
EDJJ PROFESSIONAL DEVELOPMENT SERIES

MODULE 2:

**CHARACTERISTICS OF
INCARCERATED YOUTH WITH
DISABILITIES**

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Introduction

This module is one in a series of training packages that have been designed for working with students with disabilities in a correctional setting; it focuses on the characteristics of incarcerated youth with disabilities.

Objectives

After completion of each module, the participant will be able to:

A. Identify the characteristics of the most prevalent disabilities of incarcerated youth.

1. State general characteristics of individuals with disabilities.
2. Identify the most important/common characteristics of each category.
 - (a) learning disabilities
 - (b) emotional/behavioral disorders
 - (c) mental retardation, mild/moderate
 - (d) communication disorders
 - (e) attention deficit hyperactive disorders

B. Identify characteristics of incarcerated youth.

1. Name groups that are overrepresented in corrections populations.
2. State social skill deficits frequently displayed by incarcerated individuals.
3. State academic skill deficits frequently displayed by incarcerated individuals.
4. Describe evidence of school failure among incarcerated adults and youth.
5. Identify family problems characteristic of a disproportionate number of offenders.
6. Identify the theory which best accounts for the overrepresentation of youth with disabilities among juvenile delinquents.

C. Identify issues in the education of incarcerated individuals (Imel, 1986).

1. State the degree to which juvenile offenders with disabilities receive the special education they require.
2. Differentiate necessary functional skills from other learning tasks.
3. Identify the characteristics of adult learners.
4. Identify the occasions when incarcerated individuals need transition services.

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Content Outline

Characteristics Of Most Prevalent Disabilities Of Incarcerated Youth (Handout 1)

A. General Overview

Individuals with disabilities are those persons with physical, mental, sensory, or behavioral differences that require special education, related services, and/or devices. The disabilities eligible for special education as stated in the IDEA Reauthorization include: learning disabilities, emotional disturbance, mental retardation, communication disorders, autism, other health impairments, visual impairment, hearing impairment, gifted, traumatic brain injury, orthopedic/physical disabilities, multiple disabilities, and deaf-blind (see Module 4: IDEA for further information on the law).

Module 2 will cover the most common disabilities among incarcerated youth: learning disabilities, emotional disturbance (emotional/behavior disorders), mild/moderate mental retardation, and communication disorders. In addition, it will include attention deficit hyperactive disorders because it occurs so frequently in youth with learning disabilities and emotional/behavioral disorders.

When talking about differences, we must remember that each person is different from every other person. Individuals are labeled as disabled only to insure that they will receive necessary education or services. The designation of exceptional or disabled is applied *only* when the characteristic is of such an intensity as to warrant special services.

1. It is important to give dignity to the person when referring to any individual with a disability. Therefore, you put the person first in your wording (i.e., person with a disability rather than handicapped person or disabled person).
2. Teachers of individuals with disabilities and those around them must focus on the individual's abilities rather than disabilities.

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3. All individuals with disabilities are capable of learning. Research demonstrates that even individuals with profound disabilities can learn.

4. The most salient characteristic of individuals with disabilities is their rate of behavior. They do things at a more rapid or slower pace than individuals who do not have a disability. For example, a student with emotional/behavioral disorders may exhibit deviant behaviors at a higher rate; a student with mental retardation may do school tasks at a lower rate.

5. Labels should be used cautiously for these three reasons:

(a) Individuals with disabilities often have more than one disability.

(b) A disability may produce different behaviors in different persons.

(c) Similar behaviors may be found in individuals with different disabilities.

There is some disagreement, even within special education, regarding definitions of specific disabilities. Even “good” definitions are not equally useful or acceptable to members of different professional groups.

6. Rather than focusing on the cause of the disability, functional assessments and instruction of the person with a disability are more relevant to the skills the teacher can address within a classroom. These functional assessments and instruction relate to academic, social, daily living, and vocational independence skills.

7. Transparencies A-1-a and A-1-b

Characteristics of Most Prevalent Disabilities of Incarcerated Youth

B. Learning Disabilities (LD): impairments exhibited by individuals *of normal intelligence* who have an uneven pattern of behavioral and academic development. This is most often determined by a severe discrepancy between achievement and overall ability. In addition, other factors must be excluded and there must be a need for special services. (Handouts A-1-a and A-1-b)

1. The most common characteristic of individuals with learning disabilities is academic deficiency. This could be either one area or a combination of the following areas: learning characteristics including reading, writing, math, memory, metacognitive, and behavioral/social characteristics. The person with learning disabilities may have difficulty in one academic skill but not in another.
2. Some individuals also may exhibit hyperactivity, perceptual difficulties, delay of language development, memory deficits, or problems paying attention to the relevant aspect of a task. Students with learning disabilities do not employ appropriate learning strategies effectively.
3. Nearly 6% of students in public schools are identified as having learning disabilities and an estimated 11% of youth in juvenile corrections are learning disabled (Bryan & Pearl, 1989; Keilitz & Dunivant, 1987). A current figure shows that an estimated 45% of students with disabilities in correctional facilities are learning disabled, although the range could run from 9 to 76% of the special education population. This is the largest disability category in both public schools and correctional facilities.
4. There is a strong correlation between learning disabilities and delinquency. The high incidence of learning disabilities among adjudicated delinquents (36-45%) is significant and not likely to be caused by chance.

5. According to research, learning disabilities may be caused by central nervous system dysfunction, resulting in deficits in visual-spatial processing and phonological awareness.

C. Emotional/Behavioral Disorders (EBD): impairments exhibited by individuals whose behavior and adjustment problems are chronic, severe, and adversely affect their lives. (Handout A-2-a and A-2-b)

1. The emotional aspects of this disability include such things as anxiety disorder, major depression, bipolar disorder, oppositional-defiant disorder, conduct disorder, eating disorders, and schizophrenia.
2. There are two major categories of behavioral disorders: externalizing type and internalizing type. Externalizing disorders include aggression, acting out, and antisocial behaviors. Internalizing disorders include withdrawal, fearfulness, anxiety, depression, and lack of social competence.
3. Most students with emotional/behavioral disorders also have academic problems.
4. While only about 1% of the total student population in public schools is identified as emotional/behaviorally disordered, the actual prevalence estimate ranges from 3 to 5%. Approximately 10% of students in juvenile corrections are emotionally/behaviorally disordered. Of all the incarcerated youth with disabilities, more than 42% have emotional/behavioral disabilities.

Transparency A-2 shows the prevalence estimates of youth in the juvenile justice system with mental health diagnoses.

5. There are multiple factors associated with emotional/behavioral disorders including genetics, biological insults, and environmental causes (such as living conditions and child abuse).

D. Mental Retardation, mild and moderate (MR): a disability involving permanent intellectual impairment adversely affecting a student's educational performance and potential and involving the student's capabilities, environments, and functioning. Mental retardation is explained by an interaction between an individual's characteristics and his or her environment. (Transparency A-3; Handout A-3)

1. Mental retardation is characterized by limitations in intellectual functioning requiring an IQ score of 70-75 or below in combination with adaptive skills (daily living skills) deficits.
2. Mental retardation in the general population ranges from mild and moderate to severe and profound disabilities (needing the most supports). Mild retardation, previously referred to as educable mentally retarded, and moderate retardation, previously referred to as trainable mentally retarded, are the levels most often seen in incarcerated youth. More severely or profoundly mentally disabled youth are rarely found in correctional settings.
3. Most individuals with mental retardation live at home and attend local schools. They are increasingly included in general education classes, with supports provided as necessary.
4. Individuals with mental retardation are capable of learning many things. The performance of those with mild retardation on some tasks is not significantly different from the average performance of nonretarded persons but on other tasks, performance is significantly lower. Learning characteristics include being slower in identifying the responses required by the task, difficulty focusing on relevant aspects of the task, and difficulty using learning strategies spontaneously. These individuals often can learn to

use strategies to help them remember. They have difficulty transferring learning from one situation to other settings or tasks.

5. The prevalence of mental retardation in the general population is 1 to 3%. The prevalence of mental retardation among incarcerated youth is 7 to 15%. The prevalence of this disability is declining in the general population while the new cases of learning disabilities is increasing.
6. Mental retardation typically results from interactions among multiple causes such as biomedical causes and psychosocial disadvantage. Alcohol or drug consumption by pregnant women can cause brain damage and subsequent mental retardation in their children.

E. Communication Disorders: impairments in communication caused by either speech articulation disorders or language disorders.


1. Speech disorders involve oral communication that is difficult to understand due to an impairment in articulating speech sounds, difficulty speaking fluently, or voice impairments. Transparency A-4 shows the types of speech and language disorders.
2. Language disorders involve difficulties in producing or expressing ideas in words. They can involve problems in understanding how language is organized and in deriving meaning from the symbolic use of language. This can include how words are correctly joined to form intelligible sentences and understanding sentences with complex thoughts. Symbolic uses include logic, humor, imagination, and abstract thought.
3. Speech and language disorders often create feelings of frustration, rejection, and guilt for the speaker. This can adversely affect a student's academic, social, and emotional development.

4. Prevalence estimates for students with communication disorders range from 5 to 10% of the general student population. Although estimates vary, only 3% of incarcerated youth with disabilities are identified with communication disorders. Communication disorders co-occur with other disabilities. Articulation disorders are prevalent among young children and frequently disappear with maturation (e.g., *w* instead of *r* as in “wabbit”). Language disorders are the least prevalent of the communication disorders.
 5. Speech and language disorders are caused by factors such as physical impairments (e.g., cleft palate, cerebral palsy), intellectual impairments (e.g., mental retardation, learning disabilities), emotional disabilities (e.g., psychosis), sensory deficits (e.g., hearing loss), and environmental factors (e.g., lack of language stimulation in a child’s early years).
- F. Attention Deficit Hyperactive Disorder (ADHD): the most commonly diagnosed childhood psychiatric disorder. There are three types: inattentive, hyperactive-impulsive, and combined type. (Handouts A-5-a and A-5-b)
1. ADHD involves four specific skill deficits: behavioral, problem solving, cognitive distortion, and self-control. Students appear to have a developmental delay of inhibition which results in difficulty separating facts from feelings, using self-directed speech, and breaking apart and recombining information. On the other hand, students with ADHD often demonstrate creativity and a sense of humor.
 2. Attention Deficit Disorder is a condition of inappropriate developmental degrees of:
 - (a) Inattention: students are off-task, distractible, and shift their attention quickly between tasks.

- (b) Impulsivity: students act before they think, interrupt, talk excessively, and thrill-seek.
 - (c) Overactivity: students are overactive, out of their seats, tap objects, and are fidgety.
 - (d) Noncompliance: students don't follow adult directions quickly, but argue and tantrum.
 - (e) Self-management deficits: students cannot delay gratification or self-manage behavior.
 - (f) Academic deficits: academically behind, difficulty with organization, and homework completion.
 - (g) Social skill deficits: poor cooperation, poor friend making, and difficulty giving and receiving feedback, leading to peer rejection.
3. Although this is not one of the IDEA mandated classifications (see Module 4: IDEA), ADHD is often found in combination with other disorders. Approximately 33% of students with learning disabilities also have ADHD, and approximately 50 to 70% of students with learning disabilities or emotional/behavioral disorders also have ADD/ADHD. Approximately 50% of students with speech and language disorders also have ADHD. If it is identified as an educational disability, it falls under the category of Other Health Impaired in the IDEA (see Module 4: IDEA for further information).
4. Prevalence of ADHD in the general population is estimated to be 3 to 5%. The prevalence in juvenile justice settings is much higher due to the higher frequency with which it appears in students who have other disorders.

5. ADHD is more often the result of biological factors than environmental factors.

Usually more than one cause is responsible.

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Characteristics Of Incarcerated Youth

Youth who are incarcerated often exhibit various forms of antisocial behavior. Although everyone exhibits some form of antisocial behavior at some point in their lives, incarcerated youth have done so to extremes. Antisocial behaviors are *durable* behaviors meaning they will often continue into adulthood.

A. Demographic characteristics show overrepresentation of youth in juvenile justice.

1. Delinquent or unlawful acts are committed by individuals of all ages and ethnic or racial backgrounds. Among incarcerated juveniles and adults, males, blacks, and persons from low socioeconomic status groups are significantly overrepresented. Prior to 1996 there was a decrease in female offenders in the juvenile justice system (Poe-Yamagata & Butts, 1996). In recent years, there has been an increase in crimes committed by females and in the severity of crimes committed by all juveniles. According to the Office of Juvenile Justice and Delinquency Prevention (1999), females now account for one in seven juveniles in residential placement.
2. Estimates vary, showing a range of 28 to 60% of detained and incarcerated youth have disabilities, whereas only 10% of the general schoolage population is identified with disabilities. Researchers agree that students with disabilities are overrepresented in the juvenile justice system. There are a variety of factors that make assessing the actual percentage difficult, such as variability in identifying and labeling juvenile offenders with disabilities.
3. The following variables appear to contribute to the factors for delinquency: ethnic minority status, aggressive or antisocial behavior, difficulties in school (including disabilities), poverty, difficulties at home, inadequate parental supervision and lax or inconsistent parental discipline, coercive family interactions, physical abuse, substance

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abuse (self or family), living in a high crime community, and criminal or delinquent relatives or peers. Poverty and minority status alone are not causal factors of antisocial behavior, since other variables are significant as well (Fink, 1990).

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B. Social skill deficits

1. Many antisocial individuals display the externalizing behaviors of conduct disorder and aggression. Individuals with conduct disorders have difficulty adjusting to the expectations of teachers, and aggressive individuals have difficulty adjusting to the expectations of peers. Low peer acceptance and aggressiveness are good predictors of dropping out of school and becoming involved in crime. (Transparency B-2; Handout B-2)
2. Incarcerated individuals display some of the same social skill deficits that anyone in the general population exhibits. Although, incarcerated individuals often display these deficits more frequently or to a greater degree.
3. Many incarcerated individuals have difficulty getting along with others, negotiating, being flexible, or putting themselves in another's position.
4. Additionally, many have unrealistic expectations of themselves or others.
5. Some incarcerated individuals are excessively dependent upon others and have trouble acting independently or without being given direction.

C. Academic skill deficits (Transparency B-3)

1. Many incarcerated individuals have severe problems in using written and spoken language.
2. The average reading and computational abilities of incarcerated individuals are lower than those in public schools.

3. The academic skill deficits of many incarcerated students prevent them from enrolling in vocational programs where minimal competencies in reading, writing, and computation are required.
4. A portion of antisocial individuals are quite intelligent so academic deficits are not a causal factor for antisocial behavior.

D. School failure (Transparency B-4)

1. The school careers of many incarcerated individuals are characterized by frustrating and alienating experiences, such as repeating grades and attending different schools due to family mobility.
2. Many individuals in detention or jail dropped out or were pushed out of school prior to completing 12th grade. Estimates are that around 50% of students with emotional and behavioral disorders drop out, and 35% of students with learning disabilities drop out. The national drop out rate is 15 to 20%.
3. Less than 20% of all incarcerated juveniles or adults have completed their high school education or have received a graduate equivalency degree (GED).


E. Family structure

1. A disproportionate number of incarcerated individuals come from low socioeconomic status backgrounds and single-parent families.
2. Many incarcerated individuals with significant academic skill deficits are members of families in which parents or siblings did not complete high school.
3. A significant number of juvenile and adult offenders were victims of abuse and neglect as children.
4. Most adults from low socioeconomic status backgrounds and single-parent families do not commit criminal acts nor are they incarcerated.

F. Learning disabilities and juvenile delinquency

1. There is an overrepresentation of individuals with learning disabilities (LD) among juvenile delinquents. The current estimate is that approximately 45% of incarcerated youth display some type of learning disability.
2. A number of theories have been advanced to explain this phenomena. The theories include:
 - (a) School failure theory: Students with learning disabilities often fail in school (intellectual, learning, and emotional disabilities); they have a negative self-image which leads to dropping out and delinquency. Included in this theory is negative labeling of students. Students seek out delinquent peer groups for recognition and achievement.
 - (b) Susceptibility theory: Students with LD have certain characteristics (cognitive and personality) that predispose them to criminal behavior. This includes an LD youth's poor judgment, inability to anticipate the consequences of their behavior, and lack of impulse control.
 - (c) Differential treatment theory: Students with LD and EBD are treated differently by the juvenile justice system and therefore they have a higher rate of arrests and adjudication (Doren & Bullis, 1996).
 - (d) Metacognitive deficits hypothesis: Delinquent youth and students with LD display less social competence, less ability to generalize problem solving thinking skills related to social situations, which in turns leads directly or indirectly to their delinquency.
3. The overrepresentation of youthful offenders with disabilities in the juvenile justice system is probably best explained by some combination of these theories. Researchers

speculate that youth with LD are not involved in more delinquent activities than their nondisabled peers. Rather, youth with LD are more likely to *get caught* committing delinquent acts and, once caught, more likely to be placed in detention than nonlearning disabled youth. The differential treatment theory suggests that the poor social and academic skills of youth with LD are associated with differential treatment by the juvenile justice system. (Transparency B-6)

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Issues in the Education of Incarcerated Youth

A. Right to education

1. Juveniles in detention have a right to education established by state compulsory education laws.
2. According to law (P.L. 94-142 and the IDEA Amendments of 1997), a youth with a disability who is incarcerated has the same right to a free, appropriate education as any other youth with a disability. This means special education. The new amendment allows that a state may choose not to provide special education to youths ages 18 through 21 who prior to incarceration had not been identified with a disability and did not have an individualized education plan (IEP; See Module 4: IDEA).
3. Special education is provided in most juvenile correctional facilities. Educational programs in adult jails and prisons are generally less extensive than those in juvenile correctional facilities with special education only occasionally provided and with varying levels of intensity. An average of 33% of adult facilities provide some special education services.
4. States differ in the structure of the corrections education program. In some, the schools are decentralized and a warden or institutional superintendent directs the education program in each school. That means that noneducators are responsible for making educational decisions. In other states, a corrections education supervisor (part of a state department of education or corrections) oversees the education across the schools.

B. Effective special education programs for incarcerated youth with disabilities

(Transparency C-1)

1. These programs include procedures for conducting functional assessments of skills and learning needs of the incarcerated youth with disabilities.
2. They also include a curriculum that provides instruction in functional academic, social, and daily living skills. This curriculum is designed to meet the student's individual needs and corresponds to an individualized education program (IEP).
 - (a) Students learn basic reading and mathematics skills as well as skills designed to help them live successful lives such as following directions, finding a job, living on a budget, and having leisure skills. In addition, these students develop job and career-related skills.
 - (b) Functional instruction includes teaching skills in a sequenced manner at the student's academic level and at an appropriate pace for the student's ability. Positive and direct instruction is provided with systematic monitoring of progress.
 - (c) The primary focus of instruction is on reinforcing appropriate academic and social behaviors.
3. Programs include vocational special education and career development in the curriculum.
4. Transition programs and procedures are in place to support incarcerated youth with disabilities to transition successfully back into the community.
5. A comprehensive system for providing both institutional and community services to youthful offenders with disabilities is available.
6. Ongoing special education training is provided for correctional educators.

C. Incarcerated individuals as adult learners (Handout C.3)

1. In spite of social and academic skill deficits, most individuals in detention and correctional facilities exhibit learning characteristics of adults rather than children.
2. As adult learners, incarcerated students need to be actively involved in the learning process. Adults learn by doing.
3. Adult learners are most highly motivated when instruction draws on their own personal experience, is problem centered, and gives them a sense of purpose.
4. Educational programs for adult learners are most successful when students are involved in planning activities, setting goals, and monitoring their own progress.

D. Transitions from institutions to the community

1. Few correctional agencies or correctional education programs have adequate services to assist the individual in returning to the community.
2. Transitional services must include aftercare workers who provide job placement, supervision, and support skills.
3. The academic, social, and vocational skills of ex-offenders need to be matched to programs and job placements in the community.
4. Correctional educators and parole and probation officers need to collaborate in providing adequate support for incarcerated individuals prior to release, during transition, and out in the community.

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Transparencies

This transparency presentation summarizes the content of this module. It does not include all the information contained within this module and should be used to supplement its implementation.

Transparency A-1-a

Categories of Disabilities Identified in IDEA Reauthorization

Learning Disabilities

Emotional Disturbance

Mental Retardation

Communication Disorders

Autism

Other Health Impairments

Visual Impairments

Hearing Impairments

Traumatic Brain Injuries

Orthopedic/Physical Disabilities

Multiple Disabilities

Deaf-Blind

(Reader may wish to refer to Module 4: IDEA)

Most Prevalent Disabilities of Incarcerated Youth

Learning Disabilities (45%)

Emotional/Behavioral Disorders (42%)

Mental Retardation (7%)

Communication Disorders (3%)

Also: Attention Deficit Disorder/
Attention Deficit Hyperactivity Disorder
(up to 46%)

(Bullock & McArthur, 1994)

Transparency A-2

**Prevalence Estimates of Youth in the Juvenile Justice System
With Mental Health Diagnoses**

Emotional Disorders

Anxiety Disorders: 6-41%

Conduct Disorders: 50-90%

Personality Disorders: 2-46%

Affective Disorders: 32-78%

Psychosis: 1-6%

Also

ADHD: up to 46%

Substance Abuse: 25-95%

Post-traumatic Stress Disorder: 41% (one study)

History of Previous Psychiatric Hospitalization: 3-26%

History of Child Abuse: 25-31%

History of Suicide Attempts: 6-28%

From: Nelson, C.M., Rutherford, R.B., & Wolford, B. I. (1996). *Comprehensive and collaborative systems that work for troubled youth: A national agenda*. Richmond, KY: National Juvenile Detention Association.

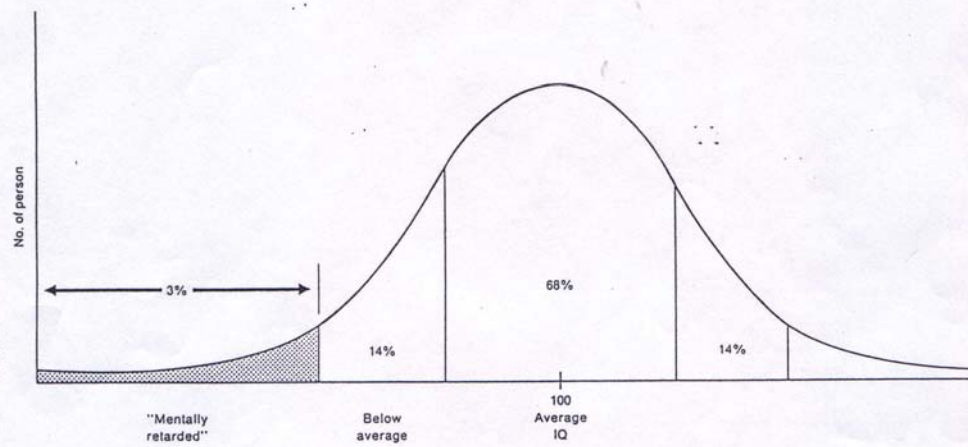
Transparency A-3

PREVALENCE OF MENTAL RETARDATION

Characteristics of Exceptional Populations: Incarcerated Youth with Disabilities

Transparency 236

Prevalence of Mental Retardation



Communication Disorders

Speech:

Articulation

Voice

Dysfluency

Language:

Rules

Symbolic Uses

Transparency A-5

Attention Deficit Hyperactive Disorder

Practical Definition for AD/HD

Attention Deficit Disorder is a medical condition of inappropriate developmental degrees of:

INATTENTION: The student is off-task, distractible, or shifts attention from one activity to another.

IMPULSIVITY: The student acts before he thinks, often interrupts, talks excessively, intrudes, and engages in thrill-seeking behavior.

OVERACTIVITY: The student is overactive, out-of-seat, tapping objects, squirmy, or fidgety.

NONCOMPLIANCE: The student does not follow adult requests in a reasonable period of time, often resulting in arguing, delaying, or tantrums.

SELF-MANAGEMENT DEFICITS: The student has difficulty delaying gratification and self-managing his or her behavior.

ACADEMIC DEFICITS: The student is academically behind in subjects, has difficulty with organization and completing class work or homework.

SOCIAL SKILLS DEFICITS: The student has social skill problems that lead to peer rejection. These problems can include poor cooperation, poor friend making skills, resisting peer pressure, and difficulty giving and receiving feedback (Goldstein, 1999).

Source: Adapted from *The Utah Attention Deficit Disorder Guide* published in 1992 by the Utah State Board of Education, Salt Lake City.

Social Skill Deficits

Conduct Disorders

Aggression

Getting Along with Others

Unrealistic Expectations

Excessively Dependent

(Refer to Goldstein, 1999; Larson, 1998)

Academic Skill Deficits

Language: Written and Spoken

Reading

Comprehension

(Hallahan & Kauffman, 2000)

School Failure

Grade Retention

Enrollment in Many Schools

Drop-out or Expulsion

No Diploma or GED

Relation of Learning Disabled (LD)

Youth and Delinquency

School Failure Theory

Susceptibility Theory

Differential Treatment Theory

Metacognitive Deficits Hypothesis

Well-designed
Correctional Education Programs

Functional Assessment

Functional Curriculum

Vocational and Career Development Skills

Effective and Efficient Instruction

Transitional Services

Comprehensive Services

Availability of Appropriate Staff and
Resources
for Students with Disabilities

Handout 1.0

Objectives

After completion of each module, the participant will be able to:

A. Identify the characteristics of the most prevalent disabilities of incarcerated youth.

1. State general characteristics of exceptional individuals.
2. Identify the most important/common characteristics of each category:
 - (a) learning disabilities
 - (b) emotional/behavioral disorders
 - (c) mental retardation, mild/moderate
 - (d) communication disorder
 - (e) attention deficit hyperactive disorders

B. Identify characteristics of incarcerated youth.

1. Name groups that are overrepresented in corrections populations.
2. State social skill deficits frequently displayed by incarcerated individuals.
3. State academic skill deficits frequently displayed by incarcerated individuals.
4. Describe evidence of school failure among incarcerated adults and youth.
5. Identify family problems characteristic of a disproportionate number of offenders.
6. Identify the theory which best accounts for the overrepresentation of youth with disabilities among juvenile delinquents.

C. Identify issues in the education of incarcerated individuals.

1. 8. State the degree to which juvenile offenders with disabilities receive the special education they require.
2. Differentiate necessary functional skills from other learning tasks.
3. Identify the characteristics of adult learners.
4. Identify the occasions when incarcerated individuals need transition services.

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Handout A-1-a

Learning Disabilities

“I’m going to do what I promised. I’m going to save your life”

Dr. Fred Epstein whispered these lines to a young patient immediately before surgery. Dr. Epstein, who is coauthor with Elaine Shimberg of *Gifts of Time* (1993, William Morrow & Co.), is a pediatric neurosurgeon. Many of his colleagues refer to him as a miracle worker. He has been willing to perform surgeries that others considered impossible and, as a result, has saved many young lives.

Dr. Epstein also has learning disabilities. His grades in college were only average, and his chemistry grades were “abysmal”. He applied to four medical schools and was rejected by all of them. His father, a psychiatrist, intervened and Dr. Epstein was finally accepted by New York Medical College.

Perhaps his struggles with learning disabilities have helped him to develop the patience and tenacity that resulted in his success. He emphasizes, “I don’t accept children dying.”

See *Reader’s Digest*, February 1993, pp. 192-228.

Don’t Waste Your Time

When Janice Anderson Connolly entered her Period 7 class on her first day of teaching, she knew she was in for a challenge. One of the students commented, “Lady, don’t waste your time. We’re the retards.” She later learned that most of the students were children of migrant workers. Their attendance and motivation were poor, and no one expected them to graduate from high school. Janice decided that she wouldn’t give up on them as others had. She went to the board the next day and wrote “ECINAJ” and told them that was her first name. After a few comments about her weird name, she wrote: “JANICE” on the board. She explained to them that she had a learning disability and couldn’t write her own name when she began school. Janice also told them she couldn’t spell words or do math. “That’s right. I was a retard.” I can still hear those awful voices and feel the shame.”

Her understanding of their dilemma reached the kids. She maintained high expectations for them and helped them to discover that they could learn and learn well. Two years later, all 14 of her Period 7 students graduated, and six received college scholarships.

See “The First Year of Teaching: Real World Stories from America’s Teachers,” 1992, *Mentor*, pp. 26-31

Vignettes taken from : Turnbull, A., Turnbull, R., Shank, M., & Leal, D. (1999). *Student study guide to accompany Exceptional Lives, Special Education in Today’s Schools, 2nd Edition*. Upper Saddle River, NJ: Merrill.

Handout A-1-b

Case Study: Adolescent with Learning Disabilities

Claudia is a 14-year-old Hispanic female from a large urban area in Arizona. She is currently incarcerated at a state-run facility for delinquent females. Claudia has a history of school truancy and alternative type programming. She is 14 years old, yet she has only completed 6th grade. Claudia is currently diagnosed as learning disabled in reading. She reads and comprehends at approximately the 3rd grade level. She has not mastered grapheme/phoneme correspondence and has trouble decoding most words.

Claudia refuses to do flash cards in the classroom because then the other students will know she can't read. She will do assignments from a remedial reading workbook, but when given an assignment, Claudia's first reaction is "I can't do this" or "this is too hard". When prompted Claudia will attempt to do her assignment but requires a great deal of one-on-one attention from the teacher. She frequently becomes frustrated and will throw her assignment on the floor, rip it up, or state that she is not doing it. Claudia states that she wants to learn to read, yet her frequent frustration results in a great deal of off-task behavior.

To reduce Claudia's frustration level and increase her reading ability Claudia takes part in a token economy system in class in which she earns points to buy items from a store by reading books at her current reading level.

Questions:

1. What are the signs that Claudia has a learning disability (i.e., characteristics associated with LD)?
2. What could the teacher do to support Claudia's frustration with her low reading besides the token system mentioned?
3. How could the teacher engage Claudia in more on-task behavior?
4. How important is self-esteem for a student with a learning disability?

Normal and Disturbed Behavior

The relationship between normal and disturbed behavior is striking:

Each of us contains the whole range of emotional health and disease within himself. Our nightmares, if they serve no other purpose, enable us to share the ways in which many psychotics experience life. The sudden loss of temper nearly all of us have experienced gives momentary empathy with the feelings of uncontrollable rage, helplessness, confusion, guilt, pulse control. Most of us have shared a variety of neurotic symptoms: the terrifying fear of something that we know rationally should not in itself cause fear; the magical, protective cloak of knocking on wood, crossing fingers, counting to ten, holding our breath; the compulsive need to get one thing done, no matter how inane or how inconvenient, before we can do something else; the piece of work that can never be finished because it is never good enough. Such illogical behavior does not mean that most of us are neurotic...only that some emotional disorder is as much a part of everyone's disorder is as much a part of everyone's life as the common cold. [Cartwright, Cartwright, & Ward's study (as cited in Long, Morse, & Newman, 1976, p.1)].

That single passage brings home more forcefully than many pages of well-reasoned text the dilemma we face when we try to differentiate between normal and disturbed behavior. Though some behaviors exhibited by emotionally disturbed children are so bizarre and unusual that we do not often find them in normal children, many behaviors are the same for the two group.

Handout A-2-b

Emotional/Behavioral Disorders

Animals Teach Kids to Care

At Green Chimneys, students with severe emotional and behavioral disorders who have been referred by psychiatric hospitals treat injured and orphaned wildlife and care for farm animals. The students relate to the fact that most of the animals have been abused and feel unwanted. Dr. Samuel Ross, founder and director of Green Chimneys, explains that if a child who has been poorly nurtured himself can learn to nurture an animal, it becomes easier for him to relate to peers and adults. "Trust is established, and the child risks the human connection. The goodness of the child is unleashed." See *People Weekly*, October 31, 1994, pp. 121-123.

A Child Called "It"

David Peltzer has written powerful books about the horrible physical and emotional abuse he suffered as a child. A caring substitute teacher recognized his pain and initiated procedures to have Dave removed from his home. Although he developed emotional and behavioral disorders from the abuse, he eventually overcame them. Dave has received commendations from Presidents Reagan, Bush, and Clinton. He was also the only American who received the prestigious Outstanding Young Person of the World award in 1994. If you have not read his books, we recommend that you do so. The titles are *A Child Called "It": An Abused Child's Journey from Victim to Victor* (Health Communications, 1995) and *The Lost Boy: A Foster Child's Search for the Love of a Family* (Health Communications, 1997). The third book in the series, *A Man Called Dave*, might be published by the time you read this.

Vignettes taken from Turnbull, A., Turnbull, R., Shank, M., & Leal, D. (1999). *Student study guide to accompany Exceptional Lives, Special Education in Today's Schools*, 2nd Edition. Upper Saddle River, NJ: Merrill

Handout A-3

MENTAL RETARDATION: ADAPTIVE SKILL AREAS

- ◆ **Communication**: Skills include the ability to comprehend and express information through symbolic behaviors (e.g., spoken word, written word . . . graphic symbols, sign language) or nonsymbolic behaviors (e.g., facial expression, body movement, touch, gesture).
- ◆ **Self-Care**: Skills involved in toileting, eating, dressing, hygiene, and grooming
- ◆ **Home-Living**: Skills related to functioning within a home, which include clothing care, housekeeping, property maintenance, food preparation and cooking, planning and budgeting for shopping, home safety, and daily scheduling.
- ◆ **Social**: Skills related to exchanges with other individuals.
- ◆ **Community Use**: Skills related to the appropriate use of community resources, including traveling in the community.
- ◆ **Self-Direction**: Skills related to making choices.
- ◆ **Health and Safety**: Skills related to maintenance of one's health in terms of eating; illness identification, treatment, and prevention; basic first aid; sexuality; physical fitness; basic safety considerations.
- ◆ **Functional Academics**: Cognitive abilities and skills related to learning at school that also have direct application to one's life.
- ◆ **Leisure**: The development of a variety of leisure and recreational interests (i.e. self-entertainment and interactional that reflect personal preferences and choices and, if the activity will be conducted in public, age and cultural norms.
- ◆ **Work**: Skills related to holding a part or full-time job or jobs in the community in terms of specific job skills, appropriate social behavior, and related work skills.

From *Mental Retardation: Definition Classification, and Systems of Supports*, by R. Luckasson, D.L. Coulter, E.A. Polloway, S. Reiss, R.L. Schalock, M.E. Snell, D.M. Spitalnik, & J.A. Stark, 1992, Washington DC: American Association on Mental Retardation. Copyright 1992 by the American Association on Mental Retardation.

Taken from Turnbull, A., Turnbull, R., Shank, M., & Leal, D. (1999). Exceptional lives, special education in today's schools, 2nd Edition. Upper Saddle River, NJ: Merrill.

Handout A-5-a

ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)

Calvin and Hobbes

Calvin, from the “Calvin and Hobbes” comic strip by Bill Watterson, exemplifies the combined type of ADHD. One minute Calvin is staring into space, oblivious to everything around him and daydreaming that he is fleeing awful bug beings from Zartron-9. The next, he has to face the principal for a comment he impulsively blurted out in class. He explains to the principal that the comment was “not an attitude, it’s a fact!” You can learn a great deal about ADHD from reading “Calvin and Hobbes”.

Now or Not Now?

When you are given an assignment at the beginning of the semester, how do you plan for completing it? According to Dave deBronkart, the tendency for people with ADHD is to think of tasks in only two ways: now or not now. With an extraordinary ability to finish things “all at once”, they can unexpectedly and creatively complete tasks in “a mad flurry of activity”. Others, seeing these remarkable results, chide the person with comments such as “See what you can do when you apply yourself!” It’s not a matter of will power or laziness, deBronkart contends. Instead, the problems is a lack of depth perception for the passage of time, resulting in an inability to perceive that the task deadlines are getting closer. Your students with ADHD will need to understand their misperception of time and how to work around it.

See “The ADD Sense of Time” at <http://www.ruralnet.net/bobseay/debr.htm>.

An Awakening

Gary Roy worked 13 years for a college degree he never attained and held 128 jobs. Finally, a psychologist informed him that he had not “outgrown” the ADHD he had as a child, as he and his family had been told. Once Roy started taking Ritalin again as part of multimodal treatment, his life began to change. He obtained his ham-radio license and became a Civil Defense radio supervisor. Roy says, “Right after I started the treatment, I saw *Awakenings*. I cried and cried because that was how I felt, like I had awakened.”

See “The Not So Young and Restless” by G. Cowley and J.C. Ramo (1993, July 26), *Newsweek*, pp. 48-49.

ADHD-Friendly Jobs

Making the transition from school to work is often challenging for people with ADHD. In school, they had clear assignments and deadlines. Many times, in the workplace, workers must set their own deadlines and perform with minimum direction. According to Kathleen Nadeau, and editor of *ADDvance*, ADHD-friendly jobs minimize paperwork, allow immediate response to short-term tasks, provide support and structure, emphasize the worker’s interest, allow variety and stimulation, have a comfortable stress level, and are supervised by an organized, supportive individual.

See <http://www.addvance.com/article2/html>.

Vignettes taken from Turnbull, A., Turnbull, R., Shank, M., & Leal, D. (1999). *Student study guide to accompany Exceptional Lives, Special Education in Today’s Schools*, 2nd Edition. Upper Saddle River, NJ: Merrill.

Handout A-5-b

Case Study: Adolescent with Attention Deficit Hyperactive Disorder

Larry comes to Biology on time and deposits all his belongings on his desk. Then he roams around the room, joking with other students in a rough, rather physical way. Class starts and he makes it back to his desk. He hasn't found his homework in his bookbag when the class begins correcting the homework. He fusses as he takes out many wrinkled and dirty papers, depositing them on the floor. Finally, he finds the homework but by this time the class is done with the corrections. The teacher allows him to put his paper on her desk, and she goes on to give today's notes. Larry returns to his seat but can't find a pencil or clean piece of paper. He distracts three other students as he attempts to borrow paper and find a pencil. Then he gets up to sharpen the pencil, walking past the small animal cages on the side of the room. He stops to watch the snake for a few seconds. He makes it eventually to the pencil sharpener, sharpens his pencil, then calls out an answer to something the teacher is saying. The teacher asks him to sit down and raise his hand if he has something to say. He rolls his eyes, makes a silly remark, and stops to make comments to several students as he returns to his seat. He doesn't know what to write on his paper and asks if he can copy someone else's notes. The teacher reprimands him for interrupting class again so he puts his head down. His foot starts tapping while he is glancing around the room at the other students. Then his pencil starts tapping. The teacher allows students to go to their lab sites, and Larry hops up and runs right over. While the other students are getting out the materials, he's sitting on the lab counter, laughing and joking with students. His lab partners seem frustrated with him, tired of being the ones to be organized and repeating directions to him. They more or less get him his own set of materials so he can do his own thing and not ruin their experiment.

Questions

1. What are the signals that Larry may be hyperactive (i.e. characteristics associated with ADHD?)
2. What could the teacher do to support Larry's organizational skills?
3. How could the teacher engage Larry in more on-task behavior?
4. How important are social skills for teens with ADHD? Explain.

Handout B-2

Indicators of Conduct Disorders and Delinquency Proneness

- ◆ Home supervision limited; lack of parental interest or involvement; only one parent in the home; home life characterized by disorganization; conflict between parents; emotional disturbance, criminal behavior, alcoholism, or drug abuse in one or both parents.
- ◆ Socioeconomic deprivation; qualifies for subsidized school lunch or breakfast programs; family receiving public assistance.
- ◆ Dislike of school problems with school authorities; truancy; history of detentions, suspensions; unexcused absences, class cuts; defiance of teachers; refusal to complete assignments.
- ◆ Difficulties in educational achievement; failure of one or more school subjects; reading below grade level; older than classmates because of grade retentions.
- ◆ Patterns of association with delinquent peers; gang involvement; early use of drugs or alcohol; minor police involvement.
- ◆ Early history of neurological dysfunction or learning disabilities; impulsive behavior patterns; below average to average intellectual ability.
- ◆ Emotional instability; erratic behavior patterns; easily angered; unable to accept responsibility; rigidly independent or overly conforming.

No single characteristic by itself is indicative of a conduct disorder or proneness to delinquent behavior; the more factors present, the greater the probability of chronic behavior disturbance.

(For further information see Gilliam & Scott, 1987; Huizinga, Loeber, Thornberry, & Cothorn, 2000; Rutherford, Quinn, Leone, Garfinkle, & Nelson, 2002)

Handout B-3

ADULT LEARNING The body of knowledge on the subject
is just beginning to accumulate, but are there some
truisms (we think)

30 things we know for sure about adult learning

By Ron and Susan Zemke

We don't know a lot about the mechanisms of adult learning. At least, not in the "What are the minimum- necessary and sufficient- conditions for effecting a permanent change in an adult's behavior?" sense of knowing.

In that, we're not alone. Dr. Malcolm Knowles came to much the same conclusion in *The Adult Learner: A Neglected Species*. Eight years ago, he equated his efforts to summarize what was then known about adult learning to a trip up the Amazon: "It is a strange world that we are going to explore together, with lush growth of flora and fauna with exotic names (including fossils of extinct species) and teeming with savage tribes in raging battle. I have just made a casing-the-joint trip up the river myself, and I can tell you that my head is reeling." Today Knowles says, "The river is much tamer. We are beginning to understand what we do that works and why it works." But as we listen, we have the distinct impression that what our point man Knowles sees as tame travel can still be white-water rapids for the rest of us.

While there are hundreds of books and articles offering tips and tricks for teaching adults, the bulk of that knowledge is derived from three relatively limited spheres. The First is "My life and times in teaching," wherein one teacher/trainer of adults shares his or her career's accumulation of secrets with others. Though intriguing and interesting, this literature focuses more on teacher survival than anything else, and while we learn much about living, we learn relatively little about learning.

The second common source is the "Why adults decide to study" research. Here we learn some interesting, even fascinating, things about the conditions and incidents that motivate adults to engage in a 'focused learning effort.' But in most of this research, the adult seems assumed to be a learning machine who, once switched on, vacuums up knowledge and skill. It is more indicative than instructive, suggestive than substantive. A cynic would call this body of knowledge about adult learning a form of market research.

The third source is extrapolation from theory: both adult learning theory and research and that derived from work with children and non-human subjects. The adult learning theories in question are really holistic treatments of human nature: the Carl Rogers/Abraham Maslow sort of theory from which we can only infer, or guess at, rules of practice. "Would you rather learn from a lecture or a book?" or "On your own or with direction?" are interesting questions, but ones that beg the issue of results or learning outcomes. A trainee may prefer listening to lectures but learn best by practice and application exercises.

The nonadult theory and research is a broad lot-everything from child development studies to pigeon training. The tendency seems to be to draw guidance from the B. F. Skinner behavior modification/programmed instruction, and the Albert Bandura behavior modeling/social learning schools of thought. While both schools are generating research and results, they are still shorter on proven practices than pontification and speculation. No single theory, or set of theories, seems to have an arm-lock on understanding adults or helping us work effectively and efficiently with them.

Still and all, from a variety of sources there emerges a body of fairly reliable knowledge about adult learning-arbitrarily 30 points which lend themselves to three basic divisions:

- ◆ Things we know about adult learners and their motivation
- ◆ Things we know about designing curriculum for adults
- ◆ Things we know about working with adults in the classroom

These aren't be-all, end-all categories. They overlap more than just a little bit. But they help us understand what we are learning from others about adult learning.

Motivation to Learn

Adult learners can't be threatened, coerced or tricked into learning something new. Birch rods and gold stars have minimum impact. Adults can be ordered into a classroom and prodded into a seat but they *cannot* be forced to learn. Though trainers are often faced with adults who have been sent to training, there are some insights to be garnered from the research on adults who seek out a structured learning experience on their own: something we all do at least twice a year, the research says. We begin our running tally from this base camp.

1. Adults seek out learning experiences in order to cope with specific life-change events. Marriage, a new job, a promotion, being fired, retiring, losing a loved one and moving to a new city are examples.
2. The more life-change events an adult encounters, the more likely he or she is to seek out learning opportunities. Just as stress increases as life-change events accumulate, the motivation to cope with change through engagement in a learning experience increases. Since the people who most frequently seek out learning opportunities are people who have the most overall years of education. It is reasonable to guess that for many of us learning is a coping response to significant change.
3. The learning experiences adults seek out on their own are directly related-at least in their own perception--to the life-change events that triggered their seeking. Therefore, if 80% of the change being encountered is work related, then 80% of the learning experiences sought should be work related.
4. Adults are generally willing to engage in learning experiences before, after, or even during the actual life-change event. Once convinced that the change is a certainty, adults will engage in any learning that promises to help them cope with the transition.
5. Although adults have been found to engage in learning for a variety of reasons-job advancement, pleasure, love of learning and so on-it is equally true that for most adults earning is not its own reward. Adults who are motivated to seek out a learning experience do so primarily (80-90% of the time) because they have a use for the knowledge or skill being sought. Learning is a means to an end not an end in itself.
6. Increasing or maintaining one's sense of self-esteem and pleasure are strong secondary motivators for engaging in learning experiences. Having a new skill or extending and enriching current knowledge can be both, depending on the individual's personal perceptions.

...

The major contributors to what we know about adult motivation to learn have been Allen Tough, Carol Aslanian and Henry Brickell, Kjell Rubenson and Harry L Miller. One implication of their findings for the trainer is that there seem to be 'teachable moments' in the lives of adults. Their existence impacts the planning and scheduling of training. As a recent study by the management development group of one large manufacturer concluded, "Newly promoted supervisors and managers must receive training as nearly concurrent with promotions and changes in responsibilities as possible. The longer such training is delayed, the less impact it appears to have on actual job performance."

Curriculum Design

One developing research-based concept that seems likely to have an impact on our view and practice of adult training and development is the concept of “fluid” versus “crystallized” intelligence. P. B. Catell's research on lifelong-intellectual development suggests there are two distinct kinds of intelligence that show distinct patterns of age-related development but which function in complementary fashion. Fluid intellect tends to be what we once called innate intelligence; fluid intelligence has to do with the ability to store strings of numbers and facts in short-term memory, react quickly, see spatial relations, and do abstract reasoning. Crystallized intelligence is the part of intellectual functioning we have always taken to be a product or knowledge acquisition aid experience. It is related to vocabulary, general information, conceptual knowledge judgment and concrete reasoning.

Historically, many societies have equated youth with the ability to insatiably acquire information and age with the ability to wisely use information. Catell's research suggests this is true—that wisdom is, in fact, a separate intellectual function that develops as we grow older. Which leads to some curriculum development implications of this two-facet intellect concept:

7. Adult learners tend to be less interested in, and enthralled by, survey courses. They tend to prefer single-concept, single-theory courses that focus heavily on the application of the concept to relevant problems. This tendency increases with age.
8. Adults need to be able to integrate new ideas with what they already know if they are going to keep- and use- the new information.
9. Information that conflicts sharply with what is already held to be true, and thus forces a re-evaluation of the old material, is integrated more slowly.
10. Information that has little “conceptual overlap” with what is already known is acquired slowly.
11. Fast-paced, complex or unusual learning tasks interfere with the learning of the concepts or data they are intended to teach or illustrate.
12. Adults tend to compensate for being slower in some psychomotor learning tasks by being more accurate and making fewer trial-and-error ventures.
13. Adults tend to take errors personally, and are more likely to let them affect self esteem. Therefore, they tend to apply tried-and-true solutions and take fewer risks. There is even evidence that adults will misinterpret feedback and “mistake” errors for positive confirmation.

Dr. K. Patricia Cross, author of *Adults as Learner*, sees four global implications for designing adult curriculum in Catell's work. “First, the presentation of new information should be meaningful, and it should include aids that help the learner organize it and relate it to previously stored information. Second, it should be presented at a pace that permits mastery. Third, presentation of one idea at a time and minimization of competing intellectual demands should aid comprehension. Finally, frequent summarization should facilitate retention and recall.”

A second neat new idea that impacts curriculum design is the concept of adult developmental stages. Jean Piaget, Lawrence Kohlberg and others have seen children as passing through phases and stages for some time. It is only recently, thanks to Gail Sheehy, Roger Gould, Daniel Levinson and others, that we've come to acknowledge that there are also adult growth stages. A subset of this concept is the idea that not only do adults' needs and interests continually change, but their values also continue to grow and change. For that insight, we can thank Clare W. Graves and his pioneering work in value analysis. The implications, though still formative:

14. The curriculum designer must know whether the concepts and ideas will be in concert or in conflict with learner and organizational values. As trainers at AT&T have learned, moving from a service to a sales philosophy requires more than a change in words and titles. It requires a change in the way people think and value.

15. Programs need to be designed to accept viewpoints from people in different life stages and with different value “sets.”
16. A concept needs to be “anchored” or explained from more than one value set and appeal to more than one developmental life stage.

A final set of curriculum design guides comes from the research on learning media preference. Researchers have for years been asking students if they preferred learning XYZ from a book, a movie experience or another person. Though there are limitations to the value of this sort of data, enough of it is accumulating to be of some help to the design effort.

17. Adults prefer self-directed and self-designed learning projects 7 to 10 over group-learning experiences led by a professional. Furthermore, the adult learner often selects more than one media for the design. Reading and talking to a qualified peer are frequently cited as good resources. The desire to control pace and start/stop time strongly affect the self-directed preference.
18. Non-human media such as books, programmed instruction and television have become popular in recent years. One piece of research found them very influential of the way adults plan self-directed learning projects.
19. Regardless of media, straightforward how-to is the preferred content orientation. As many as 80% of the polled adults in one study cited the need for applications and how-to information as the primary motivation for undergoing a learning project.
20. Self-direction does *not* mean isolation. In fact, studies of self-directed learning show self-directed projects involve an average of 10 other people as resources, guides, encouragers and the like. The incompetence or inadequacy of these same people is often rated as a primary frustration. But even for the self-professed, self-directed learner, lectures and short seminars get positive ratings, especially when these events give the learner face-to-face, one-to-one access to an expert.

Apparently, the adult learner is a very efficiency-minded individual. Allen Tough suggests that the typical adult learner asks, “What is the cheapest, easiest, fastest way for me to learn to do *that*?” and then proceeds independently along this self-determined route. An obvious tip for the trainer is that the adult trainee has to have a hand in shaping the curriculum of the program.

In the Classroom

We seem to know the least about helping the adult maximize the classroom experience. There are master performers in our trade who gladly pass along their favorite tips and tricks, but as Marshall McLuhan observed, “We don't know who discovered water but we can be pretty sure it wasn't a fish.” In other words, the master performer is often a poor judge of how one becomes a master performer. There certainly are volumes of opinion and suggestion. but by-and-large they rest more on theory than hard data. Ironically, some of the strongest data comes from survey studies or what turns off adults in the classroom. Likewise, there is a nicely developing body of literature on what makes for good and bad meetings that has implications for training:

21. The learning environment must be physically and psychologically comfortable. Adults report that long I periods of interminable sitting and the absence of practice opportunities are high on the irritation scale.
22. Adults have something real to lose in a classroom situation. Self-esteem and ego are on the line when they are asked to risk trying a new behavior in front of peers and cohorts. Bad experiences in traditional education, feelings about authority and the preoccupation with

- events outside the classroom all affect in-class experience. These and other influencing factors are carried into class with the learners as surely as are their gold Cross pens and lined yellow pads.
23. Adults have expectations, and it is critical to take time up front to clarify and articulate all expectations before getting into content. Both trainees and the instructor/facilitator need to state their expectations. When they are at variance, the problem should be acknowledged and a resolution negotiated. In any case, the instructor can assume responsibility only for his or her own expectations, not for that of trainees.
 24. Adults bring a great deal of life experience into the classroom, an invaluable asset to be acknowledged, tapped and used. Adults can learn well-and much-from dialogue with respected peers.
 25. Instructors who have a tendency to hold forth rather than facilitate can hold that tendency in check or compensate for it by concentrating on the use of open-ended questions to draw out relevant trainee knowledge and experience.
 26. New knowledge has to be integrated with previous knowledge--that means active learner participation. Since only learners can tell us how the new fits or fails to fit with the old, we have to ask them. Just as the learner is dependent on us for confirming feedback on skill practice, we are dependent on the learner for feedback about our curriculum and in-class performance.
 27. The key to the instructor role is control. The instructor must balance the presentation of new material, debate and discussion, sharing of relevant trainee experiences and the clock. Ironically, we seem best able to establish control when we risk giving it up. When we shelve our egos and stifle the tendency to be threatened by challenge to our plans and methods, we gain the kind of facilitative control we seem to need to effect adult learning.
 28. The instructor has to protect minority opinion, keep disagreements civil and unheated, make connections between various opinions and ideas, and keep reminding the group of the variety of potential solutions to the problem. Just as in a good problem-solving meeting, the instructor is less advocate than orchestrator.
 29. Integration of new knowledge and skill requires transition time and focused effort. Working on applications to specific back-on-the-job problems helps with the transfer. Action plans, accountability strategies and follow-up training all increase the likelihood of the transfer. Involving the trainees' supervisor in pre-/post-course activities helps with both in-class focus and transfer.
 30. Learning and teaching theories function better as a resource than as a Rosetta stone. The four currently influential theories-humanistic, behavioral, cognitive and developmental-all offer valuable guidance when matched with an appropriate learning task. A skill-training task can draw much from the behavioral approach, for example, while personal growth-centered subjects seem to draw gainfully from humanistic concepts. The trainer or adults needs to take an eclectic rather than a single theory-based approach to developing strategies and procedures.

To be continued

Study of the adult as a special species of learner is a relatively new phenomenon. We can expect the next five years to eclipse the last fifty in terms of hard data production on adult learning. For now, however, we must recognize that adults want their learning to be problem-centered, personalized and accepting of their need for self-direction and personal responsibility. When you think of it, that's quite a lot to work with right there.

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