concentrate, or extreme restlessness.

However, many people experience one or more of these symptoms. It is only when several are present to a significant degree that it may indicate a learning disability. A formal assessment by a psychologist or psychiatrist with specialized training can determine the presence of such a disability. Learning disabilities in the institutional population There is strong evidence that the incidence of learning disabilities is significantly greater in the institutional population than in the community at large. Just 5% to 10% of the general population have a learning disability, while the incidence of learning disabilities in the prison population fluctuates between 7% and 77%.

Two Canadian studies have reported incidence rates of between 7% and 25% in federal institutions,⁽³⁾ but U.S. studies have reported rates ranging from 8% to 77%.⁽⁴⁾ This discrepancy may be the result of different definitions of learning disabilities, varying cutoff points for selected measures or the use of abbreviated versions of tests to identify disabilities. Identifying offenders with learning disabilities Psychological testing for learning disabilities generally involves a battery of tests to determine intellectual potential, academic achievement, and strengths and weaknesses in both intellectual and psychosocial development.⁽⁵⁾

However, psychological testing is time consuming and costly. Even a conservative estimate of the incidence of learning disabilities among offenders (such as 25%) suggests that psychological testing would have to be restricted to the most severe cases. Therefore, alternative ways of identifying offenders with learning disabilities are needed.

Offenders are routinely group-tested upon entry into the correctional system to determine grade placement and academic achievement level. Ideally, the diagnosis of learning disabilities should occur at

this time and become part of the offender's correctional plan.

An alternative approach would involve the computerized testing of intellectual potential and academic achievement. Brief tests to measure intellectual potential could then be given to offenders whose initial scores indicated that they were at risk of having a learning disability.

Computerized testing would allow for individualized testing without the time and cost of person-to-person testing. Computers could also immediately generate an offender profile of strengths, weaknesses, intellectual potential and grade equivalents, as well as of the time taken to answer questions, error pattern analysis and correlations among different test results. Para-professionals could administer the second round of brief tests, which could be developed to address the needs of specific institutions (such as facilities for young offenders).

However, testing offenders on admission to the system may produce unreliable results. Offenders may still be experiencing disorientation, adjustment problems or the residual effects of drug use. It would be advisable, therefore, to re-test the offenders at least three months later to ensure the accuracy of assessments so that offenders receive an appropriate correctional plan. Treatment programming accommodation The identification of adults with learning disabilities is a recent phenomenon. It had long been believed that children would simply outgrow learning difficulties when they became adults. However, it has now been acknowledged that although adults may learn to compensate for their difficulties, learning disabilities never completely disappear.

Various types of intervention specifically address the needs of adults with learning disabilities, such as support groups, self-help groups, and group and individual counselling. However, research as to success of these approaches is only in its initial stages.⁽⁶⁾

Ultimately, any form of treatment or programming must address the fundamental issues related to learning disabilities, to enable individuals with these problems to integrate new information into their repertoire of behaviours.⁽⁷⁾

For example, treatment or programming accommodation for offenders with learning disabilities may involve their using a tape recorder or computer. Electronic aids can greatly improve an offender's ability to retain information, while computer word-processing programs (with spelling and grammar check components) might help offenders who have difficulty with the fine motor control involved in writing.

Alternatively, these offenders should receive extra time to complete tests or assignments or permission to tape record their responses. Portable tape recorders might also help offenders who are impulsive or easily distracted, as might their keeping a notebook and pencil handy for writing down thoughts as they occur.

The inability to quickly organize thoughts could lead, in group sessions, to either constant interruptions or the offender remaining silent. Therefore, group leaders should use a relatively structured format, directive questions and constant monitoring to remain on topic and involve these offenders.

Offenders with learning disabilities could also be given practical suggestions on self-organization, such

as how to set up a personal schedule or diary. They could also be encouraged to create daily lists of responsibilities (such as assignments and classes), so they develop self-management skills.

Finally, teachers and group leaders should develop the habit of having offenders with learning disabilities repeat, in their own words, what they have understood in a particular session. This creates an opportunity for feedback and correction, as well as reinforcing the presented material.

Learning disabilities interfere with individuals' ability to extract meaning from written or spoken information. To be effective, treatment programs must, therefore, address the special learning needs of offenders who have trouble processing information.

Ultimately, training and treatment programs focus on lowering recidivism rates. Programming that accommodates offenders with learning disabilities is more effective for more offenders, bringing programming closer to its ultimate goal.

(1) 1201 Bourdeau Grove, Gloucester, Ontario K1C 2M6.

(2) L. Silver, *The Misunderstood Child: A Guide for Parents of Learning Disabled Children* (New York: McGraw-Hill, 1984).

(3) B. Lysakowski, *Incidence of Learning Disabilities in an Inmate Population in British Columbia*, Master's Thesis, University of British Columbia, 1980. See also J. Folsom, *Psychopathy and Learning Disability in a Male Prison Population*, Ph.D. thesis, 1993.

(4) W.M. Dowling, "Learning Disabilities Among Incarcerated Males," *Journal of Correctional Education*, 42, 4 (1991): 180-185. See also I. Keilitz, B. A. Zaremba and P. K. Broder, "The Link Between Learning Disabilities and Juvenile Delinquency: Some Issues and Answers," *Learning Disability Quarterly*, 2 (1979): 2-11.

(5) The Wechsler Intelligence Scale for Adults and the Woodcock Johnson Test of Cognitive Abilities are the tests used most often with offender populations.

(6) A. Vogel and S. R. Forness, "Social Functioning in Adults with Learning Disabilities," *School Psychology Review*, 21, 3 (1992): 375-386.

(7) C. S. Weinstein, "Cognitive Remediation Strategies: An Adjunct to the Psychotherapy of Adults with Attention deficit Hyperactivity Disorder," *The Journal of Psychotherapy Practice and Research*, 3, 44 (1994): 44-57. See also N. Hallowell and J. Ratey, *Driven to Distraction* (New York: Pantheon Press, 1994).