CHAPTER 1
Preparing to Serve Adults With Learning Disabilities

Introduction
Adult educators are increasingly aware that learning disabilities are present but often undiagnosed barriers to success among adult learners, including those in welfare-reform programs. Learning disabilities may be present, along with other barriers and, therefore, harder to identify. With this growing awareness has come eagerness to recognize the signs of LD and to develop more effective teaching/learning practices.

Sorting out the puzzle of LD and other barriers to learning is not easy. A variety of things can stand in the way of success for adults who are undereducated. For one reason or another, many have experienced failure and find it hard to believe they can succeed. In a chicken-and-egg dynamic that is hard to sort through, their history of failure may be tangled up with substance abuse, family violence, employment difficulties, depression, poor health, and the stresses of poverty itself. If a brain-based learning disability is present as well, it may never have been diagnosed, especially for women who, in their K – 12 school years, were more apt to fade into the woodwork than act out, as their male counterparts often did.

This chapter reviews the changing perception of learning disabilities during the relatively short history of the field. Current understanding of LD as a brain-based condition is addressed through the definition crafted by the National Joint Committee on Learning Disabilities (NJCLD) which is explained, piece by piece. Later in the chapter, the action research teachers share their understanding of and beliefs about LD. The chapter concludes with an awareness activity helpful to understanding the experience of a person with learning disabilities.
Understanding Learning Disabilities: A Historical Perspective

In the last half century, our understanding of learning disabilities has grown enormously. Although there are earlier references to conditions that may have been LD, according to Joan Harwell (2001), it was not until the late 1930s that there was any real recognition of the condition now known as learning disability. Samuel Orton, a neuropathologist, observed in children a reading problem characterized by the reversal of letters and syllables. He also made note of the fact that this reading disability seemed to be mild in some children and quite severe in others.

From that time until the 1960s, Harwell (2001) credits Orton and others (Gillingham, Stillman, Fernald, Spalding) with working hard to develop teaching methods that would be effective for children who could not learn to read by the sight methods in vogue at the time. In spite of their efforts, most children who struggled in school were assumed to be ‘slow learners.’ They were either placed in a class for the mentally retarded or they received no help at all.

Harwell (2001) described how things began to change in the 1960s. Children who were thought to be retarded or had been designated minimally brain damaged showed normal intelligence when they were tested by nonverbal methods. Parents began insisting on better services for their children. The term learning disabled replaced earlier terms. As the field became more informed, attempts were made to classify learning disabilities into subtypes, such as dyslexia (reading disability), dyscalculia (arithmetic disability), and dysgraphia (writing disability).

Historically, there has been a lack of consensus in the field of learning disabilities about etiology and treatment. This has made it difficult to arrive at a definition with broad agreement. There is now, however, a growing consensus that learning disabilities are a result of underlying, brain-based conditions.

In recent years, the perception of adults with learning disabilities has changed, and laws have been enacted to level the playing field for those with learning disabilities, including the 1997 Individuals With Disabilities Act, the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA).
Defining Learning Disabilities

Although there are a number of definitions of LD, the following one, crafted by the National Joint Committee on Learning Disabilities, reflects current knowledge and is used in the Bridges to Practice guidebooks (Bridges to Practice, Guidebook 1, pp. 13-14).

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction) they are not the results of those conditions or influences.

The following table from Bridges to Practice, Guidebook 1 (pp. 13-14) applies this definition to adults.

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<th>Learning Disabilities Defined</th>
<th>Application to Adults</th>
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<td>Learning disabilities is a general term that refers to a heterogeneous group of disorders</td>
<td>There is <strong>neither one type of learning disability nor one profile for adults with learning disabilities. There are many different patterns of difficulties.</strong> For example, one adult may have a serious reading disability, while another may be able to read adequately but not be able to communicate thoughts in writing.</td>
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<td>manifested by significant difficulties</td>
<td>All individuals have strengths and weaknesses. <strong>Adults with learning disabilities have serious problems that affect some major functions in the home, community, or the workplace.</strong> For example, an adult may not be able to work at a preferred job due to lack of literacy skills related to learning disabilities.</td>
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<td>in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.</td>
<td>Learning disabilities are <strong>specific in nature.</strong> Learning problems encompass one or more ability areas (e.g., reading or math) but <strong>do not necessarily include all ability areas. They do not represent simply a delay in development.</strong></td>
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Learning Disabilities Defined | Application to Adults
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These disorders are intrinsic to the individual, and presumed to be due to central nervous system dysfunction, and may occur across the life span. | Learning disabilities are part of a person's neurological make-up. They are not eliminated by changes in the environment such as increased exposure to literacy events. *Although a person can learn to deal effectively with a learning disability, the learning disability does not go away.*

Although most adults with learning disabilities will not have a medical diagnosis of a neurological disorder, the assumption is that there is some sort of difference or difficulty in how the brain works. Current research is shedding greater light on this area.

Learning disabilities may be uncovered at different stages of a person's life, depending on many factors. Some factors include severity of the disorder; academic, vocational, and social-setting demands; and educators' knowledge of learning disabilities. *The symptoms change over time so that a learning disability in a 7-year-old child looks different from that in the same person as an adult.*

Some adults will have difficulty in self-control, perceiving social situations appropriately, and getting along with other people.

The problems described in self-regulation, social perception, and interaction, although often present in adults with learning disabilities, also occur in people with other disabilities as well. There are many reasons for these types of problems other than underlying learning disabilities.

*A learning disability may be present with other disorders, but these conditions are not the cause of the learning disability.* For example, an adult may have a hearing loss along with a learning disability, but the hearing loss is not the cause of the learning disability. *Also, learning disabilities are not related to low intelligence.* In fact, most people with learning disabilities are average or above average in intelligence, but the impact of the disability may impair their ability to function well in school or in the workplace.

*Although learning disabilities are not the result of inadequate schooling or opportunity to learn, they are often exacerbated by these factors.* For example, since individuals with learning disabilities frequently have fewer opportunities to learn, they tend to be challenged less by their teachers and parents. Therefore, by the time individuals with learning disabilities become adults, they are further behind than their learning disabilities would predict.
Bridges to Practice suggests that adults with learning disabilities can be successful when their disabilities are recognized and dealt with appropriately. Disabilities manifest themselves in several ways:

- reading difficulties
- writing difficulties
- listening difficulties
- speaking difficulties
- mathematics difficulties
- thinking difficulties.

While there is acknowledgment that learning disabilities are lifelong, there is also the evidence that educational interventions are helpful both in increasing skills and in helping people make accommodations.

### Tennessee Teachers Share Their Understandings About Learning Disabilities

When life's struggles are present along with potential LD, how do teachers know what's creating the problem with learning? If a teacher or learner suspects a learning disability is present, what steps should be taken, by whom, and how? What teaching strategies will help this person learn? If a student is diagnosed as having LD through a psychological evaluation, will the report suggest strategies and accommodations? Are these different from the ones being used now? Might these strategies be helpful to the entire class or will they only help someone who has LD? These were the kinds of questions asked by the teachers in the LD Action Research Project.

Before this action research project, AE Families First teachers had participated in professional development activities to help them understand the nature of learning disabilities and the legal issues involved with accommodations in education and on the job. In addition to participating in LD-awareness training, each person brought experiences and a perspective to the project that enriched the entire group's understanding of LD. **Glenda Turner** and **Brenda Burgess** had taught in a variety of special education settings before coming to adult education. **Joe Spoon** has visual impairment and understands the critical role of self-advocacy. **Carol Clamon**, through her high school teaching experience, brought the perspective of teaching young adults. **Rebekah White-**
Williams has lived with learning difficulties herself and shared with the group many of the feelings she's struggled with through the years. Charline Feuchtinger has the heart and attitude of an advocate who says nothing is impossible. As a recent teacher education graduate, Dana Clark has a firm grounding in best practices of teaching, particularly direct instruction. Carol Simmons has seen learning difficulties as a parent helping her son and with her AE students who “fell through the cracks.” She has also tried to incorporate multiple intelligences into her teaching, thereby strengthening the focus on abilities. As a group, they brought understanding, great desire to learn more, and a lot of important questions.

Beliefs About Learning Disabilities
Based on their study and experience, the LD Action Research Project teachers developed the following beliefs about learning disabilities:
• Learning disabilities are brain-based, life-long conditions that affect persons in every role of their lives—as learner, worker, family member, friend, and community member.
• People with learning disabilities also have great Abilities. A person may have learning disabilities, but he or she is not defined by them. As much effort needs to be spent on discovering abilities as on learning to accommodate disabilities.
• For persons with learning disabilities, a position of strength (self-advocacy, understanding, and self-acceptance) rather than weakness is a key factor in successfully living with LD.
• Adult education programs have a critical role in helping adults with learning disabilities understand their disabilities, advocate for workable accommodations, increase their skills, and make the most of their abilities.

Understanding the Experience of Adults With LD
To prepare ourselves to serve adults with learning disabilities, we need to learn—and continue to learn—about every aspect of LD. Not only do we need to learn definitions, characteristics, the latest research, and legal issues, we also need to understand the experience of someone with LD—to the degree that we can.
Awareness Activity: Making a Name Card

Here is an activity you and your students might do to simulate the experience of struggling with a processing problem (White, 1999).

Making a Name Card

An especially effective way to do this activity is to simply suggest that it would be helpful if each person had a stand-up name card in front of them. Do not mention that this might have anything to do with learning disabilities.

Demonstrate the folding and check to make sure everyone has folded correctly. Then, placing your card on a wall or any vertical surface, model picking up your pencil in the hand you don’t normally use, starting on the right and writing (or printing) upside down.

Instructions (for teacher to say to learner):

→ Fold a piece of paper in half and place on writing surface, folded edge toward you (demonstrate).

→ Pick up your pen or pencil with the hand you don’t normally use for writing.

→ Write or print your name Going from right to left and upside down.

Do the activity: As participants do this, circulate, making sure directions are followed.

Follow-up discussion:

→ What was that (experience) like for you? (hard? easy? awkward? Sometimes people say, “I had to think about every movement. I could almost feel my brain trying to tell my hand what to do.”)

→ How did you feel as you were doing it? (People sometimes say “frustrated,” “embarrassed,” “stupid,” “puzzled.”)

→ Why is this so hard? How do you suppose you would have felt if you had been the only person at your table having difficulty with this task? Often responses include “really stupid,” “embarrassed.” (This should help raise our awareness about the way a person with LD may feel.)

→ Why do you suppose it was difficult? (People may not have any idea, but, basically, it’s because we’re trying to process information from our brain in a way that’s anything but automatic.)

→ This is similar—in a way—to what it’s like to try to process information when there’s a processing difficulty or disability (called a learning disability). This can happen with any phase of processing information.
Before you go to the next chapter, take a few minutes and do two things:
• Write down your thoughts and questions regarding learning disabilities.
• Look again at the definition of learning disabilities. Find any points that are new or surprising to you and mark them. Do they shed any light on students you’ve taught?

The next chapter will examine the assessment process, including screening, teacher observation, and learner self-analysis. A separate resource, *Psychoeducational Assessment* by Dr. Sherry Mee Bell, explaining diagnostic assessment is included at the end of Chapter 2.