

PROJECT EVIDENCE

PROJECT EVIDENCE for Prevention of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[3] Indicated Programs are those for young people who will inevitably develop mental disorders unless there is preventive intervention.

[3 c] Social factors

- i Child victims of abuse
- ii Juvenile Justice clients

[3 c ii] Juvenile Justice clients

Language is an essential part of our human functioning. Not only is communication crucial for our social relationships¹ but it is a fundamental component of our thinking processes² and our emotional state.³ Impairments or delays in language development are highly correlated with impairments in executive functioning. *ie* capacity for impulse control, reflective thoughtfulness, delay of gratification, strategic planning, tactfulness and consideration of consequences.⁴

Two thirds of young people in the Juvenile Justice system have impaired language development.⁵ Whilst this may or may not have been the primary cause of their misbehaviour it is always a major factor in the outcome.⁶ Not only do they almost always have poor executive functioning that contributes to their poor judgment of consequences, impulsiveness and lack of consideration for others, but also have poor abilities in understanding the complexities of their situation and what has to be done to resolve it.⁷ These impairments make it difficult to deal with problem behaviour and make it more likely that it will keep happening in the future.⁸ It is in the young person's best interests, and in the best interests of society as a whole, for improvements in their executive functioning, social and emotional and communication skills.⁹

Research indicates that appropriate programs can make a difference to communication skills.¹⁰ Improved communication skills can make a difference to social competence, emotional well-being and executive functioning.¹¹ This improves the outcome for the young person in terms of quality of life and for the Juvenile Justice system in terms of reduced recidivism.¹²

This has been recognized by the Juvenile Justice authorities in Victoria through participation of all young offenders in schooling programs enhanced by specialist assessments and interventions with language development programs.¹³ This is aimed at helping the young people become more productive members of society and less likely to engage in recidivist offending. Ongoing evaluative research is being undertaken to clarify the effectiveness of various interventions.¹⁴

The cost of implementing such programs is believed to be small compared to the benefits of greater productivity and reduced costs of recidivist delinquent behaviour and necessary ongoing social support programs, possibly even to subsequent generations. The verification of the estimated cost-effectiveness of these interventions will take some years of follow-up research. Even a cost-neutral outcome would be a program success, but the benefits are likely to be shown to be much greater. An interesting question is whether the programs can be effective with young adult offenders who have developmental language delays, which could warrant consideration of implementation in the adult forensic system.

There are more profound implications for the general education system. If language development programs can work for seriously impaired adolescents, how much better will they work for mildly impaired young children? Pedagogic research tells us that the earlier a remedial program can be implemented, the greater the response. If the language

enrichment of universal early childhood education programs could be intensified for children seen to have developmental delays, rather than waiting until failed schooling has led to Juvenile Justice intervention, the degree of response might well avert many of these later complications.

Notes :

1. Communication skills are crucial for our social relationships and mental health. The Speech Pathology Association of Australia position statement on '*Speech Pathology in Mental Health Services*' (2010) reports,

"Communication disorders frequently co-occur with mental health issues. Bryan and Roach (2001) reported the incidence of speech and language problems in individuals receiving mental health services to be higher than the general population. Whitehouse (2009) identified that mental ill-health was highly represented in adults with communication impairments. Research studies have demonstrated a remarkably high prevalence of communication impairments in children who present for psychiatric treatment (Caplan, 1996; Cohen, Menna, Vallance, Barwick, Im & Horodezky, 1998) and similarly for adolescents with a psychiatric diagnosis (Clarke, 2006; Perrott, 2010; Perrott, 1998; Segrin & Flora, 2000).

Longitudinal studies have indicated an increased likelihood of mental health problems in those who initially presented with significant speech/language impairments as a child (Beitchman, Brownlie, Inglis, Wild, Ferguson, Schachter, Lancee, Wilson & Matthews, 1996; Beitchman, Wilson, Johnson, Young, Atkinson, Escobar & Taback, 2001a; Clegg, Hollis, Mawhood & Rutter, 2005).

Developmental language disorders have been found to contribute to the development of personality disorders in adulthood (Mourisden & Hauschild, 2009). Starling (2003) reported school-aged children and adolescents with language-learning disability are at an increased risk for significant academic, social, emotional and behavioural problems and are more likely to exit school early, often with minimal marketable work skills and little prospect of successful engagement in further education.

Snow (2009a) identified that socially disadvantaged groups in society are at greater risk for both communication and mental health problems along with the potential for intergenerational transfer of such problems.

Communication disorders are also reported as diagnostic criteria in a range of mental health disorders for example; autism spectrum disorders, attention deficit disorders, behavioural disorders, developmental language and speech disorders, schizophrenia and psychosis and dementia (American Psychiatric Association, 2000, and World Health Organisation's International Classification of Diseases, 1993).

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th ed, text revised. Washington, DC, APA.

Beitchman, J. H., Brownlie, E.B., Inglis, A., Wild, J., Ferguson, B., Schachter, D., Lancee, W., Wilson, B., & Matthews, R. (1996). Seven-year follow-up of speech/language impaired and control children: psychiatric outcomes. *Journal of Child Psychology and Psychiatry*, 37 (8), 961-970.

Beitchman, J. H., Wilson, B., Johnson, C., Young, A., Atkinson, L., Escobar, M. & Taback, N. (2001a). Fourteen year follow-up of speech/language-impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40 (1), 75-82.

Bryan K, & Roach J. (2001) Assessment of speech and language in mental health. In: J. France & S.Kramer (eds). *Communication and mental illness*. Jessica Kingsley Publishers: London. pp 110-122

Caplan, R. (1996). Discourse deficits in childhood schizophrenia. In, J. Beitchman, N. Cohen, M. Konstantareas, & Tannock, R (Eds.). *Language, Learning and Behaviour Disorders*, Cambridge: Cambridge University Press.

Clarke, A. (2006). Charting a life: Analysis of 50 adolescents in a long-stay mental health unit. Conference Proceedings, 17th World congress of the International Association for Child and Adolescent Psychiatry and Allied Professionals. Melbourne, Australia.

Clegg, J., Hollis, C., Mawhood, L., & Rutter, M. (2005). Developmental language disorders-a follow-up in later adult life: cognitive, language and psychosocial outcomes. *Journal of Child Psychiatry*, 46 (2), 128-149.

Cohen, N. J., Menna, R., Vallance, D.D., Barwick, M.A., Im, N., & Horodezky, N.B. (1998). Language, social-cognitive processing, and behavioral characteristics of psychiatrically disturbed children with previously identified and unsuspected language impairments. *Journal of Child Psychology and Psychiatry*, 39 (6), 853-864.

Perrott, D. (2010). Adolescent communication: pragmatic skills. PhD (in progress). Monash University, Melbourne, Australia.

Perrott, D. (1998). Adolescent Communication: Self-evaluation of the use and competency of pragmatic skills between depressed and non-depressed adolescents. Masters Thesis. Department Page 6

Segrin, C. & Flora., J. (2000). Poor social skills are a vulnerability factor in the development of psychosocial problems. *Human Communication Research*, 26 (3), 489-514.

Snow, P.C. (2009a). Oral language competence and equity of access to education and health. In K. Bryan (Ed) *Communication in Healthcare. Interdisciplinary Communication Studies Volume 1* (Series Editor: Colin B. Grant), (pp101-134). Bern: Peter Lang European Academic Publishers.

Starling, J. (2003). Getting the message across: safeguarding the mental health of adolescents with communication disorders. *Acquiring Knowledge in Speech, Language and Hearing*, 5 (1), 37-39.

Whitehouse, A., (2009). Differentiating between childhood communication disorders. *Acquiring Knowledge in Speech, Language and Hearing*, 11 (3).

World Health Organization (1993) *International Statistical Classification of Diseases and Related Health Problems*, 10th revision, Geneva, WHO.

2. Communication skills are a fundamental component of our thinking processes

Associate Professor Pamela Snow, writing in *InPsych* | The bulletin of The Australian Psychological Society Limited June 2013 pp.16-17, in an article titled **Language competence: A hidden disability in antisocial behaviour**, said:

“Oral language competence is the ability to both express and understand verbal messages. Language is comprised of a range of subskills, including semantics (vocabulary), syntax (grammatical rules for expressing different and increasingly complex meanings), phonology (rules of the sound system in a given language), morphology (rules pertaining to the structure of words), and pragmatics – the ability to modify language usage in a wide range of socially and culturally appropriate ways, ensuring that social conventions are observed (often referred to as social skills). Not surprisingly, given the complexity of the language skills that need to be mastered by early adulthood, language competence is vulnerable to a range of developmental threats.”

3. Communication skills are a fundamental component of our emotional state

In the same article Professor Snow said:

“Oral language competence has obvious importance for the development of everyday interpersonal skills, being the means by which we negotiate the business of everyday life. Its role in forming and maintaining interpersonal relationships makes it central to mental health across the lifespan.”

“Many young offenders have comorbid mental health problems and their interface with youth justice services often triggers a referral for psychological services (this may be mandated, *eg.*, for sex offenders, or young people needing assistance with anger management or substance abuse). While interventions such as CBT and motivational interviewing have been shown to be efficacious with a wide range of high prevalence mental health/substance abuse disorders, these are talk therapies – that is, they rely on highly verbal interchanges and often operate at a meta-level (e.g., thinking about ones’ own thinking). It is common in the course of psychological therapies too, for clinicians to use metaphors and analogies, which further draw on language and verbal reasoning abilities. While skilled practitioners may intuitively ‘titrate’ their language use in the therapeutic setting, it is likely that many young offenders struggle with the demands of these verbally-based interventions, and may, as a consequence, appear to be poorly engaged in the therapeutic relationship.

Language deficits are not only invisible, but tend to masquerade as low IQ, or as behavioural phenomena such as rudeness, disinterest or poor motivation, all of which may harm a young person’s education and/or passage through the justice system.”

4. Delays in language development are highly correlated with impairments in executive functioning

Delays in Executive Functioning are even more predictive of social functioning than language skills but both are highly correlated.

Dawson, P. and Guere, R. (2010). *Executive Skills in Children and Adolescents: A Practical Guide to Assessment and Intervention*. New York: Guilford Press.

Howland, K. (2010). *Strategies to Develop Executive Control Skills in Language-Impaired Children*. Paper presented at the American Speech Language Hearing Association Conference, 2010.

Hungerford, S., Call-Morin, K., Bassendowski, N., Whitford, S. (2009). *Do Executive Skills or Language Skills Best Predict Social Competence?* Paper presented at the American Speech Language Hearing Association Conference, 2009.

Hungerford, S. and Gonyo, K. (2007). *Relationships Between Executive Functions and Language Variables*. Paper presented at the American Speech Language Hearing Association Conference, 2007.

Singer, B.D. & Bashir, A.S. (1999). What are executive functions and self-regulation and what do they have to do with language learning disorders? *Language, Speech and Hearing Services in Schools*, 30, pp. 256-273.

5. Two thirds of young people in the Juvenile Justice system have impaired language development.

The abovementioned article by Professor Snow further reports: "In the 1990s, international researchers in both speech pathology and psychology began to document the high cross-over between youth offending and oral language deficits. Australian researchers (see Snow & Powell, 2011a for review) have shown that young male offenders face a high risk (46-52%) of clinically significant, yet undiagnosed language impairments. On the one hand, such statistics are not surprising; young offenders exit school early and typically lack social skills. But what is the common factor underlying both the transition to literacy and the development of pro-social interpersonal skills?"

In our most recent study of 100 young males completing custodial sentences (Snow & Powell, 2011b), the prevalence of language impairment increased to 62 per cent in those who had a history of out-of-home care placement – in itself a marker of extreme vulnerability, but in many cases a missed early intervention opportunity. Young people who have experienced stressful early social-emotional environments are likely to be hypervigilant to the risk of interpersonal threat and have poorly developed social cognition skills. Coupling these risks with low socioeconomic status (overwhelmingly the case for young people in the youth justice system) creates a set of developmental conditions in which language development cannot flourish."

6. Delays in language development are always a major factor in the outcome.

As Professor Snow points out : "An unidentified language impairment places young people at particular disadvantage in their interface with the law. Every step of the forensic process is highly verbal, from answering initial questions from police at the scene of an alleged crime, to taking part in a forensic interview, being informed of one's rights, being formally cautioned, briefing a solicitor, and of course the experience of going to court and understanding the conviction/warning/bail conditions that arise from a court appearance."

7. Juvenile Justice clients have poor abilities in understanding the complexities of their situation and what has to be done to resolve it

See Professor Snow's comments in Note 6.

8. These impairments make it difficult to deal with problem behaviour and make it more likely that it will keep happening in the future.

Ross and Hoaken state : "A primary goal of forensic rehabilitation programming for incarcerated offenders is to eliminate or, at the very least, decrease rates of recidivism. However, repeat offending continues to occur, and studies suggest that reductions in recidivism brought about by programs are modest. Indeed, a series of studies suggests decreases in recidivism ranging between only 7% and 14%. While several factors have been identified as potential contributors to criminal behaviour, one notion that has garnered much attention is that an individual may be predisposed to criminality if s/he has deficits in executive cognitive functioning. At this time, the link between executive functioning and antisocial behaviour is largely unquestioned. However, it remains uncertain whether executive deficits may be even more profound in offenders who have served multiple terms of imprisonment. Using a cross sectional design, 93 Canadian federal inmates, categorized as either first timers (n=56) or return inmates (n=37) were tested on a battery of executive cognitive-functioning measures. In keeping with our hypotheses, return inmates showed more severe and pervasive patterns of executive dysfunction. These results suggest that improved focus on ameliorating ECF deficits of offenders may further assist in decreasing recidivism."

Ross, Erin H and Hoaken, Peter N. "Executive Cognitive Functioning Abilities of Male First Time and Return Canadian Federal Inmates" *Canadian Journal of Criminology and Criminal Justice*, Volume 53, issue 4, 2011, p.377-403

9. It is in the best interests of society as a whole, for improvements in their executive functioning, social and emotional and communication skills.

See note 8, above.

10. Research indicates that appropriate programs can make a difference to communication skills

Caire, L. (2013) Speech Pathology in Youth (Justice) Custodial Education Project Report, Melbourne. The Speech Pathology Association of Australia Limited.

11. Improved communication skills can make a difference to social competence, emotional well-being and executive functioning.

Caire, L. (2013) Speech Pathology in Youth (Justice) Custodial Education Project Report, Melbourne. The Speech Pathology Association of Australia Limited.

12. This improves the outcome for the young person in terms of quality of life and for the Juvenile Justice system in terms of reduced recidivism.

Caire, L. (2013) Speech Pathology in Youth (Justice) Custodial Education Project Report, Melbourne. The Speech Pathology Association of Australia Limited.

13. Young offenders are involved in schooling programs enhanced by specialist assessments and interventions with language development programs

Caire, L. (2013) Speech Pathology in Youth (Justice) Custodial Education Project Report, Melbourne. The Speech Pathology Association of Australia Limited.

14. Ongoing evaluative research is being undertaken to clarify the effectiveness of various interventions.

Caire, L. (2013) Speech Pathology in Youth (Justice) Custodial Education Project Report, Melbourne. The Speech Pathology Association of Australia Limited.

This project has the goals of:

- Extending the understanding of language development in relation to Juvenile Justice
- Evaluating the effectiveness of interventions to improve communication skills and executive functioning
- Exploring the applicability of these principles to other groups such as adult prisoners or younger developmentally-delayed children

The process will be to gather information about research findings and best practice models and publish this progressively on this website until it can be formulated into an advocacy policy for MHYFVic to lobby the authorities.

Dr Allan Mawdsley,

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[\[Go to Policy POL3c ii\]](#)

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