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A Global Comparison of Communication Intervention Strategies for Justice-Involved Youth

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A Global Comparison of Communication Intervention Strategies for Justice-Involved Youth

Cover Page Footnote

To my mentor, Dr. Anne Marie Perrotti: Thank you for choosing me as your mentee. Your unwavering support and faith in my skills, abilities, and future motivated me throughout my undergraduate journey. You inspire me not only to pursue a research career but also to champion what is just. Because of you, I found my passion in speech pathology, and I will forever cherish your support, generosity, and dedication to your work and others. To Dr. Allison Chappell, Brooke Baker, and Dr. Sampath Jayarathna: I sincerely thank you for your unwavering support. Despite our differing fields, your encouragement has made me feel like a valued member of your team. Your guidance in criminal justice and computer science has been invaluable as I have worked on this paper. As an undergraduate, assisting you with your prestigious NSF projects was an honor. Your willingness to listen to my thoughts and concerns and to prepare me for my future means more to me than words can express. Thank you for everything. To Old Dominion University's Perry Honors College: Thank you for choosing me as one of the Research and Creativity Grant recipients for the Summer of 2023. Your funding made this project possible. Your encouragement and understanding of the time needed to create such a comprehensive paper were invaluable. I genuinely thank you. To my family and friends: Thank you for always supporting and believing in me, even when I did not believe in myself. Thank you for making me smile, inspiring me every day, and putting a roof over my head. Even in times of immense stress and feelings of failure, you held my hand and wiped my tears. You mean everything to me. Thank you.

A GLOBAL COMPARISON OF COMMUNICATION
INTERVENTION STRATEGIES FOR JUSTICE-INVOLVED YOUTH

By Sophia Janeiro Martinez

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Abstract

Purpose: This paper explores the intricate relationship between communication disorders and delinquent youth behavior. It will explore the impact of zero-tolerance policies and their contribution to the school-to-prison pipeline. It will introduce the complexity of Miranda warning diction and the benefits of including speech-language pathologists (SLPs) in aiding youth comprehension. It will propose the integration of SLPs within the juvenile justice system to assist in communication between justice-involved youth (JIY) and justice system professionals during conversations, questioning, and trials or hearings. Furthermore, this paper examines the roles of SLPs within juvenile justice systems abroad, including Canada, the United Kingdom, New Zealand, and Australia, offering insight into adapting potential models within the US.

Method: Literature from abroad was reviewed, summarized, and condensed to provide the context for communication disorders and their link to the JIY population. This analysis offers potential explanations as to why the prevalence of communication difficulties is high in the JIY population and possible solutions through the inclusion of SLPs.

Results: Various frameworks and SLP roles within the juvenile justice system are explained, such as modifying Miranda warnings, proposing new screening and assessments on intake, explaining the role of communication intermediaries abroad, providing communication training to justice system staff led by SLPs, and integrating response-to-intervention (RTI) frameworks that include direct SLP intervention.

Conclusions: SLP involvement and the United States national attention must be given to this population. SLP advocacy was one of the driving forces for change in other countries and needs to be mirrored in the United States through the American Speech-Language-Hearing Association (ASHA) and criminal justice policy reformation.

I. INTRODUCTION AND BACKGROUND

Communication is the cornerstone of human connection. It enables social interactions, cognitive expression, and behavioral context through speech, written language, or sign language. When a subtle yet consequential disruption between cognition and communication exists, typical linguistic ability mimicked by individuals with difficulties may conceal underlying impairments (Coelho et al., 1996; Stanford, 2019; 2020). This results in ineffective conversations, social reservations, or a misunderstanding of social etiquette, which may lead to outside perception of disruptive or non-engaging behavior (Coelho et al., 1996; Stanford, 2019; 2020).

Communication impairments can manifest as various deficiencies in receptive or expressive language, comprehension of spoken or written language, social interaction and comprehension, verbal expression, verbal understanding, attention, memory, reasoning, and problem-solving, (American Psychiatric Association [APA], 2013; American Speech-Language-Hearing Association [ASHA], 1993; Coelho et al., 1996) affecting literacy and daily functioning in all aspects of an individual's life (Anderson et al., 2022; Holland, 2015; Hughes et al., 2012).

Despite these challenges, students may unintentionally hide their difficulties to fit in or deflect attention away from themselves, which poses unique challenges for educators and parents who lack the specialized training to recognize communication difficulties or disorders (Stanford, 2019; Stanford, 2020). Parents, teachers, and the students themselves perceive them as typically developing because they have become adept at concealing their challenges. These students grow accustomed to struggling and expect failure instead of improvement, leading to low self-esteem and diminished academic motivation (Stanford, 2019; Stanford, 2020). As youth progress in their education, concealing these hidden difficulties becomes more taxing to sustain as the cumulative curriculum requires foundational skills affected by their impairment. Frustration and

embarrassment stemming from difficulties in independent problem-solving, consequential thinking, and the misinterpretation of other's intentions can implode into emotional outbursts or manifest as anti-social tendencies and impulsivity (Stanford, 2019).

The term *communication disorder* is an umbrella term that includes various, more specific language and communication disorders such as *developmental language disorder (DLD)*, *social communication disorder (SCD)*, *speech, language, and communication needs (SLCN)*, and *cognitive-communication disorder (CCD)*. These terms do not include speech disorders, such as stuttering, articulation, or voice disorders, which only affect sound production, not language skills, cognition, or development. Communication disorders also have significant co-occurrence with neurodivergent conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) (Zimmerman et al., 2007), all of which are overrepresented in the juvenile justice system (Anderson et al., 2022; Chiacchia, 2016; Holland et al., 2021; Hughes et al., 2012; Swain et al., 2020). This paper will use the generalized term *communication disorders* unless otherwise explicitly stated, as it most accurately encompasses all terms used in previous literature and studies representing this population and specific difficulty with literacy, comprehension, social expression, and expressive and receptive language. Speech pathologists, experts in communication, “work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults” in various settings such as schools, private practice, and medical rehabilitation (ASHA, 2016). They are professionals with the means and knowledge to help combat communication impairment through effective and appropriate intervention strategies, treatment, and evidence-based practices.

It is estimated that 15-30% of children with a developmental language disorder also have behavioral problems (Smolak, 2020). Children exhibiting symptoms of communication disorders and associated behavioral dysregulation are at an increased risk of low academic achievement (Chow & Wehby, 2018; Moncrieff et al., 2018; Stanford & Muhammad, 2018; Snow et al., 2015) and contact with law enforcement or the juvenile justice system (Anderson et al., 2016; Cronin & Addo, 2021; Hughes et al., 2020; Snow & Powell, 2011; Stanford, 2020). Youth offenders have an extremely high percentage of undiagnosed communication and language disorders. Global research suggests that 50-60% of youth offenders display significant language difficulties (Gregory & Bryan, 2011; Snow et al., 2015; Winstanley et al., 2021). Specifically, 19-22% of female and 28-38% of male youth offenders demonstrate language disorders that are severe enough to require intervention but have never received it (Blanton & Dagenais, 2007; Davis et al., 1991; Lieser et al., 2019; Sanger et al., 2001; Snow et al., 2018; Winstanley et al., 2021). The National Center on Criminal Justice & Disability (NCCJD) affirms that approximately 65-70% of justice-involved youth are identified as having a disability, three times higher than the general population (NCCJD, 2015). The National Center for Learning Disabilities' data follows suit, estimating that 30-60% of incarcerated youth have a disability (Snydman, 2022). Both reports express the need for attention to the overrepresentation of typically developing ethnic minorities in the juvenile justice system but emphasize how students with disabilities, in particular, are impacted at a more significant level as the juvenile justice system's complexity exponentially increases as the intake and adjudication process continues (NCCJD, 2015; Snydman, 2022).

Although there are no direct known causes for communication disorders, some suspected causes include congenital complications, developmental factors, neurodivergence, traumatic

brain injuries (TBIs), and adverse childhood experiences (ACEs). An Australian study by Snow and Woodward (2017) found common issues in the histories of justice-involved youth participants, such as disrupted and chaotic family lives in their early years, unstable housing, truncated and disrupted school experiences, and early introduction to substance misuse, all of which can contribute to deficits in language skills as well as a lack of motivation to excel in schooling (Snow & Woodward, 2017). Previous findings across multiple countries consistently show that maltreatment in early childhood is linked to poor development of social skills (Hyter, 2021; Lum et al., 2015; Lum et al., 2018; Pierce et al., 2022; Piotrowska et al., 2019), emotional regulation (Fujiki et al., 2004; Snow & Powell, 2011; Trout et al., 2011), and academic failure (Makker et al., 2022; Stanford & Muhammad, 2018). Addressing only the surface-level infractions without considering underlying issues such as mental wellness and health, family dynamics, or educational needs, such as communication disorders, before delinquent referral exacerbates the likelihood of reoffending and reduces the chances of successful transition after release regardless of the offense committed (Stanford & Muhammad, 2018).

These latent difficulties can ensnare youth in the justice system. Status offenses are contingent on one's age, meaning that certain behaviors are considered offenses only because minors commit them. Examples of status offenses include skipping school (truancy), running away from home, repeatedly disobeying parents or guardians (ungovernability), breaking curfew, and violating liquor laws (Hockenberry & Puzanchera, 2024; Mallet, 2017). This perpetuates a phenomenon known as *the school-to-prison pipeline* by funneling troubled students in educational institutions into the criminal justice system as a result of zero-tolerance policies (Hirschfield, 2008; Mallett, 2016, 2017; Stanford, 2019, 2020). An estimated 80% or more of youth affected by zero-tolerance policies have a communication disorder, a learning disability, or

a combination of both (Stanford & Muhammad, 2018; Stanford, 2019). The original intention for zero-tolerance policies was to address weapons violence in schools; however, these policies now encompass a broad range of *problematic* behaviors relying on subjective judgments by school administrators to delegate punitive and non-standardized measures instead of student rehabilitation (Stanford & Muhammad, 2018). Evidence indicates that language impairments and communication disorders do not subside automatically with time and can manifest into more significant psychosocial impairments and reduced vocational engagement, leading to a higher risk of recidivism (Bryan et al., 2010; Hughes et al., 2012; Snow, 2019; Snow et al., 2018; Snow et al., 2015; Winstanley et al., 2021).

In 2021, juvenile courts handled 51,500 petitioned status offenses out of a total of 437,300 juvenile delinquency cases, according to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), despite the increased flexibility in school attendance during the COVID-19 pandemic (Hockenberry & Puzzanchera, 2024). This means that approximately 12% of all juvenile offenses do not involve any form of violence or common offenses found in adults. Despite the opportunities to treat these behaviors, at-risk youth are placed in extreme situations that only exacerbate existing, yet not identified, communication disorders. The issue is not that communication disorders can cause unfavorable behavioral issues or even that communication disorders can manifest as behavioral outbursts. It is how this correlation is evident and heavily researched (Chow & Wehby, 2018; Curtis et al., 2018; Fujiki et al., 2004; Trout et al., 2011), yet there is no system in place within the United States's juvenile justice system to screen for communication difficulties when maladaptive behaviors are present in youth. Although the court or justice officers file most status offenses, there is a direct correlation to educational policies. The lack of resources available for teachers, parents, or students punishes youth of ethnic

minorities and under-resourced neighborhoods for their difficulties through zero-tolerance policies, often resulting in detention enrollment or placement in alternative education facilities.

Often, communication disorders or learning disabilities are confused with or treated concurrently with mental health disorders. Approximately 70% of youth in juvenile detention facilities have mental health disorders as a result of trauma, abuse, neglect, substance abuse, and ACEs; however, their retention of skills learned in mental health treatment is minimized when an untreated language or communication disorder is also present (Stanford, 2019). Despite their apparent differences in definition and evidence-based treatment practices, mental health conditions and communication disorders are often treated concurrently with psychologists in detention, not a special education service-related professional such as an SLP, despite the conditions being comorbid (Martin, 2019; Stanford, 2019). The term *comorbid* refers to the simultaneous presence of two or more medical conditions, regardless of the primary or secondary ranking. Each condition necessitates an individualized treatment plan with appropriately trained professionals designated to treat each condition independently. Unfortunately, many underestimate the significance of this separation when language or communication difficulties are present alongside ADHD, autism, mental health disorders, substance misuse, special education disabilities, and medical conditions. While communication disorders are rarely neurodevelopmental, they can coexist and can significantly impact behavior and learning traits (APA, 2013). Addressing each condition separately allows for a more targeted intervention approach. It should involve an interprofessional team focused on facilitating the most effective rehabilitation treatment and the highest likelihood of student success after release. Although this infrastructure is lacking in detention centers, particularly within the US, providing these essential resources to the individuals who need them most is imperative and needs attention.

The spectrum of influence communication disorders can have on individuals is vast; even mild cases can influence their behavior, self-esteem, and perception of their environment (Snow et al., 2018; Snow & Powell, 2011). Adolescents residing in residential treatment centers, as opposed to detention facilities, have some access to mental health treatment (Trout et al., 2011), yet still minimal. Furthermore, completing mental health assessments before sending youth to a treatment facility minimizes the risk of self-injurious behavior (Christian, 2021), illustrating the need for mental health screenings for justice-involved youth. However, professionals rarely provide youth with appropriate and timely follow-up interventions in cases where mental health is an identified concern (Christian, 2021). In addition, untreated mental health issues may exacerbate over time, leading to intensified maladaptive behaviors that only feed into this cyclical paradox. The presence of a communication disorder further complicates matters, as behaviors may stem from an amalgamation of mental health decline, communication challenges, and any additional traumas or familial histories (Stanford, 2020). Despite chances to screen and assess youth before enrollment, screening rarely takes place during youth intake in the US. This results in unidentified youth with language, communication, cognitive, learning, or mental health difficulties despite known statistical correlations (Anderson et al., 2016; Blanton & Dagenais, 2007; Bryan et al., 2010; Cronin & Addo, 2021; Davis et al., 1991; Gregory & Bryan, 2011; Holland et al., 2023; Hughes et al., 2020; Lieser et al., 2019; NCCJD, 2015; Sanger et al., 2001; Snow & Powell, 2011; Snow et al., 2015; Snow et al., 2018; Snyderman, 2022; Stanford, 2019, 2020; Stanford & Muhammad, 2018; Winstanley et al., 2021).

While professionals may prioritize mental health aspects and behavioral outbursts due to their overt nature, successful intervention and rehabilitation for these youth requires addressing all underlying issues. Even when both communication and mental health issues coexist, mental

health interventions may be less effective in the presence of a communication disorder (Martin, 2019; Stanford, 2019). Mental health treatment primarily focuses on helping individuals understand and regulate their emotions and behavior through verbal counseling (Stanford, 2019). However, individuals with alexithymia struggle to identify and describe their emotions. In Queensland, Australia, it was found that 59% of youth in detention had alexithymia, and 37% of youth had a language impairment (Martin, 2019; Snow et al., 2015). This highlights the need for socioemotional interventions that include developing a vocabulary of emotion and expression and interdisciplinary collaboration between mental health workers and SLPs who serve youth (Martin, 2019; Way et al., 2007). To address this, some Australian SLPs are working with caseworkers to modify cognitive-behavior therapy programs, ensuring that the language is easy to understand for individuals with communication difficulties (Martin, 2019).

As mentioned previously, the field of speech-language pathology is vast, ranging from swallowing disorders to pediatrics, geriatrics, voice therapy, and aural rehabilitation. However, there are little to no resources available through the American Speech-Language-Hearing Association (ASHA) for SLPs regarding the youth justice population despite current, active, US-based SLP roles federally mandated through the Individuals with Disabilities Education Act for service-related intervention for youth disabilities. In sharp contrast, the Royal College of Speech Language Therapists (RCSLT), the UK professional coalition similar to ASHA in the US, provides in-depth descriptions of the roles of SLPs within justice system settings, including direct speech and language therapist intervention (screening, assessment, and provision of therapy), indirect intervention (access to written information, consultation, and staff training), and registered intermediaries (RCSLT, n.d.b). Several countries use SLPs at various stages of youth processing and advocate for SLP interprofessional collaboration to improve justice-

involved youth case management and outcomes; however, juvenile justice in the US has yet to make much effort to bridge this gap.

This paper will discuss complex Miranda warning diction and the potential influence SLPs can have in modifying verbiage for adequate comprehension. It will propose integrating SLPs within the juvenile justice system to assist in communication between justice-involved youths and criminal justice professionals during conversations, questioning, and trials or hearings. Furthermore, this paper will examine the roles of SLPs within juvenile justice systems in countries abroad, including Canada, the United Kingdom, New Zealand, and Australia, offering insight into adapting potential models for integration and best practices within the US. This paper will also shed light on justice staff perspectives when working with youth and SLPs to deliver effective communication interventions and their wanting of SLP-led training to aid in their communication with youth. Finally, future directions on how the US can begin addressing this complex issue within the justice-involved youth population will also be listed in detail.

Miranda Rights

History of Miranda Rights and Their Application to Juveniles

In the case of *Miranda v. Arizona* (1966), the US Supreme Court ruling mandates that all adult criminal suspects must be told their rights according to the Fifth Amendment. It was not until the following year (1967) that the Supreme Court applied the same recitation of rights to juveniles in *In Re Gault*, 387 U.S. 1. Miranda rights are federally mandated to include “the right to silence, use of any statements as evidence against the suspect, right to counsel, access to counsel for indigent suspects, and assertion of rights at any time” (Rogers et al., 2008a, p. 63); however, the Supreme Court affirmed in *Duckworth v. Eagan* (1989), *California v. Prysock*

(1981), and *Dickerson v. United States* (2002) that there is no standardized wording or phrasing. State or county districts determine wording, including whether it is presented in written or exclusively verbal form (Rogers et al., 2008a). Suspects are allowed to waive or give up their rights, such as the right to remain silent or the right to have an attorney present. This is done either explicitly by signing a document or implicitly through behavior or verbal discourse; however, the court needs to deem it as a decision made voluntarily, knowingly, and intelligently (Lieser et al., 2019; Rogers et al., 2008a; Rogers et al., 2008b). In an attempt to circumnavigate the potential exploitation of minors, various courts have integrated the *Totality of Circumstances* approach by considering the suspects' age, education, background, and circumstances for questioning duration, and any coercion into the waiver, most notably applied in the Supreme Court case of *Fare v. Michael C.* (1979). Despite this, it is not a mandated federal policy (Lieser et al., 2019; Rogers et al., 2008a; Rogers et al., 2008b) and is only utilized by 36 states and the District of Columbia (King, 2006).

Waiving Miranda Right Protections Goodbye

Despite all of these so-called *procedural safeguards* for juveniles, approximately 10-15% of juveniles in the US exercise or use their Miranda rights, with most US states not requiring a lawyer, parent, guardian, or favorable adult to be present during the waiving of rights (Lieser et al., 2019). Although some states mandate opportunities for youth aged under 13 to 14 years to consult with a parent or caretaker before waiving their rights or require parental presence during questioning (King, 2006) in an attempt to prevent exploitation and ensure parental counsel before relinquishing legal counsel, the opposite effect occurs (Lieser et al., 2019; Viljoen et al., 2005). In a study performed by Viljoen et al. (2005) on adolescent defendants, 55% of the parents of adolescent suspects wanted their child to confess, and 33% wanted their child to tell the truth,

with no instances of a parent recommending that they remain silent (Lieser et al., 2019; Viljoen et al., 2005). This suggests that parents focus primarily on the incident and want their child to take responsibility for their actions in an attempt to remedy the situation and prove innocence rather than protecting the child's rights (Lieser et al., 2019; Viljoen et al., 2005). This study also found that adolescents younger than 15 were more likely than older adolescents to waive their right to counsel and were less likely to appeal their case (Viljoen et al., 2005), showing how age and grade level literacy can affect court proceedings and comprehension.

The Complex Diction of Miranda Rights

The likely cause of adolescents waiving their Miranda rights in such a frank and uninformed manner is the complex vocabulary, abstract language, and polysemous words whose infrequent definitions are used throughout the entire recitation of Miranda warnings (Lieser et al., 2019). Many juveniles lack the complex syntactic and grammatical structure and the high inference skills needed to process the meaning of each line (Grisso, 1980; Lieser et al., 2019). While this paper primarily focuses on children with communication difficulties who struggle within the juvenile justice system, it is vital to enact and protect the rights of all juveniles and individuals fairly and justly.

Lieser and colleagues (2019) found that youth with developmental language disorders performed worse on every subtest of the *Instrument for Assessing Understanding and Appreciation of Miranda Rights*, suggesting that between 56% and 94% of youth with developmental language disorders are unable to comprehend Miranda warnings fully (Lieser et al., 2019). Particularly troubling is that only 6 out of the 20 typically developing youth demonstrated an understanding of their rights, suggesting that a significant amount of youth, whether diagnosed or undiagnosed, struggle to comprehend protective rights and their

implications (Lieser et al., 2019).

SLP Involvement

The involvement of SLPs in the intake processes is needed to provide understanding through direct participation or by modifying legal jargon in materials for youth. Australia has identified this as an issue and allows SLPs to modify written materials for youth with communication needs, including consent, confidentiality, and privacy information forms, court orders, incentives and reward posters, factsheets, youth detention induction booklets, and individualized therapeutic strategies in a designated role called a communication intermediary (Martin, 2019). Despite having no federal regulation on the exact verbiage of the Miranda warnings, their syntax is uniformly enigmatic compared to everyday language and uses unconventional meanings of common words, such as *waive* and *attorney* (Grisso, 1980; Lieser et al., 2019). Standardizing Miranda warning verbiage in a digestible and understandable way is necessary for adults and juveniles to comprehend their protections fully. Without full comprehension, both typically developing juveniles and those with communication difficulties are not only at a disadvantage of being petitioned to the court but are also being denied their constitutional rights.

II. COMMUNICATION NEED SCREENINGS AND ASSESSMENTS

One common misconception is the association between communication disorders and intelligence. Although communication difficulties may affect aspects of cognition, such as executive functioning, communication difficulties or disorders do not impact one's intelligence. In the US, forensic psychologists often rely on IQ tests to assess an individual's court-ordered comprehension of Miranda Rights (Lieser et al., 2019). When IQ tests with verbal and nonverbal subtests are administered, adolescents with language difficulties may perform poorly on the

verbal section but show average scores on the nonverbal section, potentially misleading the results and forensic psychologists (Lieser et al., 2019). Despite their expertise in psychology, forensic psychologists may lack the nuanced familiarity required to identify idiosyncrasies related to language difficulties. They may overlook a low nonverbal sub-section score, assuming that the combined result reflects an average aptitude (Lieser et al., 2019); however, ensuring the comprehensibility of suspects, witnesses, and defendants is crucial for accurately recounting events to obtain reliable evidence for court proceedings (Holland et al., 2023).

In addition to ensuring comprehension of Miranda warnings, youth comprehension must be effective for rehabilitation and academic success within detention. After administering standardized language tests to a sample of juvenile offenders in the UK, Bryan and their colleagues (2010) found that 66-90% of the participants exhibited below-average language skills (Bryan et al., 2007). Furthermore, 46-67% of these youth demonstrated poor or very poor language skills, suggesting that many youth offenders lack the essential language skills needed to engage with verbally communicated interventions designed to reduce re-offending effectively (Bryan et al., 2010). Screening and assessing communication difficulties is essential to ensure appropriate information exchanges.

Similarly, the lack of screening for mental health issues poses a significant challenge. While 24 US states mandate mental health screenings during the juvenile intake process (Christian, 2021), appropriate intervention and treatment are crucial for reducing the risk of recidivism rather than solely identifying issues. Implementing holistic screening tests on intake that encompass all aspects of health, neurodiversity, and educational challenges would address all potential factors contributing to intake or affecting rehabilitation. Identification alone may provide context for difficulties but falters in effective remediation without proper intervention by

the appropriate professional, such as a psychologist for mental health disorders, an SLP for communication difficulties, and a special educator for learning disorders.

Screening and Assessment Abroad

Paralleling the above, countries abroad have attempted to combat the lack of difficulty identification by implementing new, holistic assessments and screenings. Australian researchers Snow and their colleagues (2018) have explained how screenings are necessary but may cause too much of a time delay in court proceedings as they fear in-depth assessments may be time-consuming (Snow et al., 2018); however, England and Wales have implemented a short yet thorough screening that does not require diagnosis but instead detects difficulties. The UK Youth Justice Board created two assessment tools, *AssetPlus* (Youth Justice Board, 2014) and the *Comprehensive Health Assessment Tool (CHAT)* (Barnet, Enfield and Haringey Mental Health NHS Trust, 2017; Chitsabesan et al., 2014), which are both mandatory for all youth in contact with offending services (Coles et al., 2017). *AssetPlus* screens for speech, language, and neuro disabilities and assesses youth offenders' needs, including their risk of recidivism (Youth Justice Board, 2015). *AssetPlus* also provides a self-assessment section for youth, parents, and caretakers to complete to provide their views on the young person's actions and behaviors (Youth Justice Board, 2015). *CHAT* specifically focuses on the health and well-being of the youth, including their physical health, neuro disabilities, language or learning disabilities, and trauma that may affect their rehabilitation and well-being (Barnet, Enfield and Haringey Mental Health NHS Trust, 2017; Chitsabesan et al., 2015). *CHAT*'s language and communication subsection comprehensively evaluates receptive and expressive language skills, narrative tasks, and semantic language (Chitsabesan et al., 2015). This broad yet thorough assessment analyzes all potential difficulties and provides referrals to professionals who can investigate and

appropriately diagnose any difficulties or disorders (Barnet, Enfield and Haringey Mental Health NHS Trust, 2017). The UK mandates that assessments are to be completed within 3 to 10 days of admission (Barnet, Enfield and Haringey Mental Health NHS Trust, 2017), a timeframe rarely seen in public school systems in the US, let alone within the juvenile justice system. This process harshly contrasts with the previously detailed US forensic IQ screenings for Miranda warning comprehension, often resulting in no referral to a special education professional or SLP when scoring low during testing (Lieser et al., 2019).

Similarly, Australian state governments have started planning ways to embed SLPs into their youth justice systems (Snow et al., 2018; O'Reilly, 2021). New South Wales, Australia, has developed a Disability Action Plan for 2021 through 2024 that includes strengthening partnerships with service providers and outside government resources, implementing early intervention and diversion programs, assessing staff capabilities in identifying at-risk undetected youth with communication difficulties, improving the quality of evidence for disabilities, providing effective and evidence-based practices, and ensuring rights and inclusion for youth while in contact with youth justice (O'Reilly, 2021).

To demonstrate the utility of language and communication assessments in the UK, Holland and their colleagues (2023) conducted a comprehensive study screening individuals for speech, language, and communication needs (SLCN) from National Health Service Liaison and Diversion cases from a police force region over three months (Holland et al., 2023). They categorized SLCN into three domains: understanding, expression, and conversation/interaction (Holland et al., 2023). The study encompassed a broad range of participants from youth to adults (Holland et al., 2023). Results indicated that 22.7% of individuals in police custody exhibited deficits in at least one SLCN domain, and further analysis revealed that more than half of these

cases displayed deficiencies across all three domains (Holland et al., 2023). Among those referred for SLP assessment, 36.1% had a prior diagnosis of ASD, learning disability, TBI, or ADHD, while 62.8% had no prior diagnosis of any comorbid condition or SLCN (Holland et al., 2023).

The UK Law Commission's report for *Unfitness to Plead* (2015) supports the need to administer screenings that assess the defendant's capacity to participate in trial effectively due to mental health difficulties, learning disabilities, developmental disorders, or developmental immaturity (Law Commission, 2015). The report mentions how previous research findings confirm that juveniles under 16 years of age demonstrate inadequate functional and decision-making skills, compromising their capacity for effective participation in criminal proceedings (Law Commission, 2015). Similarly, in the US, it was found that adolescents aged 11 to 13 were three times as likely as young adults aged 18 to 24 to be seriously impaired in legal abilities, and adolescents aged 14 to 15 were twice as likely to be impaired (Grisso et al., 2003; Law Commission, 2015; Sarkar, 2011).

What Makes a Good Assessment for Youth Justice Interventions

Cordis Bright, a UK-based consultancy and research firm specializing in social services and care, listed key principles for screening tools in youth justice. Cordis Bright underscores the importance of expert input in designing questions for screening tools and the reliance on the examiner's understanding and correct administration of screening tools, which is contingent on the tool's simplicity and brevity while maintaining validity, reliability, and standardization (Cordis Bright, 2022). Cordis Bright suggests that the youth's characteristics and feelings on current events may influence or impede screening intake and comfort level by concealing sensitive information during the screening process (Cordis Bright, 2022). To mitigate this,

Cordis Bright recommends techniques outlined by Case and Browning (2021), such as building rapport through humor, using inclusive language, asking open-ended questions to empower the child during the screening process, ensuring the child's comprehension of questions, and clarifying meanings (Case & Browning, 2021). However, it is crucial to tailor each interaction with youth according to their unique needs, current emotional status, and personality.

Judges and other criminal justice professionals must consider the complexities of communication difficulties when questioning youth and determining sentencing and future repercussions. It is imperative to integrate initial screenings during intake that do not rely exclusively on the expertise of specific professionals (Holland et al., 2021). While the expertise of SLPs remains indispensable when individuals are referred and for the development of these screening tools, all justice professionals must be capable of conducting preliminary screenings utilizing established testing procedures and protocols. The design of the screening tools should be independent of SLP involvement, thereby fostering a standardized yet holistic detection method, which in turn expedites referrals to specialized expert opinion and intervention.

Communication Intermediaries Abroad

Integrating a professional role to screen youth on intake, identify undiagnosed disorders, and mediate between the youth and the justice system tailored to their specific needs would not only afford young individuals the essential protection and clarity they require but also reassure justice system officials that no misinformation or miscommunication is compromising the ongoing case. Communication intermediaries provide unbiased aid to youth with communication difficulties throughout the judicial process (Anderson et al., 2022; Birenbaum & Collier, 2017; Howard et al., 2020). Their primary purpose is to reduce confusion and miscommunication

between witnesses, victims, suspects, justice officials, and staff and to make the appropriate accommodations. The *England and Wales Youth Justice and Criminal Evidence Act of 1999* introduced the role of communication intermediary to English-speaking nations. It required communication intermediaries to assist the police in communicating with vulnerable witnesses during investigation, to participate in pre-trial meetings and court familiarization, and to assist with communication during trial (O'Mahony, 2010). It was later extended to juvenile criminal defendants only during oral evidential testimony but not the rest of criminal proceedings through *Section 105 of the Coroners and Justice Act of 2009* (Lieser et al., 2019).

Other English-speaking countries adopted the England and Wales intermediary model, such as Canada in 2007, Northern Ireland in 2013, New Zealand in 2014, and the Australian states of New South Wales in 2016, Victoria in 2018, South Australia in 2020, Tasmania in 2021, and Queensland in 2021 (Birenbaum & Collier, 2017; Cooper & Mattison, 2017; Queensland Courts, 2022). Nevertheless, many other countries had previously implemented some form of communication assistance for child witnesses, such as South Africa in 1993 and Israel, Norway, and Sweden in 1990 (Cooper & Mattison, 2017). In contrast to the original witness-exclusive England and Wales model, the original Northern Ireland's 1999 intermediary policies provided services to vulnerable witnesses and accused suspects (Cooper & Mattison, 2017). As adaptations of this model increased in other nations, each country created distinctions in its policies, some more inclusive and less biased than others. However, their main focus is to provide a protective service to those who need it. Some countries, such as Canada (Anderson et al., 2022), require communication intermediaries to be certified SLPs since they have expert knowledge within the field; however, other countries, such as Australia, the United Kingdom, and New Zealand (Birenbaum & Collier, 2017; Lieser et al., 2019), supplement SLP certification

with extensive training. Nevertheless, most communication intermediaries are certified SLPs (Anderson et al., 2022; RCSLT, n.d. b).

In the United Kingdom, many barriers inhibit the widespread implementation and use of communication intermediaries, such as a lack of awareness of the service (Anderson et al., 2022; Birenbaum & Collier, 2017); however, once made available, requests do hold value. In the UK, the Witness Intermediary Scheme (WIS) saw record-breaking requests for registered intermediaries, with a 574% increase since 2010 (Ministry of Justice, 2022). The UK's Ministry of Justice funded five recruitment campaigns, hiring 31 new registered intermediaries, increasing the headcount by around 10% in only one year (Ministry of Justice, 2022). Additionally, intermediaries match with 97.4% of requested child cases (Ministry of Justice, 2022). Although seemingly obvious, the success rate is critical to the efficacy and validity of this service. Without a high success rate, the rights and protections of those requesting services are unjust and unmet.

Advocacy efforts through SLP coalitions sparked the creation of most communication intermediary positions through associations such as the RCSLT in the United Kingdom and Communication Disabilities Access Canada (CDAC), which both advocate, research, and provide services for individuals with communication disabilities within the justice system (Anderson et al., 2022; Birenbaum & Collier, 2017). Although it is beginning to incorporate more literature discussing this topic, ASHA does not have the same level of expertise, advocacy efforts, or resources for US clinicians on the potential benefits of introducing communication intermediaries or any SLP role within the justice system nor does it provide many resources for the current US-based SLPs working within the justice system as service-related providers for special education intervention.

*Criminal Justice and Juvenile Detention Faculty***Staff Perspectives on Their Current Understanding of Communication Difficulties**

As illustrated in previous explanations, one of the most notable potential contributors to unidentified communication disorders is the general lack of familiarity regarding how these disorders present themselves, their manifestations, and their impact on youth's everyday conversations with parents, teachers, and juvenile justice staff. Most professionals, including forensic screeners, police officers, lawyers, judges, detention officers, probation officers, and other staff members, are not required to undergo training in mental health, teaching strategies, or language disorders. Many are unaware of the behavioral aspects of communication and comprehension difficulties, which leads to unfavorable perceptions and attitudes toward these youth by staffers. Unknowingly, they attribute defiant youth behavior to aggression, hubris, or machismo rather than an underlying condition. Providing more education and knowledge for professionals outside the special educational fields working with the same population is needed.

Heanue and their colleagues (2022) interviewed Australian justice professionals, where staffers reported feeling that they lacked adequate neurodevelopmental disorder training and wanted evidence-based training to provide practical strategies within their interactions with youth (Heanue et al., 2022). In a similar focus group study, staff expressed how they acquired a new perspective on youth behavior after an SLP flagged youth with communication difficulties, reporting that they did not realize how well youth could mask their difficulties (Snow et al., 2018). One staff member even mentioned how they thought one youth was “paying a bit of lip service... not understanding what was going on under the surface” (Snow et al., 2018, p. 463). Another staff member reported that having an enhanced awareness of what communication difficulties looked like allowed them to reflect on their previous ineffective engagement

strategies (Snow et al., 2018). One participant emphasized that they can now recognize and accommodate these difficulties more effectively (Snow et al., 2018). The staffers detailed their new approach to incorporate strategies introduced by the SLP, such as risk and behavior management and incentive lists as well as being cautious when using sarcasm and humor during conversation (Snow et al., 2018). Although one or two focus group studies do not reflect attitudes and the most effective strategies for all facilities, this trend of staffers craving communication training is present in many Australian state reports and advocacy group efforts in and outside of Australia (Anderson et al., 2022; Gregory & Bryan, 2011; Heanue et al., 2021; Snow et al., 2018).

Supporting Justice Professionals Through Communication Training

The high demand and usefulness of SLP-led communication training have impacted procedures abroad. To address staffers' demand for knowledge, the UK's RCSLT created a free, remote e-learning tool for criminal justice professionals with courses to guide their learning and recognition of communication difficulties and their behavioral patterns called *The Box Training* (RCSLT, n.d.a). *The Box Training* program has been implemented in several countries and is required in some districts to graduate as a detention officer (RCSLT, 2020). In Australia, SLPs successfully lobbied for a full day in every youth justice and case worker induction to cover communication needs and ways to support youth with communication needs (Martin, 2019). They have also integrated SLP frameworks and services systemically within Queensland's youth detention centers (Martin, 2019). Speech Pathology Australia (2013) offered support in developing training guidelines for police and other youth justice staff to support youth during justice system processing (Anderson et al., 2022; Speech Pathology Australia, 2013). As mentioned previously, the New South Wales, Australia Youth Justice Disability Action Plan for

2021-2024 has also introduced comprehensive conduct training for court providers working within early intervention and diversion programs and additional training to all staff who work with youth with disabilities when they are in youth justice care or accessing interventions (O'Reilly, 2021). These small yet immense steps toward interdisciplinary collaboration may seem insignificant, but they are the beginning of a change in how justice-involved youth are perceived.

The primary importance of staff knowledge is to dismiss misconceptions and misunderstandings. Youth detention should focus on rehabilitation rather than punishment. Informing staff and professionals on the differences between mental health behaviors, language disorder masking behaviors, and maladaptive behaviors is imperative in providing student support, effective rehabilitation, and influential intervention. Staff training also provides another set of capable eyes to detect, alert, and raise concerns for a perceived difficulty to the appropriate professionals. Ensuring the professionals working with these youth every day understand their capacities can help foster a holistic, rehabilitative, and supportive environment consistently instead of only during set times of expert intervention.

III. INTERVENTION STRATEGIES

Direct intervention is the standard SLP treatment method in the clinical field. Most therapy interactions involve a one-to-one session involving individualized, targeted goals depending on the individual's diagnosis. The clinician creates these goals to address and rehabilitate impaired abilities or habilitate new skills. However, integrating SLP intervention can look different in educational settings, especially detention facilities with an extremely condensed population of high-risk students.

Multi-tiered Framework

Most US schools implement some form of universal student support strategy such as response-to-intervention (RTI), positive behavioral interventions and supports (PBIS), or multi-tiered system of support (MTSS). All of these systems follow the same principle concept. Universal student support strategies provide a proactive and preventative school-wide framework that promotes social, emotional, and behavioral support to maximize student achievement and success using evidence-based practices and a strength-based perspective to support all students regardless of disability, status, and other demographic markers (American Institutes for Research [AIR], 2023). Tier 1 involves universal support for every enrolled student. This includes using research-based curriculum materials, articulating teaching and learning in and across grade levels, utilizing differentiated instruction according to the needs of the students, teaching standardized curriculum, and providing enrichment opportunities exceeding benchmarks consistently (AIR, 2023). Educators and staff must integrate this initial tier throughout the school regardless of subject, location, and activity classes such as lunch, recess, gym, and music. Tier 2 provides small-group, standardized interventions using validated programs to support students identified as at-risk due to academic, social, emotional, and behavioral needs (AIR, 2023). This tier can include students who need more support but may not necessarily have a documented disability under IDEA or Section 504 accommodations. Tier 3 involves the most intensive support level, usually involving students within special education classrooms or those with other medical needs requiring direct intervention by various professionals. This tier provides individualized intervention based on student needs and includes students not responding to Tier 2 intervention (AIR, 2023).

These tiers are hierarchical, introducing additional support as students progress through the levels while still maintaining the supports from lower tiers. The 1997 amendments to the Individuals with Disabilities Education Act (IDEA) encouraged states and school districts to adopt PBIS (I-MTSS Research Network, 2023). Later, the No Child Left Behind Act (NCLB) of 2001 emphasized the importance of MTSS (I-MTSS Research Network, 2023), though neither policy mandated the application of either framework. The Every Student Succeeds Act (ESSA) of 2015 requires school districts to prioritize expanding access to comprehensive school services within multi-tiered layers of support. ESSA allows states and districts to implement individualized MTSS models (I-MTSS Research Network, 2023). However, introducing PBIS or MTSS in juvenile detention settings presents unique challenges.

Perspectives on PBIS within Juvenile Detention Centers

Several studies by Jolivette, Kumm, and their colleagues focus on implementing facility-wide positive behavior intervention and support (FW-PBIS) in juvenile correctional facilities (Kumm et al., 2020; Kumm & Jolivette, 2017; Jolivette et al., 2020; Jolivette et al., 2015) and express that many facilities seek more efficient and purposeful models to intensify their current educational, recreational, and rehabilitative practices inside and outside educational schedules (Jolivette & Swoszowski, 2020). A separate collection of youth perspectives on FW-PBIS found several positive themes. These include youth reporting a sense of agency in their own transformation, relevance and application of new skills and behaviors, and equitable treatment, all of which are vital to the integrity of a PBIS framework (Jolivette et al., 2020; Jolivette et al., 2015). However, Jolivette and Swoszowski (2020) emphasize the importance of all staff members matching youth's needs regardless of discipline, roles, or shifts (Jolivette &

Swoszowski, 2020). The framework's integrity would suffer, and the program would be disadvantaged in terms of benefits without the support of juvenile justice staff.

A focus group session was conducted with juvenile agency administrators, juvenile staff, and state educational agency personnel from several states expressing positive attitudes toward implementing FW-PBIS in their detention facilities (Kumm & Jolivette, 2017). A separate focus group with a similar cohort also expresses the potential aid PBIS can provide to meet the mental health needs of youth in juvenile justice facilities, as its nature not only encourages support but requires consistent and universal care for all youth (Kumm et al., 2020). Although a small concept in theory, this is a significant step in the right direction for these youth. Staff perspectives and alignment in implementing a universal support system for all youth are essential for success, lowering recidivism, and inspiring self-motivation.

Implementation of PBIS within the Summit View Youth Center in Nevada

A maximum-security youth facility in Nevada called the Summit View Youth Center (SVYC) began implementing PBIS within its program (Scheuermann et al., 2023). SVYC's Tier 1 included the usual PBIS leadership team, staff training, schoolwide information system, and facility-wide teaching matrices but added standardized definitions of major and minor problem behaviors, formal social skills instruction, and a check-in-check-out system for youth, which are not usually found within school systems (Scheuermann et al., 2023). SVYC adapted Tier 1 to be a more intensive universal tier than *mainstream* schools as their population already included at-risk youth. SVYC's Tier 2 included moral recognition therapy and anger management modules, repeated or intensified skill streaming lessons, a refocus program for youth who exhibited chronic or significant major misbehaviors, and additional Tier 2 supports provided by treatment

divisions within the facility (Scheuermann et al., 2023). Tier 3 referral “included behavioral data reflecting refusal to participate in programming, demonstration of a pattern of self-harm, lack of progress while receiving Tier 2 supports, or major behaviors disrupting facility operations” (Scheuermann et al., 2023, p. 10). This tier is the most extreme of all tiers and is reserved for particular cases.

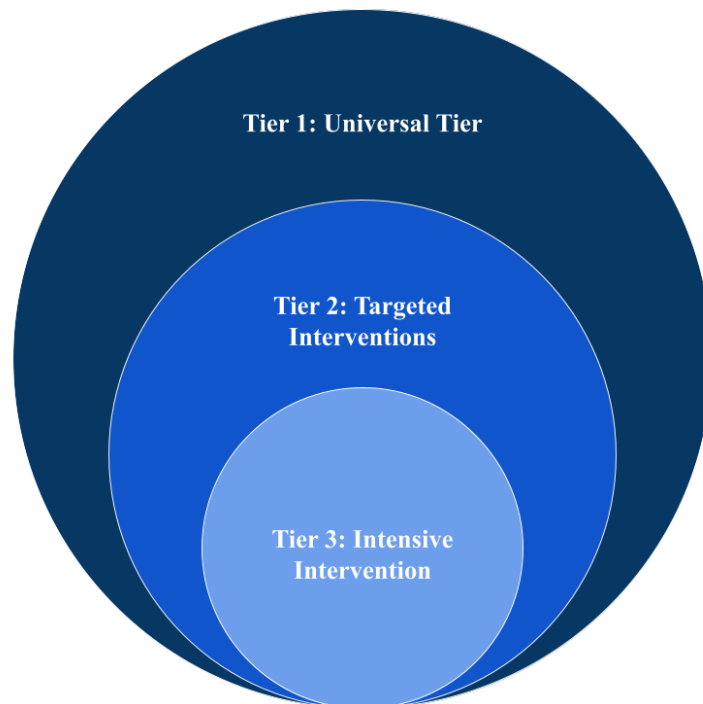
Despite evidence of PBIS implementation in detention centers as well as focus group perspectives, there is little to no mention of special education or services outside of mental health, anger management, or curriculum. As mentioned previously, the NCCJD estimates that 65-70% of incarcerated youth have a disability (NCCJD, 2015), and 50-60% of youth offenders demonstrate language disorders (Snow et al., 2015; Winstanley et al., 2021). The question is: How can we implement a holistic system to provide accurate intervention and rehabilitation for this population?

Integrating Education Services and SLPs within Multi-Tiered Frameworks

Implementing a student support system is imperative, especially when addressing the needs of students within juvenile detention. Snow and their colleagues propose an RTI framework for young offenders to strengthen their communication skills (Snow et al., 2015). This adapted framework integrates SLPs and focuses on developing prosocial skills and literacy, prioritizing practical, everyday abilities over traditional *grade-appropriate* skills (Snow et al., 2015). This approach involves active engagement at the universal tier, accessible to all students. This includes language screenings, SLP scaffolding during lessons, and tailored SLP lesson plans. **Table 1** provides further details on Snow and their colleagues’ framework. Adopting this

framework in detention centers could significantly reduce student recidivism rates by providing them with the crucial support they need and can utilize once released.

Table 1: Proposed RTI Model to Implement SLP Intervention within Juvenile Detention as a Whole



Tier 1	- Universal support system for all youth in detention
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	<ul style="list-style-type: none"> - All students are given a more hands-on approach than general education - SLP screening and diagnostic during enrollment in detention - Self-assessment
Tier 2	<ul style="list-style-type: none"> - Targeted intervention - Small group sessions led by general education teacher and scaffolded by SLP; can help youth without disorders to catch up as most fall below their grade level in academics - SLPs address common skills needed outside detention such as vocabulary, figurative and abstract language, decoding, and comprehension of texts that most curricula do not focus on past elementary school - Promote self-monitoring and self-appraisal skills
Tier 3	<ul style="list-style-type: none"> - Intensive, individualized SLP intervention - Mirror mainstream, direct, one-on-one SLP intervention including specific target goals and evidence-based practices

***This table mimics and is adapted from the version found in Snow et al., 2015.**

As previously mentioned, staff knowledge of these topics is crucial to the development and success of implementing any form of RTI, PBIS, or MTSS within detention facilities. Snow and their colleagues also suggest implementing an SLP-led educational session for staff officials on communication and language difficulties and their relation to behavior within the RTI framework (Snow et al., 2015). Staff professionals interact with the youth daily in and outside educational set times. Incorporating them within the system is necessary and paramount.

Direct Intervention

Although RTI, PBIS, and MTSS encompass all youth offenders within a facility, they still heavily rely on direct intervention, such as one-on-one sessions to aid youth who have a language disorder, special education referral, or any medical treatment within the realm of the SLP treatment field. Although there is little literature touching specifically on the effectiveness of direct SLP intervention within juvenile detention, Swain and their colleagues (2020) conducted a 5–8-week intervention study on the effects of direct SLP intervention on Australian youth detention, with results showing significant improvement in targeted communication, vocabulary, and language skills (Swain et al., 2020). The study emphasized the importance of youth engagement in the effects of performance and outcome (Swain et al., 2020).

In another case study by Snow and Woodward (2017), they also saw significant increases in language skills. They reported potential contributors to youth offenders' engagement, such as a clinician with a forensic population background, the pace and materials used during the session, and participants' involvement in goal setting (Snow & Woodward, 2017). They also expressed how, after focusing on social communication skills, no gains were reported on the standardized language tests but showed gains in functional social communication during intervention sessions

(Snow & Woodward, 2017). Although potentially seen as a minor study limitation, it is a struggle many clinicians in the field face. Standardized testing does not always reflect the clinician-observed improvements. This parallels the current fault in using IQ testing to determine Miranda warning comprehension, showing the necessity of SLP involvement throughout the entire juvenile justice process from start to finish. Through targeted goals, therapy treatments, and interdisciplinary collaboration, students can achieve academic, behavioral, and communication skill improvements that they can carry with them beyond the system.

IV. SLP PERSPECTIVES

Lastly, mentioning the perspectives of SLPs who work with this population is essential to increasing advocacy and invoking policy change for this population. Makker and their colleagues (2022) explored SLP perspectives regarding implementing communication strategies in the New Zealand youth justice system (Makker et al., 2022). However, they found that the presence of SLPs in the justice system transcends implementing communication strategies due to the complex environment and the need to equip other professionals with skills to communicate with young people (Makker et al., 2022). Participants felt that “implementing communication strategies were important because they worked on behalf of young people to assist them to understand and express their wants and needs... (they) were clear that young people have a right to understand, communicate, and engage in decision making within the justice system” (Makker et al., 2022, p. 6). Similar themes can be found in numerous other studies in various countries (Gregory & Bryan, 2011; Swain et al., 2020).

V. FUTURE DIRECTIONS

The importance of incorporating the SLP perspective into the juvenile justice system cannot be overstated. The lack of familiarity within the US justice system on how to effectively support justice-involved youth facing communication difficulties needs urgent attention. Many US SLPs are unfamiliar with the complexities of working in detention facilities or are aware of the prevalence of communication disorders in this population. The first step in addressing this pressing issue is to educate both SLPs and criminal justice professionals. This can be accomplished through SLP-led workshops for justice system staff, integrating communication training into staff instruction modules, and presenting the opportunity for SLPs to work with justice-involved youth as a viable career path. Strengthening the existing system and identifying the gaps in special education within detention facilities is essential for remediation.

Internationally, countries have demonstrated that integrating SLPs into the justice system not only enhances communication strategies but also equips other professionals with the skills to effectively engage with these youth (Makker et al., 2022). The lack of awareness regarding the importance of SLP involvement in this context should be a primary concern. Addressing this systemic issue requires sharing knowledge with others and fostering advocacy efforts.

Interdisciplinary collaboration through training and workshops is essential to cultivate respect, encourage interdisciplinary practices, and drive significant advocacy initiatives.

Advocacy is vital to enacting change in the US, as seen in other countries. “Advocacy begins with certified SLPs generating conversation through town halls, creating interest groups, and seeking a position statement” (Perrotti et al., 2024, pp. 10-11). Advocacy efforts by SLP coalitions have led to the creation of communication intermediary positions through associations such as the Royal College of Speech and Language Therapists in the UK and Communication

Disabilities Access Canada, which advocate, research, and provide services for individuals with communication disabilities within the justice system (Anderson et al., 2022; Birenbaum & Collier, 2017). Making an impact does not require a specific level of expertise but rather a willingness to enact change. University students and young adults are crucial to this effort, and expanding the involvement beyond a niche group of passionate researchers to include national associations is necessary.

Adapting or creating new models, frameworks, and policies in US detention facilities is also crucial for overall improvement. Modifying Miranda warnings to accommodate youth with communication difficulties and lower reading comprehension also benefits all typically developing individuals and would provide better protection of constitutional rights.

Implementing comprehensive screening and assessments during intake for health, neuro disabilities, language or learning disabilities, and trauma is imperative. Understanding these factors is critical to the justice system process and ensuring accurate representation of events and fair sentencing, especially for juveniles.

Identification alone is not enough; proper intervention and treatment are essential for true change. Identification alone only provides context, not remediation. Screening and assessments should lead to immediate intervention, though not necessarily immediate diagnosis. Any personnel should be able to conduct screenings and assessments following preset guidance, detecting difficulties rather than diagnosing them. Referrals to appropriate healthcare and education professionals should occur within days of initial intake with interventions and safeguards being implemented immediately within the individual's case. Timely action is crucial to ensure that no misinformation or miscommunication jeopardizes the individual's integrity or compromises the ongoing case.

Introducing the role of communication intermediaries within policy conversations is a vital starting point for standardization. While full implementation may take years or decades, beginning the conversation is essential for change. Many policymakers and criminal justice personnel are unaware of the role of communication intermediaries abroad and their importance within these systems. Federal, state, and local government discrepancies present unique challenges in the US when attempting to implement standardized systems. However, standardization begins with small, effective changes. This idea is in its infancy, but any detention facility, residential treatment center, or educational agency willing to implement the practices outlined here is taking a step in the right direction. Adapting successful practices from abroad is an exciting way to initiate change. This is not a mere call to action but a demand for human rights within a broken system.

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