

## Tutorial

# Reimagining From Abroad: Speech-Language Pathologists as Interprofessional Partners Supporting Justice-Involved Youth in America

Anne Marie Perrotti,<sup>a</sup>  Sophia Janiero Martinez,<sup>b</sup> Allison Chappell,<sup>c</sup> Brooke D. Baker,<sup>b</sup> and Sampath Jayarathna<sup>d</sup>

<sup>a</sup>Department of Communication Disorders and Special Education, Old Dominion University, Norfolk, VA <sup>b</sup>Old Dominion University, Norfolk, VA <sup>c</sup>Criminal Justice, Old Dominion University, Norfolk, VA <sup>d</sup>Department of Computer Science, Old Dominion University, Norfolk, VA

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## ABSTRACT

**Purpose:** With application to the United States, this tutorial explores barriers in the American juvenile justice system for justice-involved youth (JIY) with cognitive-communication disorders (CCDs). It outlines models from abroad and reimagines the American juvenile justice system to include speech-language pathologists (SLPs) as interprofessional practice partners.

**Method:** Interprofessional (i.e., criminal justice, speech-language pathology) literature from the United States and overseas is reviewed and summarized to explain the American juvenile justice system, outline areas of concern for youth with CCDs, and describe potential solutions.

**Results:** The application of speech-language pathology services within the juvenile justice system is explained and visually depicted. This framework was informed by intervention models and approaches from international examples.

**Conclusions:** There is an opportunity to embed speech-language pathology services from intake into court action and through disposition for JIY with cognitive-communication impairments. This includes interprofessional education and development, SLPs providing direct intervention, and multidisciplinary screening efforts. Speech-language pathologists as interprofessional advocates and practice partners can improve life chances and outcomes for youth with CCDs in the juvenile justice system.

Communication is an essential life function in which people share verbal and nonverbal information. When a person's cognitive and language functions are impaired, a cognitive-communication disorder (CCD) results highlighting the synergistic and complex interaction of cognition and language (Harris, 2006). CCDs generate a constellation of linguistic and nonlinguistic deficits impairing social interactions, verbal expression, verbal understanding, attention, memory, reasoning, and problem solving (Coelho et al., 1996). CCDs in children, adolescents, and young adults are common in those who have traumatic brain injuries, neurodevelopmental

disorders, and adverse childhood experiences. Regardless of etiology, youth with CCDs are at increased risk of antisocial behaviors, involvement with law enforcement, and contact with the juvenile justice system (S. A. S. Anderson et al., 2016; Cronin & Addo, 2021; Hughes et al., 2020; Snow & Powell, 2011; Stanford, 2020).

In most of the United States, justice-involved youth (JIY) refer to youth under the age of 18 years who are under the purview of the juvenile justice system, from initial referral (i.e., intake) through court hearing and disposition (Johnson et al., 2020). Most youth are referred to the juvenile justice system through contact with police, and the most common referrals are for property crimes, drug offenses, public order offenses, crimes against persons, status offenses, and cyber delinquency (Johnson et al., 2020). Other referrals to the juvenile justice system

Correspondence to Anne Marie Perrotti: [aperrott@odu.edu](mailto:aperrott@odu.edu). **Disclosure:** The authors have declared that no competing financial or nonfinancial interests existed at the time of publication.

come from schools, family, and victims. Some youth have an increased likelihood of encountering the criminal legal system because of unique identities or experiences. Race, sexual orientation, gender classification, socioeconomic status, exposure to trauma or family violence, expressive and receptive language skills, and mental health status intersect, creating cumulative risk for juveniles to encounter the justice system (Abrams et al., 2021; Castillo, 2014; Chow et al., 2022; Hoskins et al., 2020; Novak & De Francisco, 2022; Palmer & Greytak, 2017; Rodriguez, 2010).

Once an overt behavior results in legal contact, youth with diagnosed or undiagnosed CCDs are often at a disadvantage, negatively impacted by punitive outcomes that deprive them of necessary interventions (Stanford & Muhammad, 2017). CCDs increase the rate of JIY recidivism (Ray & Richardson, 2017; Winstanley et al., 2021) and increase associated public costs by nearly \$9.2 million (Cronin & Addo, 2021). Moreover, the limits on receptive and expressive language inherent in CCDs severely compromise mental health treatments (Stanford, 2019). As the demand for equitable and meaningful outcomes increases for JIY (Chappell & Maggard, 2021; Christian, 2021), there is a need to explore the existing framework of the American juvenile justice system and reimagine how the United States integrates and leverages the skills of speech-language pathologists (SLPs) for JIY.

SLPs as interprofessional collaborators within the juvenile justice system is an area ripe for United States' attention. JIY are a marginalized and medically underserved population (Balogun et al., 2018). For American speech-language pathology, this population is generally overlooked or underserved (S. A. S. Anderson et al., 2016; Snow, 2019; Stanford, 2019). There is a paucity of research and information available regarding how American SLPs are being embedded and leveraged to improve outcomes for JIY at all stages of processing (Anderson, Leong, et al., 2022). Nations abroad, as well as Canada, recognize the value of SLPs as service providers for JIY and have responded through research, direct service implementation, and continuing education experiences. The conversation is relevant to America as CCDs in JIY go undiagnosed and/or misinterpreted as mental health issues (Stanford, 2019). To generate a system-wide discussion, the American field of speech-language pathology should be aware of the current juvenile justice system model, the model complications for youth with CCDs, and how models from abroad can inform SLPs as interprofessional solutions to these complications. To generate a system-wide discussion, the American field of speech-language pathology should be aware of the current juvenile justice system model, model complications for youth with CCDs, and how interprofessional practice models from abroad can serve as examples to potential solutions to these complications and inform the field.

## ***The History and Purpose of the American Juvenile Justice System***

The history of the American juvenile justice system highlights how efforts were made to differentiate children from adults in terms of treatment, legal protections, and public safety. With the passing of the Illinois Juvenile Court Act of 1899, the first juvenile court was created in Chicago. Recognizing that youth are developmentally different from adults, with less culpability and more amenability to treatment (Snyder, 1999), the juvenile court was to operate under “*parens patriae*,” or in “the best interest of the child.” Unlike the (adult) [adult] court that meted out punishments commensurate to the *offense*, the juvenile court was granted the flexibility to implement treatment tailored to the individual *offender* (Butts & Mitchell, 2000). Given the informal nature and broad discretion of the juvenile court to allow for interventions to “help” juvenile offenders in criminal and noncriminal arenas, the juvenile court lies at the nexus of criminal and civil authority.

By 1925, all but two states had a juvenile court, but the lack of due process protections and federal oversight meant that state and local juvenile justice court processes and practices varied dramatically across states and jurisdictions (Lawrence & Hemmens, 2008). With high recidivism rates, juvenile courts were criticized for failing to protect youth and the public. A series of Supreme Court decisions in the 1960s and 1970s and the passage of the Juvenile Justice and Delinquency Prevention Act of 1974 (U.S. Congress, 1990) provided the first national comprehensive strategy and federal oversight for juvenile justice systems. This resulted in juvenile courts more closely mirroring criminal (adult) courts with adversarial, formal proceedings. However, even today, variation in practice across jurisdictions remains a problem, and this can make it difficult to generalize their structure and processes. Today's juvenile court is a complex system of overlapping and interconnecting agencies and professionals, many of which are driven by research on the adolescent brain and development, effectively incorporating evidence-based programs and practices, while others more closely resemble the punitive orientation of the adult criminal court.

Juvenile courts generally have jurisdiction over “youth” who have been accused of committing delinquent offenses (crimes), status offenses (e.g., running away, drinking alcohol underage), and cases where children are victims. Currently, “youth” is most often defined as those under 18 years of age, but the upper age of juvenile court jurisdiction has historically ranged from 15 to 18 years (over the past 5–10 years, approximately 11 states have “raised the age” of juvenile court jurisdiction to 17 years). However, “adult transfer” laws allow cases involving youth

as young as 10 years old to be “transferred” or “waived” to criminal court through three mechanisms: statutory exclusion (e.g., some courts exclude certain offense types from juvenile court jurisdiction [e.g., homicide, robbery]), prosecutorial discretion, or judicial discretion (the latter two allow juvenile justice professionals to use their discretion to transfer cases out of the juvenile court; Snyder, 1999). Thus, in about 1% of cases, youth offenders are not eligible for treatment and programming available through the juvenile court.

The juvenile court generally mirrors that of the (adult) criminal justice process, but the language differs in the juvenile court: Youth are “taken into custody” rather than arrested, petitioned rather than charged or indicted, adjudicated rather than found guilty, and committed rather than incarcerated. The juvenile justice process includes interventions that, in theory, are designed to treat and rehabilitate individual youth, going beyond circumstances related to the offense to take into account the youth’s unique family situation, environment, academics, peer influences, and other factors pertinent to the case. In most jurisdictions, probation officers work with youth from entry into the juvenile justice system through after-care. Probation officers have broad discretion, acting as magistrates to determine probable cause, providing guidance and supervision for youth awaiting a court hearing or a court decision, administering diagnostic screening and assessments in preparation for disposition, making recommendations to the judge during court proceedings, providing direct supervision and coordinating treatment and rehabilitation services for youth on probation, and providing supervision and reentry services postconfinement. Youth undergo screenings to determine whether they have mental health, substance abuse, trauma, or other issues that need to be addressed to recommend appropriate treatment. If the screenings reveal matters of concern, the youth may be referred to the appropriate professional for further assessment (e.g., psychologist for a full psychological evaluation). Youth are also typically subjected to a risk assessment to measure dynamic and static risk factors generating an overall risk level, which influences the treatment decision recommended by the probation department and decided by the judge.

### **Complications/Considerations for Youth With CCDs in the American Juvenile Justice System**

Interrelated systematic practices and policies within the American juvenile justice system create a variety of overlapping complications and considerations for youth who have CCDs. Operational requirements combined with

sociological patterns and influences impact management decisions and outcomes for all JIY. This context becomes more complex when considering undiagnosed CCD identification and the intervention necessary for successful reentry. The challenge is generating discernible and consistent understanding of the relationship between procedure, policy, and individual cognitive-communication status on case decision making and planning. Three main considerations emerge from the literature for JIY with CCDs in the context of juvenile justice decision making. Those areas include the complexity of youth behavior, limited screening or assessment tools for CCDs, and access to intervention.

### ***Complexity of Behavior***

Youth who struggle in school due to cognitive and language impairments may have an increased likelihood of academic failure (Maguin & Loeber, 1996), and research shows that academic failure is one of the best predictors of delinquency and juvenile justice system involvement (Fabelo et al., 2011). Youth with CCDs may develop behavioral problems related to their inability to perform at grade level. Issues with understanding the material (receptive language), oral contribution to class activities (expressive language), contextualizing information, drawing conclusions, solving problems, and predicting outcomes can result in students’ feeling embarrassment, leading to “acting out” and other behavioral problems (Fujiki et al., 2004; Trout et al., 2011). Students with disabilities are more likely to have behavioral difficulties that are viewed by authority figures as misconduct or disruptive, which increases their likelihood of justice system involvement (D. L. Baker et al., 2020; Heitzeg, 2014; Stanford, 2019; Stanford & Muhammad, 2017). A large body of research consistently shows that zero-tolerance policies and punitive practices in schools continuously fuel the school-to-prison pipeline (Fabelo et al., 2011; Hirschfield, 2008; Mallett, 2016, 2017), and a smaller body of research shows that youth with CCDs are at higher risk for becoming trapped in this pipeline (Heitzeg, 2014; Stanford, 2019; Stanford & Muhammad, 2017). Punitive responses to misinterpreted or misunderstood behaviors of at-risk students push those students out of school and toward the justice system (May & Stokes, 2014).

Research indicates that race and disability are strong predictors of school suspension and expulsion, typically for minor behavior infractions (Fabelo et al., 2011; Mallett, 2017). For example, over 80% of students impacted by zero-tolerance policies have CCDs, a learning disability, or both (Stanford & Muhammad, 2017). Students who have disabilities or who are Black, Indigenous, or of another race are disproportionately represented in the

school-to-prison pipeline (Mallett, 2017). These disparities contribute to disproportionate minority contact as Black youth are 4 times more likely to be confined or detained in juvenile justice facilities (Piquero, 2008; Rovner, 2021). Twenty-five percent (25%) of status offense cases are brought against girls and forty-eight percent (48%) are against Black girls in the United States each year (Rosenthal, 2018). In the United States, system-involved Black girls are the fastest growing population (Sawyer, 2018), and those girls are further minoritized by diagnosed or undiagnosed CCDs (Stanford, 2019).

Once youth are in contact with the juvenile justice system, juvenile court personnel become responsible for interpreting complex behavior patterns exhibited by students with disabilities, such as CCDs, and mental health diagnoses. It is the interpretation of behavior that guides juvenile court personnel's recommendations. Those recommendations influence youths' disposition and life outcomes. Thereby, juvenile justice personnel are expected to accurately interpret the etiology and symptoms of complex behavior without having behavioral diagnostic knowledge or behavioral assessment skills.

Juvenile justice personnel, including probation officers, have extensive training regarding policies and procedures necessary to keep the public safe, to assess risk, and to generate service provision for youth and their families. These services are applied to prevent re-offending and facilitate rehabilitation. Juvenile justice personnel training varies but may include a college degree in criminal justice or human services combined with on-sight training regarding motivational interviewing, anger management techniques, problem-solving/behavior modification models, and other evidence-based practices (Kratcoski, 2012). However, JIY behaviors are complex manifestations of physical, mental, behavioral, educational, or intellectual disabilities.

CCDs are prevalent in many neurodevelopmental disorders, including developmental language disorder, attention-deficit/hyperactivity disorder, autism spectrum disorder, and intellectual disabilities (American Psychiatric Association, 2013). Moreover, several neurodevelopmental disorders have overlapping characteristics and often occur together (Holland et al., 2021). Victimization and adverse childhood experiences are also associated with CCDs (Holland et al., 2021; Stanford & Muhammad, 2017). Neurodevelopmental disorders and adverse childhood experiences are listed within the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* as mental health diagnoses but are distinct from mood disorders (e.g., depression), personality disorders (e.g., borderline personality disorder), schizophrenia spectrum, and other psychotic disorders (e.g., schizoaffective disorder). Those mental health diagnoses are colloquially referred to

as mental illnesses. CCDs often present similar behaviors to mental illnesses, creating complicated individual differences in youth behavior (Stanford, 2019) that justice personnel are expected to interpret. Comorbid or co-occurring disabilities increase the intensity of youth needs and create unique challenges requiring interprofessional collaboration with service providers who have appropriate expertise (Shufelt & Coccozza, 2006).

Communication and language disorders may also contribute to the development of attributions, stereotypes, or biases on behalf of the juvenile justice personnel who work with them (Bridges & Steen, 1998). For example, a language disorder may manifest as impulsivity, disrespect, poor attitude, intolerance for frustration, or impaired consequential thinking skills, which could translate into assumptions about criminal propensity. Indeed, many risk assessment instruments measure these attributes (e.g., attitude toward school, respect for authority figures) and, thus, have tangible consequences for the trajectories of youth in the system (Orbis Partners, 2000). In other words, some of the hallmarks of a CCD are part of risk assessment, and a disorder in this area may translate into a higher risk level and harsher (or different) intervention/treatment than needed.

### **Screening/Assessment Tools**

Compounding this limited scope of practice is the paucity of screening and assessment tools available for juvenile justice personnel to detect communication or language difficulties. Juvenile justice personnel are at a disadvantage because they are forced to navigate the intricacy of evaluation and decision making in the context of nuanced behaviors without training or assessment tools. Identifying and responding to a CCD is paramount because youths' ability to communicate effectively and use language appropriate for the setting is fundamental to achieving success in the juvenile justice system (Bryan et al., 2015; Holland et al., 2021; Winstanley et al., 2021). Having a language or communication disorder can impact the ability to understand rights and protections (Lieser et al., 2019), communicate with and understand judges and other juvenile justice personnel (e.g., intake officers, attorneys), and affect the ability to be successful in therapy and other programming (Snow et al., 2012). If youth cannot communicate effectively, they are unlikely to benefit from counseling (e.g., Multisystemic Therapy) and other evidence-based interventions put in place by the court.

While there has been an effort in the past 20 years to design and implement more mental health screenings or assessments for JIY (Chappell & Maggard, 2021), the "provision of culturally competent and holistic screening and assessment" (Holland et al., 2021, p. 1) for youth with

CCDs continues to be an area of high need. Additionally, there are limited screening or assessment tools to detect neurodevelopmental disorders, which frequently have comorbid cognitive-communication deficits (J. Baker, 2017; Holland et al., 2021; Lerner et al., 2012). Since evidence confirms a disproportionate number of youth with neurodevelopmental disorders are involved in the juvenile justice system, it follows that, for a large number of those youth, there are coexisting CCDs (Chitsabesan et al., 2014; Hughes et al., 2020).

## **Access to Intervention**

CCDs are present in the majority of JIY (S. A. S. Anderson et al., 2016; Chow et al., 2022; Hughes et al., 2020) but are not reliably diagnosed and are inconsistently treated. The systematic assessment of cognition and communication in JIY is necessary for the identification of appropriate interventions (Gregory & Bryan, 2011). However, even with identification and intervention referral, speech-language services necessary for JIY with CCDs are not routinely available (Snow et al., 2018) and lack validity and efficacy evidence (Swain et al., 2020). In the United States, 19%–22% of female youth and 28%–38% of male youth offenders demonstrate language disorders that require intervention but have never received services (Blanton & Dagenais, 2007; Davis et al., 1991; Sanger et al., 2001; Snow et al., 2018; Winstanley et al., 2021). Additionally, approximately half of JIY in the United States have undiagnosed language and/or auditory processing disorders (Moncrieff et al., 2018) appropriate for remediation. Appropriate referral mechanisms and accessible intervention is an area of high need for JIY in America.

## **Integrating SLPs as an Interprofessional Practice Partner**

American SLPs independently provide speech-language pathology services within the domains of professional practice and service delivery (American Speech-Language-Hearing Association [ASHA], 2016). The goal of an SLP is to use evidence-based methods in facilitating maximal change in communication or swallowing skills and improve a person's quality of life (ASHA, 2016). SLPs are trained to consider health conditions (e.g., a diagnostic category in the *DSM-5*) in the context of environmental factors consistent with the World Health Organization's multipurpose health classification system (World Health Organization, 2014). Service delivery includes collaboration, counseling (i.e., guidance/support), screening, assessment, treatment, prevention and wellness, appropriate use of technological solutions, and improving populations and systems (ASHA, 2016). Specifically, SLPs serve to prevent, habilitate, rehabilitate, diagnose, and enhance persons who have language,

speech, and cognition disabilities due to a variety of causes (ASHA, 2016). The breadth and depth of the scope of practice for SLPs qualifies them as communication experts having the knowledge and skills to assess and treat CCDs in JIY.

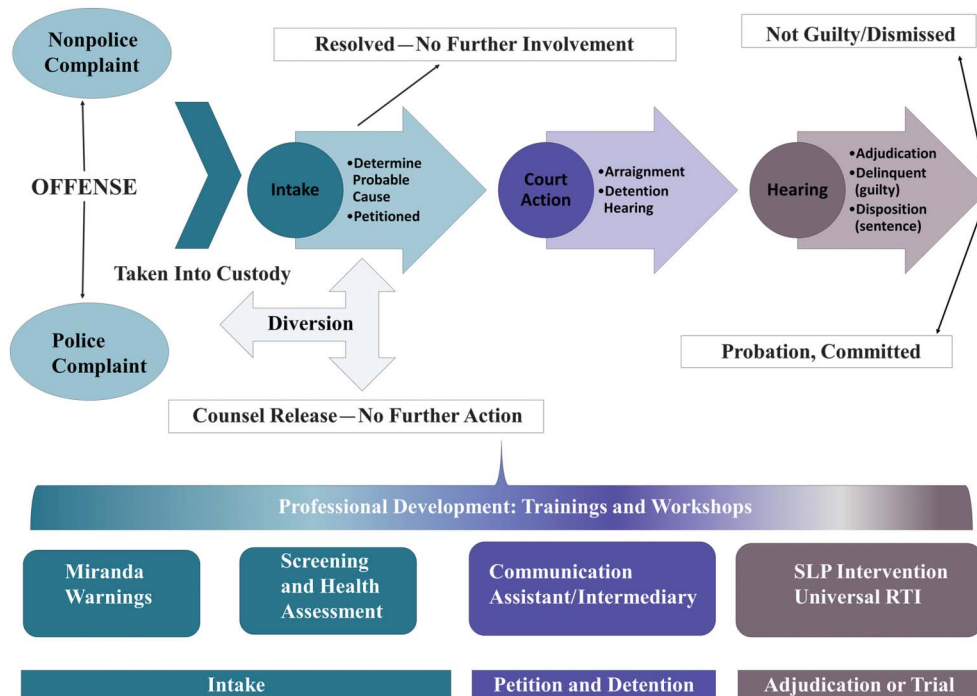
While the evidence regarding the reliability and efficacy of SLP intervention for JIY is slowly emerging (Swain et al., 2020), data from abroad indicate that the inclusion of SLPs as intermediaries (Birenbaum & Collier, 2017), trainers (Snow et al., 2018), and direct service providers (Holland et al., 2021; Snow & Woodward, 2017) may improve outcomes for JIY and provide youth justice personnel with perspective, awareness, resources, and tools for working with JIY who have CCDs (Heanue et al., 2022; Snow et al., 2018). S. A. S. Anderson et al. (2022) demonstrate that improved higher order language skills serve as a risk-based protective factor amplifying the need for accessible and appropriate language intervention for JIY. S. A. S. Anderson et al. (2022) indicate “this research supports the implementation of oral language development interventions for a wide range of antisocial youth, not just those with clinically defined deficits” (p. 861).

In contrast to current policies and procedures, international examples of SLP involvement within youth justice practices provide the United States with a potential model of interprofessional practice. From this guidance, we suggest adapting the juvenile justice system processes across America to include SLPs through all stages of juvenile justice processing. The modified framework yields integrated interprofessional efforts from *intake* into *court action* and through *disposition* for comprehensive responsiveness to youth with diagnosed or undiagnosed CCDs, as well as neurodevelopmental disorders, traumatic brain injuries, or other deficits related to trauma. Figure 1 illustrates a generalized model of American juvenile justice system adapted from the state of Virginia with SLP inclusion (Virginia Department of Juvenile Justice, 2022). (It should be noted that while the figure depicts SLP contributions distinct to each phase of the justice system process, in practice, there would be overlap in contributions across phases.)

## **Intake**

The juvenile justice process begins when a youth is referred to juvenile court (intake), either by a police officer, school, or citizen. At that point, juvenile court intake personnel (typically probation officers) determine probable cause and make the discretionary decision to file a petition, divert (e.g., hold the petition while a youth completes the program), or dismiss (Johnson et al., 2020). Stanford (2020) explains the importance and role of SLPs in generating improved outcomes for students at risk for the school-to-confinement pipeline prior to contact with the

**Figure 1.** An overview of the American juvenile justice system process with speech-language pathologist (SLP) inclusion. RTI = response to intervention.



legal system, and our framework introduces SLP interprofessional practice when youth encounter the system at intake. During intake, probation officers or other personnel analyze and interpret behavior and other related factors in the context of the violation to determine course of action. SLP collaboration during intake could offer communication screenings or assessments and language support.

Despite high rates of mental health disorders, only 24 states in the United States mandate a mental illness standardized screening tool during juvenile intake (Christian, 2021). Overall, the United States lacks screening assessment tools for mental health and does not have communication screening tools appropriate for youth at intake (Christian, 2021; Stanford, 2019) when determining youth status is of extreme importance. England and Wales currently use both the AssetPlus and the Comprehensive Health Assessment Tool to screen the health of all youth offenders upon admission, including identification of potential neurodevelopmental disorders, language or learning disabilities, physical health, and trauma that might affect their well-being and rehabilitation (Youth Justice Board, 2015). All aspects of the Comprehensive Health Assessment Tool must be completed during intake, including an evaluation of receptive and expressive language skills, narrative tasks, and semantic language, all of which are necessary skills for rehabilitation, treatment of mental health disorders, and court processing. The standardized screening approach

has historically only identified one area of difficulty resulting in a single referral to one professional who is thought to be an expert in all areas (i.e., doctor for health and mental health issues); however, the Comprehensive Health Assessment Tool allows for multiple, separate referrals if found to be necessary, including speech referrals (Barnet, Enfield and Haringey Mental Health NHS Trust, 2017; Chitsabesan et al., 2014).

Following the lead of England and Wales, Australia is beginning to incorporate SLPs within the youth justice system to assist with language screenings and assessments. In data retrieval pilot studies, SLPs in Queensland, Australia, have been involved in one-to-one assessments (Martin, 2019). Australian states such as New South Wales have published Disability Action Plans for 2021 through 2024, which provide details on plans to strengthen the partnership between SLPs and youth justice to help provide screening assessments, early intervention programs, and staff training workshops (O'Reilly, 2021). Reports on these implementations and the success of these plans have yet to be released.

Many international SLPs in this area provide empirical support for action and change within youth justice. The United Kingdom's advocate for youth in the justice system is the Royal College of Speech and Language Therapists (RCSLT; also hereinafter referred to as the Royal

College), the United Kingdom's equivalent to the United States' ASHA (Coles et al., 2017). The Royal College has formally stated that all youth in the justice system need to be screened and/or assessed by a certified SLP for speech, language, and communication difficulties when contact is made with the justice system (Coles et al., 2017). Through SLP advocacy and awareness, youth justice screening has become a priority within the United Kingdom. Following their lead, United States' SLP associations, such as ASHA or state-specific associations, can highlight and advocate JIY needs, including creating and implementing screening protocols for JIY at intake. A recent ASHA search did not yield a position statement addressing SLP advocacy and collaborative practice for JIY. Although some United States' SLPs, such as Shameka Stanford, are specializing in forensic assessments of communication impairments and their relation to behavior and decision making, these efforts have not spurred or inspired any change in state or federal planning or requirements for JIY (Anderson, Leong, et al., 2022; Stanford, 2019).

In addition to screening and assessments, a broader reach is still needed to facilitate effective communication for JIY with CCDs at intake. Extensive studies have determined that juveniles under the age of 15 years cannot fully comprehend Miranda warnings due to complex vocabulary, abstract language, and polysemous words whose infrequent definitions are used; however, the original, complex Miranda warnings are still being used within most American jurisdictions for both adults and juveniles (T. Grisso, 1980; Lieser et al., 2019). Despite this, only 10%–15% of juveniles in the United States exercise their Miranda Rights, leaving them without an attorney during questioning or help from an unbiased professional (Feld, 2006; J. T. Grisso & Pomicter, 1977; Owen-Kostelnik et al., 2006; Redlich et al., 2003). Juveniles most likely waive their rights, believing that it will demonstrate compliance, innocence, or good faith. This logic demonstrates how juveniles do not fully comprehend the purpose and content of the rights themselves.

Several courts have attempted to modify Miranda warnings for youth. In Canada, Section 56 of the Young Offenders Act requires police to “provide information to youth in the linguistic level that is appropriate for their level of maturity” (Lieser et al., 2019). SLPs have the linguistic background and language expertise to modify Miranda warnings without losing important legal intent and to also aid in the comprehension of court-related vocabulary and processes. Australia has allowed SLPs to “modify written materials such as consent, confidentiality, and privacy of information forms, court orders, incentives and rewards posters, factsheets, youth detention induction booklets, and individualized therapeutic strategies,” which many youth justice staff welcome with little to no

pushback (Martin, 2019, p. 7). Regardless of SLP involvement within the youth justice system, this concerning issue expands beyond youth with CCDs into typically developing youth and even adults, suggesting the need for attention and remediation within the United States.

### **Court Action**

If the intake process determines the offense meets a certain threshold of seriousness (as determined by local policy) and a petition is filed, the child may be detained in a secure facility (detention) or nonsecure facility (e.g., group home) while they await a detention hearing. The filing of a petition initiates court action. Through the court action stage, an itinerant or city-employed SLP could be valuable in providing communication assistance, guidance, or treatment as a communication intermediary or as an interprofessional service provider.

Communication intermediaries are professionals who facilitate appropriate language, engagement, and participation of vulnerable youth as witnesses, victims, and suspects, during judicial processing (Howard et al., 2020). These professionals act as impartial and unbiased third parties whose purpose is to aid language comprehension for youth communicating with justice officials such as police officers, judges, lawyers, and other staff officials (Anderson, Leong, et al., 2022). Although this position has previously been reserved for witnesses, nations such as Northern Ireland have recently been allowing youth suspects and defendants to have communication intermediaries as resources (Cooper & Mattison, 2017; Howard et al., 2020). New Zealand, Australia, Canada, and the United Kingdom utilize communication intermediaries seeking certified SLPs to assume this role, considering their area of expertise is communication (Anderson, Leong, et al., 2022; Cooper & Mattison, 2017; Howard et al., 2020).

Although communication intermediaries have been implemented for child witnesses in other countries such as South Africa, Israel, Norway, and Sweden for many years, the implementation of communication intermediaries within the United Kingdom in the Youth Justice and Criminal Evidence Act of 1999 spearheaded the trend of SLP implementation within the youth justice system (Taggart, 2021). This act required trained intermediaries to assist in witness communication during the judicial process and was later extended to juvenile criminal defendants during oral testimony and had to be assigned by the court's inherent jurisdiction (Taggart, 2021). Primarily, the England and Wales model has been used and adapted by many other countries and nations including Northern Ireland, Canada, Australia, and New Zealand (Cooper & Mattison, 2017). Another similar role is found in New Zealand under the professional label of “communication assistance.” Although the roles

are very similar, communication assistance was given to child witnesses in the past, and there is very little distinction between the two roles since the implementation of the England and Wales intermediary model in New Zealand courts (Howard et al., 2020).

Other nations have generated policy change for youth petitioned through the juvenile justice system through advocacy. For example, England and Wales generated change in screening assessments for youth in the justice system, and Canada is now using intermediary models. Communication Disabilities Access Canada is a national nonprofit in Canada whose mission is to provide all people with communication disabilities equal rights and accommodations within the legal system (Anderson, Leong, et al., 2022; Birenbaum & Collier, 2017). Communication Disabilities Access Canada requires all communication intermediaries to be certified SLPs with additional intermediary training provided by the organization (Anderson, Leong, et al., 2022). Due to Canadian requirements for communication intermediaries to be certified SLPs, they can assess and screen for communication disorders as well as prepare formal disability reports explaining the needs and accommodations of the individual in custody (Anderson, Leong, et al., 2022; Birenbaum & Collier, 2017). Although these communication intermediaries are available, many are not yet widely used due to a lack of awareness, potential lack of funding, and availability (Anderson, Leong, et al., 2022; Birenbaum & Collier, 2017).

## ***Adjudication and Disposition***

Depending on the circumstances of the case and local policies, there may be some additional pre-adjudicatory procedures, but the next significant stage is the fact-finding stage, also known as the adjudicatory hearing (i.e., trial), where either the youth is adjudicated delinquent (i.e., found guilty) or the case is dismissed. If adjudicated, a dispositional hearing will be set. At the disposition hearing, the youth is most often put on probation, but they also may be committed to a secure facility for “treatment” or given some other type of disposition (e.g., restitution; Johnson et al., 2020; Snyder, 1999). Finally, if the youth is committed, they will be released to “aftercare,” a type of postcommitment community supervision resembling parole in the adult system. As youth are awaiting or progressing through adjudication and disposition, youth continue with activities of daily living, including attending traditional, alternative, home-based, or detention-based schools. Through these stages, direct SLP intervention or school-based adapted response-to-intervention models are appropriate methods to ensure youth are prepared for the adjudicatory hearing, can participate as a reliable witness, and can interpret and prepare for the

disposition. Moreover, SLP involvement and collaboration within educational realms can facilitate academic accommodations, plans, and supports through disposition.

A common practice within mainstream schools and many special education classrooms, including SLP sessions, is response to intervention or multitiered systems of support. Both systems follow the same foundation of providing a tiered model to address student struggles holistically within a larger student population. The initial stage involves a universal screening process for all students within the school or program, and if additional help is needed, the student will be placed in higher levels of support depending on what services are needed. Snow et al. (2015) proposed a response-to-intervention framework specifically geared toward communication difficulties in youth offenders or JIY. Although the model is very similar to the mainstream framework, the initial stage requires a “screening on intake, a diagnostic assessment of youth flagged by the screening, modification in communication environments, teacher and justice staff professional development, promotion of prosocial skills in all programs, and the use of classroom observation tools” (Snow et al., 2015, p. 7). An important distinction within response to intervention is stages are added onto one another, never removed or substituted, so in addition to Tier 1 (listed previously), Tier 2 adds “small group work targeting learners with similar language and literacy needs and adaptation of therapeutic and educational tools and tasks designed for younger but developmentally comparable learners” (Snow et al., 2015, p. 7). The final Tier 3 adds “direct one-to-one intervention, emphasizes direct instruction, and uses single-case methodology to evaluate intervention efficacy” (Snow et al., 2015, p. 7).

Although this framework is small in comparison to other response-to-intervention models and programs used throughout schools in the United States, it is almost unheard of having an SLP response-to-intervention framework in American youth detention centers, diversion programs, or group homes. Implementing even the most basic framework would help youth with communication difficulties get identified, receive needed intervention services, and implement youth justice staff professional development for relevant topics.

## ***Collaboration and Training***

Supporting all stages of processing is the SLP as a service provider offering consistent interprofessional education and development through trainings, seminars, and workshops. These would provide interprofessional continuing education opportunities exposing SLPs to the expertise and nuances of juvenile justice personnel, attorneys, and judges. Discussions would afford SLPs the



opportunity to learn with and from court personnel. This bidirectional flow of education supports facilitates inter-professional collaborative practice and eliminates siloed service provision (Chan & Wood, 2012; Freeth, 2013). Proactive SLP involvement improves juvenile justice staff perspectives as well as JIY outcomes (Snow et al., 2018).

The RCSLT in the United Kingdom has created The Box, which is a free, remote e-learning course for criminal justice professionals to aid in their identification and understanding of communication difficulties and their behavioral patterns (RCSLT, n.d.). Some prison officer training programs require The Box training to become licensed professionals (RCSLT, 2020). Although The Box was created by the RCSLT, many international professionals utilize the free courses to learn more (RCSLT, 2020). The Royal College emphasizes the need for SLP advocacy through educating criminal justice professionals either through workshops, SLP lead courses, or executive meetings (Anderson, Leong, et al., 2022).

Most research revolving around the topic of educating criminal justice staff on CCDs has been conducted by Australian SLP researchers. Focus group studies on both youth justice SLPs and outside staff have reported positive reviews and experiences regarding SLP involvement and learning more about CCD characteristics (Heanue et al., 2022). Staff perspectives on youth behavior as well as their own behavior and language toward youth have revealed the importance of SLP involvement (Snow et al., 2018). In a pilot study focus group interviewing SLPs who have worked within the New Zealand justice system, many of them expressed the importance of SLP attendance to

advocate within the justice system for change in procedures or to raise awareness about issues such as legal jargon use of explanations of certain behaviors found in youth with CCDs (Makker et al., 2022). Due to SLP advocacy efforts, a full CCD education day is required for every youth worker and caseworker induction in Queensland, Australia (Martin, 2019).

## Conclusions

Complications within the American juvenile justice system highlight the potential value of SLP inclusion as interprofessional collaborators within each step of the juvenile justice system from offense through disposition. JIY with CCDs are an overrepresented and underserved population in need of consistent and accessible speech-language assessment and intervention (Turner & Hughes, 2022). Untreated cognitive and communication deficits can impact youth throughout all stages of justice processing as well as impact their prognosis when given counseling and other support services. JIY with mental health issues, other disabilities, and a history of victimization experience increased punitiveness at intake compared to youth with no comorbid diagnoses (Chappell & Maggard, 2021); therefore, JIY with diagnosed or undiagnosed CCDs will continue to be at a disadvantage until current practices are redesigned to effectively consider cognition and language status.

International models demonstrate the potential utility and value of SLPs as collaborative practice partners through all stages of juvenile justice processing. Table 1

**Table 1.** Speech-language pathologist (SLP) roles in juvenile justice across countries.

SLP role	Country				
	USA	Canada	Australia	New Zealand	United Kingdom
<b>Screening on intake</b> Purpose: identify communication, language, and cognitive difficulties as entry into the juvenile justice system begins			✓		✓
<b>Communication intermediary</b> Purpose: aid language comprehension, facilitate language and engagement for engagements with court personnel (e.g., judges, attorneys, officials, police officers, etc.)		✓	✓	✓	✓
<b>Direct intervention</b> Purpose: facilitate improved or accommodated cognitive-communication skills for youth within detention homes or group homes, youth on probation, or youth in diversion programs			✓	✓	✓
<b>Training and workshops</b> Purpose: generate collaborative practice, improved understanding of cognitive-communication disorders, effective communication strategies, and implications for outcomes			✓		✓

Note. Country information is blank if no evidence is available.

summarizes roles of SLPs as interprofessional practice partners across countries.

Currently, intake screenings focus on mental health, substance abuse, trauma, or risk assessment (Johnson et al., 2020). Moreover, most expressive symptoms of cognitive-communication difficulties are disguised as or grouped as mental illnesses or special education difficulties (Stanford, 2019). The implementation of comprehensive screening tools would first identify CCDs and then properly identify communication areas for consideration and/or intervention. For example, the Comprehensive Health Assessment Tool utilized during the information-gathering phase in England and Wales screens youth for speech, language, and communication needs, as well as any neuro-disabilities (Coles et al., 2017; Youth Justice Board, 2014). SLPs are trained to administer language, communication, and cognitive assessments; to interpret results; to inform recommendations; and to advocate appropriately for JIY who demonstrate CCDs (ASHA, 2016).

Through the juvenile justice process, JIY are exposed to legal jargon and advanced vocabulary (Lieser et al., 2019) in a variety of formal settings (e.g., intake, courtrooms, probation offices, etc.). Communication intermediaries act as impartial and unbiased third parties whose purpose is to aid language comprehension, facilitate language engagements, and ensure effective participation of JIY interacting with police officers, judges, lawyers, and other juvenile justice personnel or court officials (Anderson, Leong, et al., 2022). Without a communication intermediary, conversations, directions, and questions can be misinterpreted or confused by the JIY, juvenile justice personnel, or other adults. Miscommunication, language confusion, misinterpretation of social cues, misunderstanding of directions, and poor auditory memory for information can lead to JIY embarrassment, frustration, inaccurate testimony, noncompliance, or behavioral outbursts (Fujiki et al., 2004; Snow et al., 2015; Trout et al., 2011). An SLP is primed to serve in the role of communication intermediary for JIY with CCDs (ASHA, 2016).

For petitioned or diverted JIY with confirmed CCDs, direct intervention would provide treatment for verbal comprehension or understanding, improved vocabulary, executive functions, and other language or cognitive deficits. The SLP could provide individual or group services within the detention facility, group home, self-contained school, or in collaboration with the diversion program. Without direct intervention, JIY with CCDs have an increased risk of recidivism, school failure, and poor life chances (Snow et al., 2015; Stanford, 2019, 2020; Stanford & Muhammad, 2017). With intervention, coping skills, social-emotional awareness, language abilities, and cognitive skills improve or are accommodated, preparing

JIY to continue their education, apply appropriate problem solving, ask for help, and identify possible professional goals. Intervention could generate positive legal outcomes and protect JIY with CCDs from further encounters with the legal system (Anderson, Hawes, & Snow, 2022).

While the implementation of direct treatment or intervention is valuable, doing so without generating interprofessional collaborative practice with criminal justice professionals will lead to incomplete or inconsistent outcomes (Vinton & Wilke, 2014). Interprofessional education and development, including juvenile justice personnel training, collaborative workshops, or interprofessional conference presentations, is an opportunity for bidirectional learning from SLPs to a variety of juvenile justice personnel and from a variety of juvenile justice personnel to SLPs (Freeth, 2013). SLPs can lead workshops or conference presentations on CCDs for attorneys, judges, probation officers, police officers, intake officers, and other related personnel, their relationship to behavior, and implications for legal outcomes. Also, SLPs can teach extended communication strategies, offer reasonable accommodations, and provide ways to facilitate meaningful outcomes for JIY with CCDs. Finally, SLPs can collaborate with juvenile court personnel or teachers regarding youth behavior, how CCDs impact behavior, and how effective communication can prevent altercations and generate meaningful responses (Snow et al., 2018). In qualitative interviews, criminal justice professionals and educators have expressed how they need help addressing youths' educational needs and how valuable SLP involvement has been for youths' behavior and self-esteem, for the improvement of their own perceptions of youth behavior, and helping them to recognize how their own behavior can provoke miscommunication (Flores & Barahona-Lopez, 2020; Gregory & Bryan, 2011; Heanue et al., 2022; Howard et al., 2019; Makker et al., 2022; Snow et al., 2018; Swain et al., 2020).

## Future Directions

SLPs as interprofessional practice partners within the juvenile justice system are potential change agents for JIY with CCDs. Advocacy, collaborative practice, identification, and direct service intervention are areas SLPs can contribute to improve JIY outcomes. Global nations have initiated and demonstrated success offering American SLPs guidance for initiating state and federal efforts for CCD consideration in JIY. SLPs are called to act by initiating advocacy efforts through ASHA; engaging in interprofessional education and development at conferences for attorneys, judges, and other court personnel; developing regional trainings for probation officers; and identifying local areas of need for direct intervention. Advocacy

begins with certified SLPs generating conversation through town halls, by creating interest groups, and by seeking a position statement. Authors of this tutorial intend to inform an interprofessional education and development workshop for regional SLPs and juvenile justice personnel. Moreover, the authors intend to engage with judges at national conferences, seek extended grant funding for developing pathways of success from detention to workforce, and continue to facilitate community-based research with a local detention center and local juvenile court service personnel.

## Potential Barriers

Several factors present as potential barriers to including SLPs in the American juvenile justice system as interprofessional practice partners. SLP use requires resources of manpower, funding, and accessibility. There would be an increased need for licensed and certified SLPs available for employment within detention or group homes. Likewise, there would be a need for contract agencies to consider self-contained environments for JIY as places of SLP service provision. Related to manpower is the funding required to sustain employment of SLPs for direct intervention and to create positions for SLPs to work with probation officers and other juvenile justice personnel in regional offices. Funding is also necessary to develop and deploy diversion programs, which include intervention for CCDs. Federal systemic change for JIY with CCDs would require the purposeful, collaborative effort of juvenile court personnel and SLPs, which cannot happen without increased awareness and grassroots advocacy across state governments. SLPs should consider how best to elevate their voices and generate interprofessional education development opportunities that would inspire and motivate a spark for comprehensive change.

## Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

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