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# Debate as a tool for rehabilitation: a 8 week debate and public speaking course at Woodside Juvenile Rehabilitation Center

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Liam Donnelly, Class of 2018.

Project date February-March, 2017

With help from Dr. Johannas Wheeldon, Jessica Bullock and SPEAK Inc., and Dr. Delores Burroughs-Biron

# Problem Identification and Description of Need

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Currently, about every 1/32 American is in the corrections system of the United States, a number that is the highest among western nations, 3 times higher than the next highest country (Poland) (Schmitt 2010). Not only is the U.S. incarcerating an unprecedented number of citizens, only 600,000 are released each year (Lipsey and Cullen 2007). During the 1960's and 1970's, studies evaluating rehabilitation programs found them largely ineffective, shifting the focus of our corrections system towards tougher, sanction based practices and away from rehabilitation programs. Presently, a majority of the growing incarcerated individual are those who committed non-violent drug related crimes (Schmitt 2010). There are more longer-term sentences, and less use of probation or parole than in previous years (Schmitt 2010). However, more recent meta-analysis of rehabilitation programs, compared to sanction based corrections methods, have found a huge difference in recidivism rates. A 2007 analysis found that while sanction based corrections systems may prevent individuals from committing crimes, they are not effective at stopping criminals for repeating offenses in the future (Lipsey and Cullen 2007). This analysis found that the current sanction based approach does not help rehabilitate criminals and prevent future offenses. The data actually shows that sanction based approaches increase recidivism rates, and the tougher the sanctions, the higher the recidivism. Juxtaposed, rehabilitative based methods, yielded significant reductions in recidivism (Lipsey and Cullen 2007).

# Problem Identification and Description of Need

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Several studies show that a disproportionate number of individuals in corrections facilities are illiterate. In addition one of the most common factors among inmates is illiteracy (Drakeford 2002). Statistics from the U.S. incarcerated population show a 70% illiteracy rate and a 4<sup>th</sup> grade reading level. Further 70% of incarcerated people in the US have not completed high school (Drakeford 2002). Studies have shown a correlation between lower educational achievement and high rates of incarceration and recidivism (Drakeford 2002). To combat this trend of low educational achievement and corresponding high incarceration rates, several studies have shown that education based rehabilitation programs can prevent recidivism (Cecil, Drapkin et al. 2000)). Further, the 2007 meta-analysis analyzing several different types of rehabilitation programs found that cognitive behavioral therapy based course were among the most effective (debate programs teach many skills at the core of CBT curriculums). Overall, our current sanction based correctional system is causing more incarcerations and is not rehabilitating incarcerated individuals and preventing them from committing future crimes. Several newer studies show rehabilitation programs are more effective at reducing recidivism. Education based rehabilitation programs are among several that are shown to be effective.

# Public Health Costs

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Cost: (data from (Schmitt 2010))

-it costs about \$26,000/year to house a person in the US.

-it costs \$1,300/ year for an individual to be in parole

-in 2008 \$75 billion dollars were spent on corrections

-if we halved the amount of non-violent offenders incarcerated, the US would save \$16.9 billion dollars per year.

-by placing higher numbers of non-violent offenders in parole programs that provide rehabilitation services, significant money would be saved, and recidivism rates would be reduced.

# Interview with Dr. Johannes Wheeldon

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Dr Johannes Wheeldon, Ph.D L.L.M. is a Assistant Professor at the School of Justice Studies and Sociology at Norwich University. Previously he collaborated with Walla Walla University and taught a 2 year Associated Arts degree to inmates at Coyote Ridge Corrections Center (CRCC), Connell Washington. This program provided inmates with a masters in associated arts. During this course Dr. Wheeldon also integrated debate into his curriculum. Further, he started a debate club for inmates who had completed the AA degree.

In the opinion of Dr. Wheeldon, rehabilitation based corrections programs are the best way to reform prisoners and reduce recidivism. In support of this view he cited data from a Cognitive Behavioral Therapy program developed in Canada called Reasoning and Rehabilitation (RR) (Tong and Farrington 2008). This program is 36, 2 hours session, where, through active learning inmates are taught cognitive and behavioral skills. Skills are aimed at changing the prisoners thinking and reasoning so they react in more appropriate ways to situations that trigger their criminal behavior. Some skills include critical thinking, social skills, negotiation skills, social perspective taking, and many more. A meta-analysis analyzing RR implemented in the UK, US and Canada showed that RR can be successful in several different settings, and reduced the recidivism rates by up to 14% compared to control groups(Tong and Farrington 2008). In addition as stated previously, CBT programs have been shown to be the most effective ways to reduce recidivism.

Dr. Wheeldon modeled his AA program and debate program at CRCC after this CBT-based approach. He said that debate is the perfect vehicle thought-which to teach CBT based rehabilitation. For example he said that debate allows inmates to learn all skills that CBT programs teach and more. These in include the social skills, negotiation skills, moral development (being able to listen and understand others views you do not agree with), critical reasoning. In addition debate teach several additional skills: public speaking skills and research and thought organization skills that are very helpful for job interviews.

Dr. Wheeldon said that the benefits of using debate as a form of CBT doesn't stop at the breadth of skills inmates gain. He said that at CRCC, he noticed that his debate program was fun for students. He found that inmates had many opinions and really wanted to be able to voice these opinions. Debate allowed them a great place to voice these views to a audience that would listen and challenge their opinions. In addition, Dr. Wheeldon found that inmates really liked being able to interact with "free people". Free people were the volunteers that would come into the prison to teach the program. He said the inmates liked being able to talk to people that were living normal lives. There was so much demand for his AA/debate program, Dr. Wheeldon found inmates attempting to stretch the 2 year curriculum and make it last longer because they did not want it to end. Further, his attendance was large enough where Dr. Wheeldon had to start capping the amount of participants in the debate club. He stated that from a qualitative perspective, his program certainly reduced recidivism. He did not see many of his former students returning to the prison.

# Interview with Dr. Dee

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Dr. Delores Burroughs-Biron (Dr. Dee for short) served as a nurse practitioner at correctional facilities before she became a MD. As a MD, Dr. Burroughs-Biron served as a medical director for a 1000 capacity correctional facility before becoming Vermont's medical director of health services; she oversaw all medical care that prisoners received and made sure it was comparable to non-correctional medical care in the state.

What's the best way for rehabilitation?

Dr. Dee believes that rehabilitation efforts need to be targeted and customized to the individual, some programs would be better fits for some prisoners than others. For instance she gave the example of prisoners with a mental illness, they would need different programs than someone convicted of assault, who was not mentally impaired. She does believe that for inmates with criminal behavior, programs can be successful at modifying the behavior. Another issue Dr. Dee brought up was whether rehabilitation can give inmates skills that they view as more useful than the criminal behavior that got them convicted. For instance is the rehabilitated behavior better and more profitable than selling drugs to the inmate? In Vermont, the state uses something like what Dr. Dee proposed. Inmates are screened with the Level of Service Inventory-Revised screening tool. This tool helps identify behaviors that could contribute to recidivism and criminal behavior. Using this tool, Vermont corrections assigns inmates a curriculum of programs to help modify these behaviors. Examples of courses in the curriculum are Aggression Interruption (CBT course that modifies aggression) or Inside OUT Dad (parenting course for incarcerated fathers) (Peter Shumlin 2014).

What do you think are problems facing Vermont correctional facilities?

Vermont houses prisoners and detainees in the same prisons which is problematic for the detainees. Their safety is reduced because they are staying in the same facility as violent offenders. Further, they can learn criminal behavior, and may come out of detainment with learned delinquent behavior. Another problem is the expense: it costs \$50,000-80,000 (Peter Shumlin 2014) to house inmates in Vermont, the national average is around \$30,000. Finally, the recidivism rates for Vermont have not improved significantly. From 2010-2014 the rate went from 54%-49% (Peter Shumlin 2014).

# Intervention and Methodology

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Given that cognitive behavioral therapy-based curriculums are the most effective programs at reducing recidivism, and that debate teaches almost all the skills in CBT based programs, we taught a debate curriculum developed by Jessica Bullock, CEO of SPEAK. Inc (<http://speaksolutions.wixsite.com/speak/meet-the-speak-team>) , in order to help give students valuable skills they could use when they are released back into the community.

We attended 8 sessions at Woodside Juvenile Correctional facility, working with a group of 5 or more residents for 1 hour each session. The sessions followed SPEAK Inc.'s curriculum: [See the next slide.](#)

# Intervention and Methodology

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Session 1: **Why debate?** (Provided an overview of why debate and public speaking skills are important. Showed students a sample debate performed by skilled debaters)

Session 2: **Principles of public speaking** (instructed students on effective verbal and non-verbal forms of communication.)

Session 3: **Lets have a debate** (presented how to think of a debate topic, let students brainstorm topics, selected a debate topic)

Session 4: **Conduct thorough research** (covered how to research a topic, choosing good sources. Provided students with articles with information for both sides of their debate topic. Showed students the difference between facts, values, and policies.)

Session 5: **Constructing Solid argumentation I**(instructed students on how to organize a debate argument. Worked with students to use articles from research session to formulate one argument.)

Session 6: **Constructing Solid argumentation II** (Worked with students to formulate more arguments based on articles students had read, helped students build arguments into a full speech with a hook, links, and conclusion.)

Session 7: **Refutation** (students practiced presenting their arguments they constructed in the previous session)

Session 8: **let's have a debate** (students from the proposition and opposition sides debated each other in final debate).

# Results

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The impact of this program was measured through a survey administered to UVM and Vermont Law School students who taught the 8 week curriculum at Woodside Correctional and Chittenden Regional Correctional Facility. The Survey was given on the first week of the program and 3 more times over the course of the program. The survey questions are listed at the end of this power point presentation. Each question was given on a Likert scale. The survey was focused on getting a sense of how the instructors thought the students were doing, were they learning debate skills, gaining confidence in public speaking, etc.? The data is graphed as Likert scale rating vs percent instructor responses from the first week and then from the 5<sup>th</sup> week of the program. The Likert scale is as follows:

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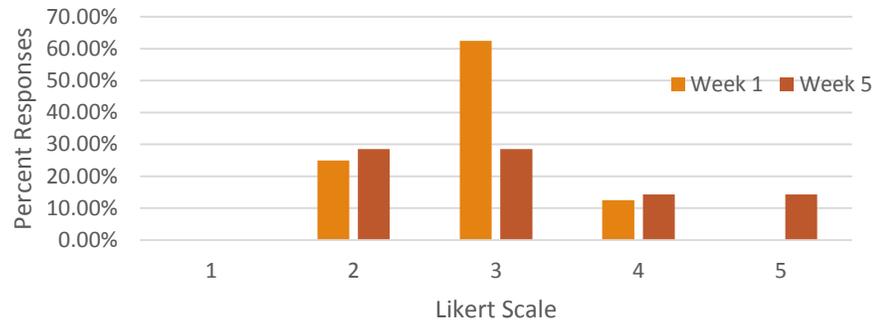
1. very uncomfortable   2. uncomfortable   3. neutral   4. comfortable   5. very comfortable

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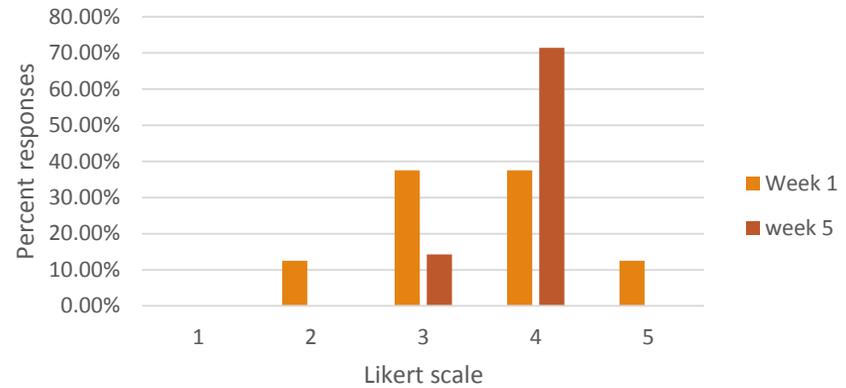
Survey questions were sent to students using Lime Survey, a secure portal for administering and collecting survey data.

# Results

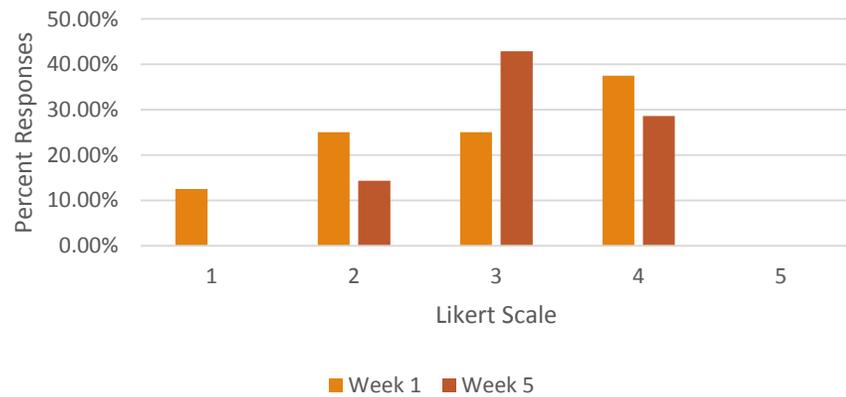
Comfort with public speaking



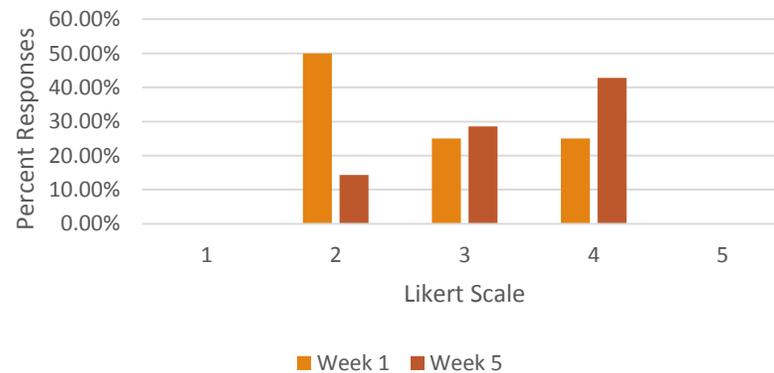
comfort with non verbal communication



comfort researching a debte topic



Comfort constructing a debate argument



# Effectiveness and limitations

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## Effectiveness:

As can be seen, there is a trend among all 4 graphs towards higher Likert scale ratings at week 5 compared to week 1, except perhaps in comfort in conducting research. Overall, instructors saw that as the program progressed, debaters were more comfortable at public speaking, non-verbal communication, and constructing arguments.

## Limitations:

Unfortunately, due to the difficulty involved with getting approval to collect data on inmates (they are a venerable population), I was not able to survey inmates directly. Instead I had to survey the instructors, which is a less direct way to assess improvement in public speaking skills and other areas of measure.

In addition, the program is still ongoing and I was not able to get all survey responses before the Family Medicine rotation ended. This is why there are only 2 surveys in the data presented, I was not able to get the final survey data before the end of this rotation.

Finally, I was not able to organize a control group who did not receive this public speaking intervention, in order to compare the 2 groups, and gain control, randomized data on this intervention. In the future, this could be feasible if approval was granted to survey the students directly. Further, we do not have the approval to track recidivism rates for students who have participated in the SPEAK program. The ability to see how many individuals who have gone through SPEAKs curriculum re-offend would be the primary measure of how effective this debate program is compared to other rehabilitation programs.

# Recommendations for future interventions/projects

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- Find organizations like SPEAK Inc., the organization I was able to work with, to partner with. It is easier to help attempt to make a project that is already started better, than to start you own project from scratch.
- talk with doctors in your office early about their thoughts on your project, they all have great ideas and come from very interesting and unique backgrounds.
- have fun and enjoy doing the project, for me it was a fun break from the office setting.

# References

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SPEAK Inc: a not-for profit public speaking and debate course: SPEAK's mission is to promote public speaking, debate, education, and advocacy. The SPEAK team provides free, public speaking and debate courses. We offer the SPEAK program as either an eight-week curriculum or a day-long seminar.

<http://speaksolutions.wixsite.com/speak/our-curriculum>

Cecil, D. K., Drapkin, D. A., Mackenzie, D. L., & Hickman, L. J. (2000). The Effectiveness of Adult Basic Education and Life-Skills Programs In Reducing Recidivism: A Review and Assessment of the Research. *Journal of Correctional Education, 51*(2), 207-226.

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Lipsey, M. W., & Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annu. Rev. Law Soc. Sci., 3*, 297-320.

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Schmitt, J. (2010). The Higher Budgetary Cost of Incarceration. *Center for Economic and Policy Research*.

Tong, L. S., & Farrington, D. P. (2008). Effectiveness of <<Reasoning and rehabilitation>> in reducing reoffending. *Psicothema, 20*(1), 20-28.

# Interview Consent forms

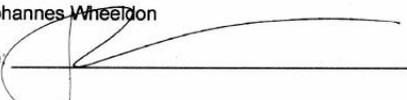
**INTERVIEW CONSENT FORM**  
{Name of Project}  
{Student's Name}  
{Date}

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

I, Johannes Wheeldon, affirm that I have consented to this interview.

Name: Johannes Wheeldon

Signature: 

March 2, 2017

**INTERVIEW CONSENT FORM**  
{Name of Project}  
{Student's Name}  
{Date}

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes

Name: Deborah Burroughs-Biron

Name: Deborah Burroughs-Biron

# Survey questions

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These questions will be sent to SPEAK instructors once a week. They will be on a Likert scale of 1-5 with 1 being the lowest value and 5 being greatest value. Thank you for taking the time to provide your responses!

1. How comfortable do you think that your students are with public speaking?
2. How comfortable do you think that your students are with:
  - a. Non-verbal communication
  - b. Researching for debate argumentation
  - c. Constructing argumentation
  - d. Engaging in a formal debate
3. How well do you feel that your students follow group norms?
4. How engaged do you feel that the students are with the SPEAK curriculum?

Please, indicate your level of agreement with the following statements.

5. The students are practicing and using debate skills to interact with peers and facility staff.
6. SPEAK sessions create a positive environment for students and instructors.
7. The staff at the facility staff have mentioned or noted positive effects on students' communication skills or behavior since SPEAK sessions started.
8. The students feel comfortable engaging with SPEAK instructors.
9. As a SPEAK instructor, I feel comfortable at our correctional program site.
10. I feel comfortable teaching the SPEAK curriculum.
11. I feel comfortable interacting with SPEAK participants.
12. I feel SPEAK's program complements the Vermont Correctional system's goal of providing rehabilitation services to incarcerated individuals.
13. Are there any additional comments that you would like to add at this time? (optional)
14. What was your favorite moment or quote from this week's session?