

An Evaluation of Past Special Education Programs and Services Provided to Incarcerated Young Offenders

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Abstract: *This study investigated the past special education programs and services provided to children and youth who later became incarcerated. Participants in this study were inmates from a medium security state correctional facility in the southwest region of the United States. All inmates involved in this study were identified as having a disability and qualified for special education services. Their ages ranged from 18 to 24 years of age. Through file reviews and inmate interviews, data were collected to determine their background special education experiences. Results indicated that the level and intensity of special education services were clearly inadequate to meet the needs of these individuals during their years in public education. Recommendations regarding data results are provided.*

Introduction

Antisocial behavior in youth can be understood as persistent violations of socially normative behavior over time (Kazdin, 1987; Lane, 1999; Walker, Colvin, & Ramsey, 1995). These socially normative violations are usually behaviors that conflict with the general social expectations within a culture, such as acts of aggression, chronic rule infractions, regular defiance of authority, and vandalism (Simcha-Fagan, Gersten, & Langner, 1986). As these behaviors persist throughout childhood and early adolescence, they become progressively more stable and resistant to intervention (Kazdin, 1987; O'Shaughnessy, Lane, Gresham, & Beebe-Frankenberger, 2002). Potentially, these behaviors can eventually conflict with societal law.

Antisocial Behavior in Childhood and Youth

Antisocial behavior of childhood and youth follows two known paths of development starting in early childhood or emerging in early adolescence (Patterson, 1986; Patterson, Reid, & Dishion, 1992). Early starters are those children who show signs of antisocial behavior at an early age and have their first arrest before or at age 14. Research indicates that approximately 50% of early starters will progress to be the most seriously antisocial adolescents (Hill, Lochman, Coie, Greenberg, & Conduct Problems Prevention Research Group [CPPRG], 2004; Loeber, Wung, & Keenan, 1993). Early starters are more likely to be life-course-persistent offenders (Moffitt, 1993). Late starters exhibit problem behaviors but do not tend to violate social norms to the degree that would warrant an arrest until after

the age of 14 (Eddy, Reid, & Curry, 2002; Patterson & Yoerger, 2002).

Walker et al. (1995) clearly emphasized the value of early detection of young children with antisocial behaviors. Their research concluded that if aggressive and antisocial behaviors are not changed by the end of third grade, this behavioral condition should be treated as a chronic condition similar to medical problems like diabetes. Walker and his colleagues surmised that the antisocial behaviors would be lifelong problems and would only be managed with appropriate interventions and support. Thus, it is critical for educators to take these early episodes of antisocial behavior seriously.

According to the U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey (NCVS, 2007), violent crimes committed by juveniles between the ages of 12 and 18 years reached an all-time high in 1994. In a 1994 report, youths accounted for 15% of all violent crimes and 17% of all arrests (Snyder, 2003). Although the occurrence of juvenile violent crimes has gradually decreased over the past decade, rates continue to be alarmingly high. According to national statistics provided by the Centers for Disease Control and Prevention (CDC), youth violence is the second leading cause of death among youth and the major cause for nonfatal injuries for youth (CDC, 2009).

To further highlight the seriousness of this issue of young offenders, it is important to look at additional statistics of very young offenders who have not only displayed antisocial behaviors at a young age but have committed violent crimes. Loeber, Farrington, and Petechuk (2003) stated between 1988 and 1997 arrests of young children for violent

crimes had increased 45%. According to these authors, juvenile courts in 1997 saw more than 180,000 young offenders. In 1999, there were more than 218,000 arrests of children younger than 13 years of age (McGarrell, 2001). According to a report by Puzzanchera et al. (2000), 16% of all individuals seen by the juvenile courts are children under 13 years of age.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2003) formed a study group to increase their understanding of children who engaged in antisocial behaviors at a very early age (early starters). OJJDP found this group of offenders has increased 33% since the 1990s (Snyder, 2001). Additional findings revealed these children are at a greater risk of becoming chronic, violent juvenile offenders than juvenile offenders whose delinquency began in adolescence years (OJJDP, 2003; McGarrell, 2001; Loeber et al., 2003; Snyder, Espiritu, Huizinga, Loeber, & Petechuk, 2003). The Children, Youth, and Family Consortium (2004) stated that young children with severe behavioral and/or emotional problems are 50% more likely to continue to experience mental health problems into adolescence and adult years. Along with being at significant risk for becoming involved in criminal behaviors and their consequences, additional negative outcomes for children exhibiting antisocial behavior include the lack of development of skills necessary to obtain basic control of their social environment through the use of prosocial behaviors (Quinn, Mathur, & Rutherford, 1995).

The OJJDP study group (2003) found evidence in their research that some of the very young offenders had engaged in significant antisocial behaviors at an early age. They continued to remark that these behaviors should have been indicators of future problem behaviors. Snyder and Sickmund (1999) pointed out that these young children are typically overlooked at being serious risks due to their age and also due to the fact they do not have a long record of offences. Snyder et al. (2003) affirmed the urgent need to address child delinquency issues as young offenders consume an enormous amount of school resources, juvenile justice services, mental health programs, and child welfare departmental services.

School Failure

Antisocial children and youth, whether early or late starters, characteristically have difficulties in school, experience school failure, and have educational disabilities. These students exhibit lower rates of academic engaged time and subaverage achievement overall (Coie & Jacobs, 1993; Hinshaw, 1992). Wolfgang (2008) stated many deviant behaviors of school-age children are related to the lack of success the child experiences in school. He stated that some behavior problems may be the student's reaction to frustration regarding academic and social experiences. The frustration may become visible to others through aggressive acts. Some children outgrow these stages of misbehavior and for others the frustration intensifies to school and social failures. Academic achievement predictably co-occurs with student antisocial behavior (Hawkins, Farrington, & Catalano, 1998; Herrenkohl & Guerra, 1998; Maguin & Loeber, 1996). Specifically, academic achievement is related to the frequency, onset, persistence, and seriousness of antisocial behavior (Maguin & Loeber, 1996). The relationship between school performance and antisocial behavior appears to be inverse. Research has demonstrated that the likelihood of students exhibiting antisocial behaviors increases as school performance decreases (Brier,

1995; Farrington, 1996; Howell & Hawkins, 1998; Huizinga, Loeber, Thornberry, & Cothorn, 2000; Maguin & Loeber, 1996; McEvoy & Welker, 2000). These characteristics are stable over time. Overall, children with antisocial behaviors tend to exhibit poor interpersonal skills, limited social and academic problem-solving skills, and low rates of academic engagement (Coie & Jacobs, 1993; Hinshaw, 1992; Kolko, 1994; Walker et al., 1995).

Children and youth who engage in patterns of antisocial behaviors have an increased likelihood of being identified as a student with a special education disability. Between 30% to 50% of youth offenders have been identified with an educational disability. Of these, 40% had a learning disability and 46% had emotional/behavioral disorders (Frieden, 2003; Zabel & Nigro, 2001). Furthermore, children with emotional/behavioral disabilities (E/BD) experience greater academic problems as compared to same-age peers without disabilities (Epstein, Kinder, & Bursuck, 1989). Typically, children with E/BD perform one year below their peers in academic areas. The lower academic performance is a concern to educators as self-concept and self-esteem may decrease concurrently. Low academic achievement and poor social skills may play a major role of impacting one another. The lack of academic proficiency may cause students to display inappropriate behaviors and deviant social skills may negatively affect academic skills. Meese (1996) stated students who experience repeated trouble in these areas may begin to expect failure and discontinue their attempts for success.

An additional concern for students with E/BD lies in the attitudes of their teachers. Teachers tend to focus more negatively on those behaviors exhibited by students whom are identified as E/BD than they do with similar behaviors exhibited by typical students (Nelson & Roberts, 2000; Montague & Rinaldi, 2001). Additionally, students with E/BD tend to absorb the teacher's attitudes and take note that the teachers are treating them differently than typical students. Eventually they begin to develop a negative attitude about themselves as a result of this type of teacher behavior (Montague & Rinaldi, 2001). Therefore, the student's behaviors tend to get worse as a result of their own self-concept that has been shaped by teacher behaviors.

Previous research has found behavioral problems as a major reason why students with disabilities are expelled or removed from schools (Wagner, Neuman, Cameto, Levine, & Marder, 2003). According to Kauffman (2005), students with E/BD are less likely to graduate from high school and to attend postsecondary institutions as compared to other students with mild disabilities. Walker et al. (1995) found that 20% of delinquents have been arrested after three years from leaving school. More alarming, data from the U.S. Department of Health and Human Services (1999) reported even larger statistics. This report stated approximately 70% of E/BD students would be arrested within three years of quitting school. Cullinan (2002) found that after three years of departing from school, a majority of students with E/BD were unemployed, had been arrested, and were not living independently.

Research has consistently demonstrated that the vast majority of incarcerated adults with a history of antisocial behaviors also had a history of poor school performance and a high dropout rate (Henggeler, Melton, & Smith, 1992; Hodgkinson, 1991). Although the rate of youth offenders with disabilities is disproportionately high, there continues to be weaknesses in the amount of research which

explores the relationships between youth offenders and education disabilities (Alltucker, Bullis, Close, & Yovanoff, 2006; Archwamety & Katsiyannis, 2000).

Early Intervention for Students With Antisocial Behavior

The Individuals with Disability Education Act (IDEA) states early intervention services are to be provided to infants and toddlers, birth through two years, and their families. The term “early intervention services” also refers to the services provided to children at an early age prior to starting school (Bauer & Shea, 1999) and continues on through eight years of age. The intent of these services is to enhance a child’s development and/or serve as a preventative measure to overcome an existing condition or disability (Gonzalez-Mena, 2006; Guralnick, 1997; Heward, 2006; Kaiser & Rasminsky, 2003; Lerner, Lowenthal, & Egan, 2003; Raver, 2009; Wolery & Bailey, 2002; Zirpoli, 1995). Early intervention services may also help to reduce the need for special education services for the child at a later date. Early interventions for children with antisocial behavior are intended to reduce the tendency for these children to become young offenders.

Loeber and Farrington (1998) noted a variety of risk factors for child delinquency. Some entailed aggression, lack of empathy, and sensation seeking (child factors); poor parental practices (family factors); poor academic achievement and attitudes (school factors); and peer rejection or association (peer factors). All four of these factors would be observable in young children from birth through eight years of age (the early intervention years) and should be noted by early interventionists in the field.

Loeber et al. (2003) noted most behavioral interventions they reviewed focused on adolescent offenders rather than child delinquents. Programs for the adolescent group are more likely to be reactive to individuals’ violent behaviors rather than being proactive and preventative to children in their early years. These authors commented that the early intervention approach is a key to decreasing child, adolescent, and adult criminal offences.

The Children, Youth, and Family Consortium (2004) discussed the urgent need to address the behavioral problems of young children at an early age. They stated some children may need to have a pharmacological treatment in order to respond to the behavioral intervention program. They also emphasized the importance of the family’s involvement in working with the early intervention professionals. This partnership with families would help to eliminate the family factors that Loeber and Farrington noted in their research.

Fox, Dunlap, Hemmeter, Joseph, and Strain (2003) provided an early intervention model for young children with antisocial behaviors. The model emphasized a three-tiered intervention approach utilizing positive behavioral supports. The authors found this model to be particularly effective for teaching social skills and in preventing the occurrence of serious challenging behaviors in the children’s later years. Thus, some programs are being utilized for these children; however, not at a rate that is effectively solving the criminal rate of young offenders.

In summary, the literature suggests that children with antisocial behaviors are increasingly becoming more involved in the penal system and are involved in serious crimes at an earlier age. Addition-

ally, children who engage in antisocial behaviors at a very early age (early starters) are more likely to continue these antisocial behaviors into adulthood. If these behaviors are not eliminated by eight or nine years of age, the behaviors should be viewed as a chronic condition. Therefore, early interventionists and teachers must acknowledge the urgency of early behavior programs for young children who are engaging in antisocial behaviors.

The Purpose of the Study

The purpose of this study was to investigate the prior educational backgrounds and experiences of young adult inmates with educational disabilities. Specifically, this study examined their student characteristics, placement histories, and interventions and services provided within or by the public school system. Additionally, inmate’s perceptions of their educational experiences were explored.

Method

Participants and Setting

Participants involved in this study were inmates in a medium security state correctional facility in the southwest region of the United States. Participants were male and ranged from 18 through 24 years of age. The mean age of the inmates was 20.8 years. All of the participants were identified as having an educational disability under IDEA and therefore qualified for educational services under federal law. A total of 30 inmates participated in the study. Participation included giving permission for a thorough file review of all available educational records followed by in-depth interviews with researchers. According to the file reviews, the ethnicity of the inmates included 57 % Hispanic, 10 % White, 3 % African American, 3 % American Indian, 6 % White and Hispanic, and 20 % unknown. Of these inmates, 37 % had a learning disability, 4 % emotional/behavioral disorders, 7 % had mental retardation, 27 % had learning disabilities and emotional/behavioral disorders, and 26 % had no clear diagnosis in their IEP or educational records.

Instruments

Two instruments were developed specifically for this study to address the research questions. The first instrument was a checklist used to review educational files. Information on the checklist included demographics, educational history, graduation/dropout information, academic achievement, behavior problems, and medical history. The instrument was developed by the researchers involved in the study in an effort to identify school-based practices and services provided to these inmates during their school years. Further, this instrument attempted to identify risk factors that may have contributed to or protective factors that could have prevented their social failures in their communities.

In order to verify the information contained in the education file, a second instrument was utilized. This second instrument was an interview designed to verify information contained in the files. Questions in the interview matched the checklist contents used to review the educational files. For example, during the file review, information regarding the number of years the inmate was previously receiving special education services in the public school system was obtained. During the interviews with the inmates, this type of information was

verified. These interviews were conducted in the pods, personnel offices, and educational classrooms within the correctional facility. The location of the interviews was determined based on individual inmate security status. Each inmate was individually interviewed by the three researchers during each interview session. Interviews generally lasted 45 minutes to an hour. Further, no correctional officers or personnel were present during the interview; however, for security purposes they were within visual proximity. All of the interviews occurred with only the researchers and inmates in the same room. Only data consistently reported between the checklist and the interview were reported in this study.

Procedures

The purpose of this study was to explore the educational background and experiences of incarcerated adults with an educational disability. This type of context specific inquiry is appropriately addressed through qualitative methodology. This study occurred over a period of five years by the same data collectors. The duration of this study was influenced by the accessibility to inmates primarily due to changes in security status across the correctional facility during various times of the study. For example, the correctional facility was in complete lockdown for one year during the course of the study. A total of 13 visits encompassing 80 hours were made by researchers in order to conduct file reviews and inmate interviews. Researcher bias was reduced by having each file reviewed by one researcher and then the information was verified by another. Each participating inmate's educational file was reviewed in order to code personal and educational experiences. The files were reviewed to identify specific characteristics, including age, ethnicity, primary language use, qualification for special education, attendance in alternative school, history of behavior problems, etc. Analysis of file reviews was conducted through summarizing information and completing frequency counts. Since files were from numerous school districts across the country, the information contained in these files varied greatly. In some cases the files were relatively complete; in others, essential information was omitted illustrating the inconsistencies of special education records.

In order to enhance and triangulate information gathered from the file reviews, interviews were conducted with inmates. These interviews were administered by three researchers who transcribed responses independently in order to assure inter-rater reliability and reduce researcher bias. Once transcribed, analysis occurred amongst the researchers by collectively reviewing each transcription and then identifying emerging themes and commonalities. Some of the themes were identified based on the questions in the interview protocol. Other themes emerged as the result of inmate responses, perceptions, and experiences. Participant responses were analyzed to further enhance emerging themes or were unique enough to create additional themes. In order to establish inter-rater reliability in this process, researchers analyzed and categorized themes independently, then met to identify common patterns and discuss areas of differences. Triangulation of data was achieved through substantiating information identified in the file reviews through individual interviews. Further, triangulation was established through finding common themes and patterns across individual inmate responses.

Results

The results of the file reviews and verification interviews were separated into categories focusing on history of problem behaviors, academic difficulties, special education support, grade completion and alternative school placement, and health and mental health. Results of the history of problem behaviors showed that 76.67% (23) of inmates exhibited problem behaviors prior to the 4th grade while 13.33% (4) began to exhibit problem behaviors during or after 4th grade. Of those inmates who exhibited problem behaviors prior to 4th grade, 66.67% (20) began to show these behaviors before or during 1st and 2nd grade and 10% (3) exhibited problem behaviors during 3rd grade (see Table 1).

Table 1

History of Problem Behaviors

History of Problem Behaviors	Percent/Frequency Based on a Population of 30
Problem behaviors evident in student records prior to 4th grade	76.67 (23)
Problem behaviors evident in student records beginning before or during 1st or 2nd grade	66.67 (20)
Problem behaviors evident in student records beginning during 3rd grade	10.00 (3)
Problem behaviors evident in student records beginning during the 4th, 5th, or 6th grade	13.33 (4)
No record of specific grade of emergence of problem behaviors	10.00 (3)

Results of the history of academic difficulties showed that 73.33% (22) of inmates had academic difficulties prior to the 4th grade while 17.67% (5) of inmates began to have academic difficulties during or after 5th grade. Records indicated that 60% (18) had difficulties with reading, 10% (3) had difficulties with writing, and 60% (18) had difficulties with mathematics. Ten inmates (33.33%) had records indicating at least one occurrence of grade retention (see Table 2).

As shown in Table 3, results of special education support explored the extent to which behavioral intervention programs or plans were found in student records and which types of behavioral services were provided. According to the results, 83.33% (25) of inmate records showed no evidence of behavior intervention programs or plans. Of the 16.67% (25) of inmate records that had evidence of behavior intervention programs and plans, 10.33% (3) included a behavior chart, 3.33% (1) included a plan for incorporating punishments, and 3.33% (1) had a tutor assigned. The specific goals of inmate IEPs were 16.67% (5) social and behavioral goals, 76.67% (23) academic goals alone, and 6.67% (2) unknown.

Table 2

History of Academic Difficulties

History of Academic Difficulties	Percent/Frequency Based on a Population of 30
Academic difficulties evident in student records prior to 4th grade	73.33 (22)
Academic difficulties evident in student records beginning in 5th grade or above	17.67 (5)
No record of specific grade of emergence of academic difficulties	10.00 (3)
Academic difficulties in reading	60.00 (18)
Academic difficulties in writing	10.00 (3)
Academic difficulties in mathematics	60.00 (18)
History of school retention	33.33 (10)

Table 3

History of Special Education Support

Behavioral Intervention Programs/ Plans and IEP	Percent/Frequency Based on a Population of 30
Behavior program/plan not evident in student records	83.33 (25)
Behavior program/plan evident in student records	16.67 (5)
Types of behavior programs/plans documented:	
Behavior chart	10.33 (3)
Punishment plan	3.33 (1)
Tutor	3.33 (1)
Focus of IEP goals:	
Social/behavioral	16.67 (5)
Academic	76.67 (23)
Unknown	6.67 (2)

The results indicated that the vast majority of inmates dropped out of school: 16.67% (5) of inmates exited school at the 7th grade, 16.67% (5) at the 8th grade, 33.33% (10) at the 9th grade, 10% (3) at the 10th grade, 6.67% (2) at the 11th grade, 3.33% (1) made it through 12th grade, and 13.33% (4) was unknown (see Table 4). Results also indicated that 90% (27) were placed in some type of alternative school during their education.

Table 4

Grade Completion and Alternative School

History of Grade Completion and Alternative School Placement	Percent/Frequency Based on a Population of 30
Grade exited school	
7th grade	16.67 (5)
8th grade	16.67 (5)
9th grade	33.33 (10)
10th grade	10.00 (3)
11th grade	6.67 (2)
12th grade	3.33 (1)
Unknown	13.33 (4)
Alternative school placement evident in the student record	90.00 (27)

Information was collected on the types of physical and mental health issues these inmates experienced during their school years. The records indicated that 53.33% (16) of the records showed a history of attention deficit hyperactivity disorders; 90% (27) alcohol and drug abuse; 10% (3) auditory deficits; 30% (9) a major mental illness (including bipolar disorder and depression); 20% (6) chronic health problems (asthma, seizures, ear infections); and 60% (18) traumatic brain injury (see Table 5).

Table 5

Health and Mental Health

History of Health and Mental Health	Percent/Frequency Based on a Population of 30
Attention deficit hyperactivity disorders	53.33 (16)
Alcohol and drug abuse	90.00 (27)
Auditory deficits	10.00 (3)
Chronic health problems (asthma, seizures, ear infections)	30.00 (9)
Major mental illness (bipolar, depression)	20.00 (6)
Traumatic brain injury	60.00 (18)

Discussion

The results of this study revealed that the inmates had a history of behavioral problems and a majority of them exhibited problem behaviors at an early onset. The results also revealed that the IEP interventions for these past inmates largely focused on academic interventions and not behavioral interventions. These findings are concerning as they suggest that the special education system may have inadvertently neglected to prepare inmates for an adult life by failing to provide comprehensive social and behavioral interventions.

Failure to focus on the student's problem behavior at an early age is a noted problem in schools today (Snyder et al., 2003; Snyder & Sickmund, 1999). Educator's failure to focus on problem behaviors is reflected in this study as little was done to aid the inmates with their problem behaviors when they were in school. This is reflective in the identification rates as only 4% of the inmates were identified as students with E/BD. However, suggested by the nature of the fact that they were now young men in an incarcerated setting, problem behaviors tended to dominate their life. The hesitancy to identify students as E/BD and then develop goals and interventions specific to their problem behaviors may have contributed to their later anti-social behavior.

It is unclear why the education system did not view behavior interventions as the primary need of the inmates involved in this study. An interpretation of the results suggests that as students, these inmates lacked the ability to self-monitor and self-regulate their own behaviors. The results of this study also suggested that if there was any attempt to address the problematic behaviors, it was largely addressed as planned punishment and adult external control of student behavior. Little, if any, emphasis was placed on teaching the students skills at managing their own behavior.

The literature suggested that poor academic performance results in poor social skill performance (Brier, 1995; Farrington, 1996; Howell & Hawkins 1998; Huizinga et al., 2000; Maguin & Loeber, 1996; McEvoy & Welker, 2000). It is possible that the heavy focus on academics may have been perceived to be an indirect method to improve social behaviors. That is, if the student improved in academics, their self-esteem would improve and eventually their social behaviors would begin to improve. If this was the reason for the heavy focus on academic improvement, although well intended, it did not work for the inmates involved in this study. It would seem that the inmates needed direct instruction on developing positive social and self-regulatory behaviors, evidence of which was plainly lacking in the data collected.

The inmates interviewed in this study recognized that they had difficulty with their behaviors as students in the school system. They also recognized that they were treated differently by their teachers when compared to their class peers. The awareness of behavior problems and differential treatment by their teachers is also reflected in the literature (Montague & Rinaldi, 2001; Nelson & Roberts, 2000). The differential treatment of the inmates may have resulted in the high dropout rate noted in this study. The inmates who perceived themselves as undesirable to their teachers indicated during the interviews that they wanted to escape from these negative attitudes.

The data collected from this study suggested that many of the inmates had physical and mental issues, such as traumatic brain

injury, attention deficit disorder, and in some cases mental illness. However, the file review did not reveal if there was an intervention plan in place to assist the inmate, as a student, with these issues. Since these physical and mental conditions may have influenced the social behavior of the inmate while in school, it is logical that there should have been an intervention to assist the student with the effects of these conditions.

Overall, the data revealed the ineffective education these inmates encountered while in the public education system. The overemphasis on academic instruction and the underemphasis on social skill development may have been a contributing factor to the inmates' current incarceration. If not a contributing factor, the data collected suggested that the education system did not identify the necessary educational curriculum to prevent these inmates from becoming life-course-persistent offenders.

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