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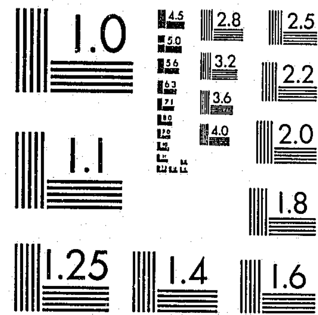

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Federal Probation

Combining Incarceration and Probation . . . . Nicolette Parisi

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Speech-Language [illegible] Offender . . . . Joyce S. Taylor, Ph.D.

Victims and [illegible] . . . . [illegible], Ph.D.
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[illegible]b-Related Inservice Training in Corrections: [illegible]s on Designing Training Programs . . . . Yona Cohn

[illegible]ing in the Probation Supervision Process . . . . Al Havenstrite

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JUNE 1980

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All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of FEDERAL PROBATION. The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experience and findings related to the prevention and control of delinquency and crime.

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VOLUME XXXXIV JUNE 1980 NUMBER 2

This Issue in Brief

Combining Incarceration and Probation.—The judicial combination of incarceration and probation can be achieved through a number of different alternatives: split sentences, mixed sentences, shock probation, intermittent confinement, diagnostic studies followed by probation, modification of a sentence of incarceration to probation, bench parole, and jail as a condition of probation. This article, by Nicolette Parisi of Temple University, describes the history behind these hybrids and the views of major commissions and model sentencing acts toward these judicial alternatives.

Empirical Data, Tentative Conclusions, and Difficult Questions About Plea Bargaining in Three California Counties.—Many observers of the plea bargaining process have long maintained that the system often works to penalize a defendant for exercising his right to trial while concomitantly depriving the public of needed protection through lenient sentencing. Until recently, however, few efforts have been made to collect data in order to verify this and other criticisms of the plea negotiation process. Asserting that any changes in the current law surrounding plea bargaining should be based on solid data, Raymond I. Parnas, professor of law, University of California at Davis, offers a preliminary analysis of empirical data collected by California's Joint Committee for Revision of the Penal Code during a unique survey of the plea negotiation procedures followed in three California counties.

The Determinate Sentence and the Violent Offender: What Happens When the Time Runs Out?—With a true determinate sentence such as California's there are prisoners who remain mentally ill when their term ends and they must be released, reports Walter L. Barkdull, assistant director of the California Department of Corrections. Civil commitment procedures in California have proved inadequate for their treatment and control, he adds. While a legislative solution continues to be sought, the intervening experience has demonstrated both the need for a formal period of parole supervision for that kind of releasee and its capability to assist and control a particularly difficult type of offender.

Danish Use of Prisons and Community Alternatives.—The Danish criminal justice system represents an unusual combination of practical justice and humane treatment of offenders, with-

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out having to resort to extensive use of very costly prison confinement. Mark Umbreit, executive director of PACT, Inc., examines the more limited use of prisons in Denmark than in the United States. Reference is made to a cross cultural analysis of crime rates and sentencing patterns, as well as identifying the extremely humane conditions of Danish prisons. He goes on to provide a brief survey of community alternatives in Denmark.

Criminal Justice Education: A Question of Quality.—Professor Reed Adams of the University of North Carolina at Charlotte notes a lack of information regarding the nature, process, or demographic aspects of criminal justice education and discusses a recent critical assessment (Sherman, 1978) of some aspects of criminal justice education. A survey of criminal justice programs and faculty in North Carolina is reported as one aspect of the needed description of the field, and as one means of judging the quality of one aspect of criminal justice education.

Speech-Language Services for Youthful and Adult Offenders.—Limited research suggests that the incidence of communicative disorders (speech, language, and hearing) among incarcerated juvenile and adult offenders exceeds that predicted within a comparable nonincarcerated group, according to Dr. Joyce S. Taylor, chairperson, Department of Speech Pathology and Audiology, Southern Illinois University, Edwardsville. The purpose of her article is to acquaint correctional practitioners with diagnostic and habilitative/rehabilitative services available to offenders with communicative disorders and to identify community resources for continual intervention.

Victims and Delinquents in the Tulsa Juvenile Court.—In 1975, the Juvenile Court in Tulsa, Oklahoma, formalized procedures by which some offenders were required to make restitution to their victims, engage in community service, and meet and apologize to their victims. The program is staffed by two victim coordinators who, between December 1, 1975, and November 30, 1978, have provided services to 251 victims and 291 offenders. The program is described and an analysis done of the characteristics of youth referred, the characteristics of victims, and the nature of the obligations imposed upon the youth.

Toward Job-Related Inservice Training in Corrections: Reflections on Designing Training Programs.—The purpose of an inservice training program is to increase the professional competence of the staff, and to improve the quality of the service. In reality, inservice is often used, or rather misused, to meet the organizational needs of the department or the administration. This article by Professor Yona Cohn offers a design to develop a job-related training program where the following questions are asked and answered: What knowledge, attitudes, and skills are needed to perform the job? Which of these qualities do the staff already have, and which are lacking? What teaching methods are needed to fill in the gaps?

Case Planning in the Probation Supervision Process.—It has been said, "If you don't know where you are going, any old route will do." In his article on supervision planning, Chief Probation Officer Al Havenstrite introduces a systematic approach to this much neglected area of the probation and parole supervision process. The supervision plan should address not only assessment of needs and developing of goals, but the establishment of priorities, development of action steps and establishment of time frames. In utilizing a systematic approach, the author provides the practitioner with tools which are applicable to the individual caseload or for department-wide planning. Emphasis is on practical goals and action steps which can be measured, verified, and which are realistically attainable during a period of probation or parole supervision.

All the articles appearing in this magazine are regarded as appropriate expressions of ideas worthy of thought but their publication is not to be taken as an endorsement by the editors or the federal probation office of the views set forth. The editors may or may not agree with the articles appearing in the magazine, but believe them in any case to be deserving of consideration.

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Speech-Language Services for Youthful and Adult Offenders

BY JOYCE S. TAYLOR, PH.D.
Chairperson, Department of Speech Pathology and Audiology, Southern Illinois University, Edwardsville

PURSUANT to the implementation of Section 4 of Public Law 94-142, Education for All Handicapped Children Act of 1975, specific services to individuals confined to correctional facilities are mandated; included is the delivery of speech, language, and hearing services. Specifically, the Act states that instructional and related services must be provided to handicapped persons in hospitals and institutions as well as public and private schools; speech pathology and audiology are defined as supportive and/or related services.

The literature, for the most part, does not document the need for inclusion of programming for the communicatively handicapped, not because such a need does not exist but because little research has been directed toward the communicative needs of juvenile and adult offenders. Those studies which have been completed suggest that the incidence of communicative disorders among this population exceeds that anticipated within a comparable nonincarcerated population. It is estimated that debilitating communicative disorders affect 4 to 5 percent of the general population (Travis, 1957). In two studies seeking incidence data, the range of disability was from 52 percent among incarcerated adult offenders (Staggs and Luebben, 1975) to 84 percent among youthful offenders (Taylor, 1969). Assuming that these findings would be paralleled had additional research been conducted with this population, it can be seen that a need does exist for the delivery of speech, language, and hearing services to incarcerated and paroled offenders. It is the purpose of this article to present information about communicative disorders to correctional practitioners so that they might be better prepared to understand such problems and seek appropriate services for offenders so afflicted.

Definition of Terms

Prior to proceeding, a discussion of terms used in the field of speech-language pathology and audiology and information related to the diagnosis and management of communicative disorders are necessary. Communication refers to "any means by which an individual relates experiences, ideas, knowledge, and feelings to another"; this encompasses the receptive and expressive modes of speech, sign language, gestures, reading, and writing. (Nicolosi, et al., 1978). Language, an accepted, structured symbolic system, permits communication to transpire between individuals for whom these symbols have common meaning. Speech, the expressive form of oral language, involves phonation, articulation, and rate and rhythm; auditory sensitivity is prerequisite to the development of adequate speech and language patterns.

Disorders of communication occur when speech and language deviate from the accepted standards in terms of intelligibility, linguistic quality, rate, or vocal characteristics. An articulatory disorder refers to a problem in the production and/or connection of speech sounds; an individual with such a disorder might say "thun" for "sun" or "wabbit" instead of "rabbit." Linguistic disorders are identified when the individual is unable to understand or use symbols in the commonly accepted manner; such disorders may occur in the recognition, association, or generation of the semantic, morphological, syntactic, or pragmatic areas of language. These differences or disorders may be functional or organic in origin and may range in severity from relatively mild deviations to those which render meaningful communication impossible.

Although the rate of speech varies extensively, abnormalities of rhythm may be identified as stuttering. By definition, stuttering is:

> a disturbance in the normal fluency and time patterning of speech characterized by one or more of the following: (a) audible or silent blocking; (b) sound and syllable repetitions; (c) sound prolongations; (d) interjections; (e) broken words; (f) circumlocutions; or (g) words produced with an excess of tension. (Nicolosi, 1978).

Disorders of voice may be observed in terms of pitch, quality, and intensity differences and may result from organic or nonorganic factors. In the

absence of elaborate instrumentation, diagnosis of vocal disorders requires subjective judgments which often lack universal agreement. As a result, it is not unusual for minor vocal deviations to remain undetected.

A final area of communicative disorders is hearing impairment. Like other problems, auditory disabilities may range in severity from slight losses to deafness. The age at which hearing impairments occur and the severity of such losses are important considerations in assessing their effect on communicative behavior. For example, a child with congenital deafness will present a much more serious deficit in communication than the individual who loses his hearing after language has been established.

In summary, disorders of speech, language, and hearing may present themselves in a variety of ways and in differing degrees of severity. Minor deviations may have little effect on communicative behavior; on the other hand, more serious problems may interfere with psychological and social adjustment and educational and vocational success.

Diagnosis and Management

Evaluation of the individual with a communicative disorder involves both subjective and objective techniques. The speech-language pathologist may employ standardized testing instruments to identify and assess linguistic abilities; regardless of the outcome of such objective methods, however, observation and analysis of the individual's ability to receive, integrate, and generate oral language in his daily living must be considered. With regard to articulatory competence, too, test results must be supplemented by observation of conversational speech. Diagnosis of stuttering in children is sometimes difficult; adolescents and adults present fewer diagnostic problems. Typically, these individuals have developed complex patterns of dysfluency and may display concomitant behavioral deviations. Assessment of stuttering tendencies should be made in a variety of communicative contexts over a representative period of time. Similarly, diagnosis of vocal deviations may require several diagnostic sessions and consultation with medical personnel. The greatest objectivity in the evaluation of persons with communicative disorders is obtained through audiological assessment; sophisticated instrumentation permits specific and precise assessment of hearing sensitivity.

In general, the determination that a communicative disorder exists is made on the basis of both subjectively and objectively obtained information. The critical questions to be answered in arriving at such a decision are whether or not the individual's communicative abilities are similar to those of others his age and whether or not his communicative abilities permit him to function in a variety of environments. If the individual displays speech and language patterns characteristics of those younger than he, intervention may be warranted. Similarly, the individual whose speech and language patterns limit his communicative effectiveness to a relatively small core of listeners may be in need of habilitative/rehabilitative services.

Once a communicative disorder has been identified, a number of therapeutic approaches are available. Typically, therapy is conducted on an individual basis; in some instances small group therapy may supplement individual work. Commercial programs for the treatment of stuttering, articulatory disorders, language problems, and vocal deviations provide highly structured means of approaching these communicative disorders; such programs may be utilized with the adolescent or adult with these defects. An alternative to the use of commercial programs is the establishment of an individual therapeutic plan, based on the client's disability. In most cases, the speech-language pathologist would combine these approaches in order to best meet the client's communicative needs. For example, the dysfluencies of a stuttering client may be approached in the following way. Initially, the client must recognize that he has a problem and must believe that he can learn to control his stuttering. Next, the client and clinician would identify the characteristics of the former's stuttering behavior and determine which area should receive immediate attention; at this point, a commercial program might be selected which would assist in a systematic attack on that behavior. Simultaneously, the client and clinician might explore the individual's emotional reactions to his problem and discuss more appropriate responses. As the client gains some control over his stuttering behavior, appropriate practice forums would be found; the soon-to-be released incarcerated adolescent might role-play interviewing for a job, for example. The important point here is that the experiences must relate to the individual's current and future communicative activities if they are to be meaningful.

In summary, both the assessment and management of the communicatively disordered client must be handled on an individual basis. Although commercial tests are available to assist the speech-language pathologist in diagnosing the client with a communicative disorder, such assessments must be supplemented by observation and should result in an accurate estimate of the individual's ability to communicate in his immediate environment; in addition, the future communicative needs of the client must be projected. In delivering services to the communicatively disordered individual, similar criteria must be utilized. The techniques and strategies employed must have some relationship to the client in his present environment and should prepare him to function adequately in future communicative situations.

Delivery of Services Within Institutions

PL 94-142 mandates that institutions housing individuals between the ages of 3 and 18 respond to their handicapping conditions with appropriate therapeutic intervention. Research in the area of incarcerated delinquent boys suggests that the incidence of communicative disorders exceeds that anticipated within a nonincarcerated population in a similar age group. That these youths are troubled is evidenced by their incarcerated state; if the communicative disorders presented by such boys contribute to their delinquent tendencies, then these problems must be addressed.

Time limitations preclude elaborate long-range therapeutic intervention; most youths are incarcerated for less than one year. Some communicative disorders can be managed within this time frame, however. With the assistance of a speech-language pathologist, a boy with an articulatory disorder might be able to correct this defect in several months; youths with vocal disorders might be medically evaluated and, with instruction from the speech-language pathologist, relearn appropriate phonatory habits. Boys presenting language differences and/or disorders and fluency problems require careful assessment and long-term intervention. With these youths, the function of the speech-language pathologist might be confined to diagnosis rather than intervention.

The speech-language pathologist working in an institution for delinquent and dependent youths would be involved in the intake process. Each boy would be seen by the speech-language pathologist for an initial assessment; due to the degree of anxiety that may accompany the boy's adjustment to his confinement, the initial meeting might be limited to basic screening procedures. The speech-language pathologist would talk with the boy in order to determine if any problems in the areas of articulation, fluency, or voice existed; clinical judgments of linguistic competence would be made and the youth's hearing sensitivity would be assessed. If no problems were identified, a report to that effect would be prepared and included in the intake summary. Conversely, if a communicative disorder were suspected, arrangements for a complete evaluation would be made immediately; medical consultations would be sought if indicated. Expedience in conducting the evaluation and in making referrals is essential since many institutions employ indeterminate sentencing procedures.

As noted at the outset, diagnostic techniques in the area of speech-language pathology involve both objective methods and clinical judgments. For the purposes of obtaining observational information, the confines of an institution provide an ideal setting. For example, the boy with dysfluent speech could be observed in a variety of settings; not only could the speech-language pathologist assess his fluency in a one-to-one situation, but he/she could also observe the boy's rhythm patterns as he interacted with peers in the classroom or in his work assignment and with staff members. A more complete picture of the youth's fluency could be obtained and appropriate strategies for therapeutic intervention could be selected. In the case of the boy displaying language differences and/or disorders, similar opportunities for observation and indepth evaluation would be possible. In short, a major objective of the speech-language pathologist during the youth's confinement would be a comprehensive evaluation of his communicative abilities and recommendations for intervention. These recommendations would be included in the boy's Individualized Educational Program (IEP); such programs specify therapeutic goals and objectives, strategies for intervention, and methods for assessing achievement of the objectives. An IEP would be developed by the speech-language pathologist, along with the youth, his parents or surrogate(s), and appropriate institution personnel. Implementation would begin immediately after the IEP meeting; in the event that the objectives and goals were not met within the boy's confinement, the IEP would be sent to the local educational agency

so that duplication of effort could be avoided. As indicated previously, the greatest contribution of an institutional speech-language pathologist might be in the evaluation of youths with communicative disorders, with less emphasis on rehabilitative/habilitative efforts. In the future, it is assumed that such boys will come into the institution with comprehensive evaluation reports and the speech-language pathologist will be able to proceed immediately with intervention in compliance with the IEP. Until such time, however, assessment and development of the IEP should be the focus.

In institutions for adult offenders, time limitations may not play a significant role. As with the incarcerated youth, a comprehensive diagnosis should be considered prerequisite. Referrals to other professionals should be made expeditiously so that intervention can proceed. Although IEP's are not required, the speech-language pathologist would devise a systematic therapeutic program and implementation should begin as soon as possible. It is important that the problem be discussed with the offender and his consent obtained prior to intervention.

Community Resources

Intervention should not be terminated when a youth or adult offender leaves the correctional institution. As indicated above, the speech-language pathologist may only be able to complete a comprehensive diagnosis before the individual is released. In the instance of juveniles, followup work may be accomplished in the educational setting if the youth returns to school. For those individuals who do not have access to free services as mandated by P.L. 94-142, alternatives are available.

Correctional practitioners who are aware that persons under their supervision are in need of speech, language, and/or hearing services should consult the yellow pages of their local telephone directories for the location of speech and hearing clinics. Many large cities and some small towns have community speech and hearing clinics; fees are normally assessed for services rendered in such agencies. In addition, a growing number of hospitals have staff speech-language pathologists; again, a per-session fee for services is charged. Many universities operate speech, language, and hearing clinics as a part of their training programs in speech and language pathology. In such settings, the clinical work is usually done by students under supervision and a small fee is assessed; in most cases, clients are not refused services because of an inability to pay. Speech-language pathologists are also involved in private practice and may be listed in the telephone directory; fees charged by such practitioners may be prohibitive, however. Another source of information is the local public school district; by law, districts must arrange to have their communicatively impaired children seen by a certified speech-language pathologist and some of the professionals may agree to see clients on a private basis. Public school speech-language pathologists might also be able to refer clients to service agencies in the community. An excellent informational source to the correctional practitioner is the American Speech-Language-Hearing Association (ASHA). Annually, the Association publishes the *Guide to Clinical Services in Speech-Language Pathology and Audiology;* listed in the Guide are both accredited and nonaccredited agencies, their locations, directors' names, and referral specifications. The Guide may be purchased from the American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, for $8.00. Persons wishing information about service availability in a specific area may contact ASHA.

The transition from treatment in an institution to a public or private facility should be made without difficulty. Reports from the institutional speech-language pathologist should be obtained after consent is given by the client. Since speech, language, and hearing clinics are somewhat protective environments, the client should encounter no problems in relating to this setting. It will be necessary for the client to practice newly learned communicative skills in a broader environmental context but the transition should be carefully structured by the speech-language pathologist to insure a successful experience.

With regard to perceived anxiety which may surround the treatment of an adult or adolescent offender, it should be emphasized that the professions of speech-language pathology and audiology are dedicated to rehabilitation. Students receive training in psychology, as well as their specific area of interest. As professionals, they abide by a code of ethics that prevents discrimination against any group of individuals. It should not be any more difficult, therefore, for these individuals to work with convicted public offenders than with emotionally disturbed or mentally retarded children, cerebral palsied youths, aphasic adults, or just ordinary individuals with lisps. Further, unless it seems to be in the best interest of both the client and the speech-language pathologist, the fact that the client is an offender might not need to be revealed.

Summary

It is not suggested that remediation of communicative disorders among troubled individuals will solve the immense problems of juvenile and adult crime; there are indications, however, that the incidence of such disorders among incarcerated offenders is significantly higher than among nonincarcerated individuals. Since Federal legislation now mandates that all children between the ages of 3 and 18 are entitled to free and appropriate special education, whether in the school setting or in institutions and hospitals, it is important for institution officials to demand such services for incarcerated youths. At least two states specify compliance with PL-142 in their plans for special education; both Kansas and Illinois allude to the provision of such services to adolescents confined to correctional institutions. All other states must recognize the needs of handicapped incarcerated youths and respond to their communicative disabilities. Similar attention should be given to adult offenders with communicative disorders. Treatment should be available within institutions for such individuals; further, community resources should be explored for postinstitutional followup.

Crime and delinquency are significant problems in today's society. Large sums of money are spent in attempting to prevent crime through determination of those factors which may lead to such antisocial behavior. If disordered communication is one of these factors, then implementation of institutional programs to assess and remediate such disorders is necessary. PL 94-142 recognizes that handicapped youths must be provided access to all necessary services; specified are those services provided the speech-language pathologist. Adult offenders, too, should be given the opportunity to overcome any disabilities they may present. Through improved communicative skills, incarcerated youths and adults would be better prepared to function as independent and productive citizens.

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WE SHOULD always keep in mind that the community has a full-time impact on the offender. The offender is born, lives, and dies within it. To what degree we have a pulse on this environment and can utilize its resources will affect how well the offender can adjust to the demands made upon him.

—HAROLD B. WOOTEN

END