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AFFECTIVE CONSIDERATIONS FOR DEVELOPING  
INTERVENTION STRATEGIES USED IN THE ACLD-R&D PROJECT

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## ABSTRACT

This paper describes affective considerations and intervention strategies used for teaching the ACLD-R&D Project's sample population. The Project's methods, as well as the authors' comments, are offered for consideration of personnel who work with these special youths.

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Historical Items and Comments

Often one does something in education because it has become an ongoing method. It is not customary to question traditional methods or to evaluate whether they are achieving the desirable goals. Priorities are generally policies, data, administrative processes, budgets, legal requirements and teacher demands to the extent that student needs are sometimes overlooked.

Most Americans assume that all children go to school. According to the 1970 U.S. Bureau of the Census, data on non-enrollment, of juveniles who have been out of school for two or more consecutive months prior to April 1970, nearly two million juveniles, seven to seventeen years of age, were not enrolled in school. Over one million were between seven and fifteen years of age. More than three-quarters of a million were between the ages of seven and thirteen. A closer examination of the Census data indicated a far more serious problem of school non-enrollment than the overall national average of 4.8 percent suggests. Census data does not reveal the real dimensions of the out of school problem in America. Not included are the truant, pregnant, disciplinary suspended or expelled, extremely poor, mentally

retarded, emotionally ill, those with learning disabilities, and/or those unable to speak English. Juveniles included in the Census data are those who are physically not in school. Not counted are the far greater number who are technically in school, but who benefit little or not at all.

In the educational area of learning disabilities, some experts claim that the pattern of the youngster who has academic problems because of perceptual and attentional deficits begins early in life. The very young child who is developmentally slow is often the object of parental anxiety. When he reaches school age, perceptual deficits and poor socialization skills may hinder the child's attention to preliminary grade school tasks and he soon falls behind. This can cause future behavior problems as well as academic problems. Teachers usually become more concerned with controlling the aggressive or hyperactive behavior rather than the teaching of reading and math. The student may develop a low self-image because he never masters these cognitive skills. The relationship of learning disabilities, poor self-concept, school achievement, school attendance, juvenile delinquency, remediation models, student needs and these commonly held ideas about the learning disabled were considered when developing affective teacher behaviors for academic intervention.

Weiss and Weiss<sub>2</sub> (1966) list common characteristics of persons with learning disabilities: inadequate spoken language skills;

difficulties in learning and remembering the printed word; reversal of sequence of letters in words; and poor spelling skills. Also, defective written composition, difficulty in organization of ideas and illegible handwriting are all areas of deficits in many children with learning disabilities.

Ten characteristics that are often associated with involvement in juvenile delinquency are:

1. Home discipline - parents are often too erratic and inconsistent.
2. Emotion on home ground - the youngster learns the feelings of fighting, fear and hatred which are often taking place in the home.
3. Lack of success in school ventures - these children do not seem to be good at anything.
4. Dislike of school - future JD youths have few readiness skills when they enter kindergarten or first grade. They immediately indicate a dislike of school.
5. Disinterest in school work - they seem unmotivated by what school has to offer.
6. School failure - an early indicator of future social and/or behavior problems.
7. Early school leaving - by third or fourth grade, some students seem to be programmed to drop out of school.

8. Delinquency - delinquent acts become an ongoing occurrence.
9. Absence of extra-curricular activities - juveniles who lack interest or fail in the academic area also do not participate in extra-curricular activities.
10. Aggression - these children have never learned coping skills which would let them know how to solve problems rationally.

### Introduction

Within the last several years, increasing attention has been given to the possibility of a relationship between specific learning disabilities and juvenile delinquency. Empirical evidence was virtually nonexistent in recent literature; hence, the National Institute for Juvenile Justice and Delinquency Prevention (NIJJDP) commissioned a study to summarize existing data and make policy recommendations. The American Institutes for Research (AIR)<sub>3</sub> conducted the assessment and found the existing evidence of a correlation between learning disabilities and juvenile delinquency was inconclusive. Based on the AIR recommendations, NIJJDP provided funding for a research and development project to investigate the possibility of a link between learning disabilities and juvenile delinquency. The program was administered by two grantees: The Association for Children with Learning Disabilities (ACLD) and the National Center for State Courts (NCSC). It addressed three major issues:

1. the determination of the prevalence of learning disabilities in delinquent and nondelinquent samples;
2. a remediation or treatment program for selected groups of adjudicated delinquents;
3. an evaluation of the effectiveness of the remediation program.

Three areas of the United States were chosen, based on demographic characteristics, as sites for the R&D Project: Baltimore, Maryland, an urban area with a large minority population; Indianapolis, Indiana, a rural/semi-rural area; and Phoenix, Arizona, a suburban area with a multi-ethnic population. The prevalence and evaluation studies were done at NCSC, which is located in Williamsburg, Virginia, and the remediation program was conducted by ACLD at the Project sites.

#### Program Preparation and Planning

The target population was identified through a diagnostic test battery and selected at random for placement in remediation or control groups.

Learning Disability Specialists and a Program Director comprised the program staff at each of the sites. The LD Specialists had Special Education certification in their respective states; the Program Directors held Master or Ph.D. degrees in Special Education or Criminal Justice. Each Specialist had a caseload of approximately 10 students. The Specialists implemented and conducted a

remediation program for each student. Remediation time ranged from one class period to four class periods a week for a minimum of one school year. A prescription which included long and short term goals and objectives was written for each youth and updated every three months.

Prescriptions were based on formal testing conducted by an independent testing service. The Specialists did additional informal diagnostic testing. The main emphasis of remediation was focused on the juveniles' deficit areas as revealed through the diagnostic evaluation.

Goals and objectives were written to delineate the type of remediation that would be most appropriate for each youth. The following sequence of events became standard procedure for each LD Specialist once a juvenile was identified as a recipient of remediation:

1. If necessary, additional testing was administered.
2. A remediation prescription was written using diagnostic evaluation material.
3. The student was scheduled for remediation.
4. Weekly lesson plans were written, materials identified and results of the remediation session recorded.
5. Remedial instruction was implemented and conducted.
6. Weekly staffings were held with Program Director and staff to discuss progress of juveniles.

7. There was an ongoing assessment and monitoring of individualized remedial prescriptions.

For purposes of this research program an academic treatment model was utilized rather than one which dealt with the neuropsychological processes. The remediation model was focused on two separate areas of cognitive learning. These areas of emphasis were:

1. Remediation of basic academic skills.
2. Stress on continued learning and gaining information in spite of low skill entry level.

#### Affective Considerations

The Project's sample population exhibited five characteristics which seem to be found fairly consistently in both learning disabled and juvenile delinquent populations. These characteristics were (1) dependence, (2) poor self-concept, (3) distractibility, (4) discipline problems in class, and (5) withdrawal.

These characteristics were primary considerations as the staff structured the learning situation for each juvenile. Strategies to counter former negative learning experiences of these youths were developed and used. Basically, the methods used were as follows:

1. Student Capability Levels

Three factors are inherent for a successful remediation program. They are the student's capability to relate;

a sufficient attention span for a 30-45 minute remediation session; and the motivation to participate.

Most of the sample population exhibited lack of assurance and poor self-concepts. It was necessary to consider these factors in order to plan meaningful academic intervention.

Contingency contracting was used to develop a good relationship between the pupil and teacher and to create motivation. In other words, the juvenile contracted, or agreed to cooperate and participate in the program. It was understood the juvenile could withdraw from the remediation program at any time and that his participation was voluntary. This type approach to remediation helped establish an environment of reciprocal respect.

## 2. Environment

During the course of the Project's remediation period, it was necessary to meet with the juveniles in a wide variety of places which included schools, libraries, homes, detention centers, even a fire station. Finding a quiet place was difficult, particularly in the public schools. When space was available, it was often in a setting that had other activities going on. It was sometimes necessary to use a large area involved in heavy school traffic such

as the auditorium stage, or cafeteria. If the assignment was a janitor's closet or nurse's office (not atypical Special Education classrooms), these were frequently noisy and cluttered. Working in these situations with youths who overly reacted to visual and auditory stimuli or who were easily distractible became a challenge for the Specialists. Designing a private study carrell took great ingenuity. Ready-made screens, large folding boxes, swags of material, file cabinets, bamboo curtains were among the devices used to protect the usually self-conscious juvenile from peer interference.

### 3. Positive and Negative Reinforcement

Considerations of which positive and negative reinforcers to utilize were limited because of the design of the remediation program. Reinforcers as recommended by Engleman<sub>4</sub> were used. Some of the positive reinforcers were praise and recognition. Also, giving the juvenile the opportunity to select subject matter he wished to study was a part of positive reinforcement. Special free-time activities, shortened work time and, in some cases, material rewards were also used (i.e., merit certificates). The LD Specialist structured the situation to encourage desired behavior. Negative reinforcement was used rarely

but should be mentioned since it was considered during planning.

Affective objectives developed by the Learning Disability Specialists recognized that it is basic to education that students maintain a positive learning experience. The attitude of the teacher toward the juvenile was considered extremely important. When the student knew he was accepted by the Specialist and that the lessons had been individualized expressly for him, rapport could be established. The Specialists were aware of the person's learning style and were teaching to the academic strengths while attempting to remediate the weaker areas.

Standardized procedures were developed and limits set in all possible areas. These included times scheduled for remediation sessions, the amount of work expected during a session, how to deal with missed or broken appointments and the behavior of the youth. These procedures were explained to the student in an objective manner in order to appeal to his maturity and sense of reasoning.

The Learning Disability Specialist became the youth's supporter avoiding judgmental discussions about his incarceration, crime, or time spent away from school and home. The juvenile knew that the instructor had a personal commitment to the remedial sessions. The Specialist made sure that the student and others were aware of

his academic improvement. It was suggested that discussion of the use of controlled substances (i.e., drugs, alcohol) by the youth or his peers be avoided. Verbal confrontations were not likely to occur after the youth understood the Specialist's position.

Inappropriate behavior of the student was extinguished most easily by ignoring it. Undesirable actions were reinforced when the Specialist gave the student too much attention or pleaded for better behavior. If the juvenile understood the necessity for attention in these short sessions and was personally motivated, negative behavior improved or did not occur.

The Learning Disability Specialists were continually alert to personal habits that could affect the success of teaching. At least one time monthly, these questions were addressed in a conference with the Site Program Director:

1. Are you organized? Are lessons planned individually, on a weekly basis for each juvenile?
2. Are your instructional skills for Learning Disabilities sophisticated? Is knowledge of the LD juvenile exhibited? Are you receptive to ideas/suggestions from fellow staff members?
3. Are you using a variety of instructional strategies?
4. Have you read and interpreted test data and written prescriptions based on the data?

5. Are you able to maintain "on-task" behavior in the juveniles?
6. Are you maintaining commitment, determination and abilities to prevail in difficult, discouraging situations?

#### Academic Intervention Strategies

A thorough study of each juvenile's file was made. This included an evaluation of the juvenile's academic status to assist in decision making. Informal reading, math, spelling, and interest inventories were administered. Generally, prescriptions were written after the informal testing. Lesson planning followed the completion of the prescription.

Remediation sessions followed after completion of lesson plans. The sessions had specific goals and time limits. These were formulated to facilitate success in learning. Each youth had a separate folder which contained the individual short term objectives, lesson plans, materials and workbooks.

Lessons were outlined in detail using a task analysis approach where each learning step was presented singularly. Mastery of each task was demonstrated before the next step was introduced by the Specialist. Informal assessment techniques were used based on the R&D Prescription Code to determine the entry level of remediation. Teaching in these small components helped to build a better academic foundation.

Increasing the youth's attention span or "on-task" behavior required a great deal of the Specialists' planning time. The use of a stop watch proved a sophisticated method to involve the juvenile in this process. Self-competition was developed through timed worksheets and tasks. A log or graph was kept of timed improvements so the student was aware of his growth.

A multisensory approach to instruction proved to be more effective than that of teaching to a single modality. When necessary, all modalities, visual, auditory, kinesthetic and tactile were integrated to reinforce learning concepts. Audio-visual materials were used to stimulate interest and motivation, and content area materials developed to appeal to youths of this age level were chosen. Reviewing and updating prescriptions at least every three months provided assurance that learning was taking place. Involving the juvenile in this process of measuring the academic gains was another technique to develop motivation.

All the academic activities for the remediation sessions were designed to improve low self-concepts and correspondingly low frustration levels of the juveniles. When they were able to complete lessons successfully and to know they were able to learn, the juveniles became more motivated students.

It is hoped that through the presentation of this paper teachers of LD-JD youths may institute more creative affective and academic intervention strategies for their students.

### Footnotes

1. U. S. Bureau of Census, Census Population: 1970, Vol. 1, Characteristics of Population, U. S. Government Printing Office, Washington, D. C. (1973).
2. Weiss, Helen G., and Weiss, Martin S., Survival Alternatives For The Learning Disabled Adolescent. Paper presented at the International Conference of IFLD, Montreal, Canada, August 1976.
3. Murray, Charles A., The Link Between Learning Disabilities And Juvenile Delinquency: Current Theory And Knowledge, American Institutes for Research, Washington, D. C., April 1976.
4. Engleman, S.; Becker, W.; Carmine, L.; Meyers, L.; Becker, J.; and Johnson, G., Corrective Reading Program Teacher's Management And Skills Manual, Science Research Associates, Inc., (1975).

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