

Adults and Learning Disabilities: Moving Beyond the Limits of Learning

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Abstract: The heterogeneous nature of learning disabilities has led to confusion regarding their definition and their intervention. Although the law protects adults with learning disabilities both in the workplace and classroom, it provides only a broad definition that has been subject to many interpretations. There is a paucity of longitudinal research on learning disabilities, but one study indicates that they are ameliorated by certain protective factors. Cross-sectional research suggests that a wide variety of teaching techniques is necessary for classroom success. This research serves to inform adult educators of the dynamic concept of learning disabilities as well as effective classroom interventions.

Learning disabilities have become a topic of some interest in adult education within the last few years. While this has ensured that some adult learners have received necessary services and special accommodations, there have also been concerns about the confusion surrounding the topic of learning disabilities. What behaviors count as a learning disability, and how common are they? If, as some argue, the vast majority of students in adult education classrooms suffer from some form of learning disability, could the problem lie within the K-12 educational system? Or, do those with learning disabilities have congenital defects that demand special instruction? Or, are those with learning disabilities caught in the web of a larger systemic problem that is exacerbated by the effects of poverty and social status? These divergent ideas underscore how much we still have to learn about adult literacy.

An Evolving Concept

Although the term *learning disability* wasn't used until the 1960s, the concept can be traced to the works of neurological researchers of the 1800s. In Europe, after documenting several cases of otherwise bright children being unable to read, scientists became curious about this anomaly, and connected the act of reading with a specific area of the brain.

During the first half of the twentieth century, research with adults revealed a correlation between minimal brain injury and perceptual and attention difficulties (Hallahan & Mercer, 2001). In the United States, research with veterans with brain injuries returning from World War I found that many were hyperactive, easily distracted, and unable to read or write (Smith, 2001). Additional research in medicine, psychology, and education focused on the causes of learning difficulties with children, and researchers concluded that the behavioral, perceptual, and cognitive difficulties that children experienced in school were linked to neurological impairment (Palmer & Calero-Breckheimer, 1994).

In 1963, Sam Kirk, generally considered the originator of the term *learning disabilities*, proposed the label for those children who had difficulties in school, but who did not meet the criteria for any of the other categories—emotionally disturbed, mentally retarded, culturally deprived—created by schools to sort children. In the 1970s, however, with the change in political and social climates in the United States, the criteria for learning disabilities changed. Trying to access equal educational rights for their children, minority groups called for an end to the cultural deprivation category and an end to overrepresentation in the emotionally disturbed and mentally retarded categories. The definition of mentally retarded changed in 1973, and many of those who no longer met the criteria for that category were now viewed as learning disabled (Sleeter, 1985). In its implementation of the landmark Education for All Handicapped Children Act, the Office of Education adopted the definition of *specific learning disability* in 1977 that

had been gaining popularity among the states since the late 1960s. This definition describes a learning disability as a disorder that affects speaking, listening, reading, writing, spelling, or mathematical calculations. This definition also specifies that a learning disability is not the same as mental retardation or emotional disturbance, and neither is it a result of the effects of sociocultural, economic, or environmental factors (Hallahan & Mercer, 2001). Because of the heterogeneous nature of learning disabilities, and their presumed neurological basis, the disorder has been subject to many subsequent interpretations.

Public and private agencies, representing many different constituents, have advanced definitions of learning disabilities in terms of their intrinsic nature, lifespan, manifestation in the workplace, and effects on life skills. In 1987, the Interagency Committee on Learning Disabilities provided a generic definition in an attempt to reach consensus. Although many agencies involved in the formulation of this definition supported it, the definition was criticized by learning disabilities professionals for its inclusion of social skills and its vagueness regarding the difference between learning disabilities and social-emotional disorders (Vogel & Reder, 1998). These broad definitions of learning disabilities reflect the difficulty that educators and policy makers have had with determining what learning disabilities are, what they look like in the classroom and workplace, how we identify them, and how we plan for their intervention.

What Do Learning Disabilities Look Like?

Because of their heterogeneous nature, learning disabilities are not easily described. They are most commonly recognized in the classroom because of an unexpected inability to perform in one or more of the following areas: reading, writing, listening, speaking, reasoning, and mathematics. Thus, if a person does not achieve in a specific academic area in spite of expectations to do so derived from IQ and strengths in other academic areas, then a disability is suspected.

Learning disabilities can best be seen along a continuum. There is no discrete line distinguishing learners who are having difficulties learning from those who are disabled. Although psychologists and educators have attempted to draw such a line, they differ on where the boundary should fall. However, it is generally agreed that the likelihood of learning disabilities to exist increases when there are large discrepancies between ability and achievement.

Learning Disabilities and the Law

Congress has acknowledged that learning disabilities are a lifelong condition by passing two pieces of legislation that protect adults with learning disabilities from discrimination: the Rehabilitation Act of 1973 (P.L. 93-112) and the Americans with Disabilities Act of 1990 (P.L. 101-336). These statutes define a person with a disability as one who has a “physical or mental impairment which substantially limits one or more of the major life activities..., (has) a record of such an impairment, or (is) regarded as having such an impairment” (ADA, Section 3[2][A][B][C]). Major life activities include walking, hearing, seeing, speaking, caring for oneself, working, and learning. Adults are protected from discrimination if their disabilities are severe enough to substantially restrict their ability to perform such a life activity (e.g., learning).

Another law that recently has received increased focus on people with learning disabilities is the Assistive Technology Act of 1998 (P.L. 105-394). The purpose of this law is to provide technological assistance to those with disabilities so that they can fully exercise the rights afforded them by the Rehabilitation Act and ADA. Historically, this assistance has been focused on those with physical disabilities, but those with learning disabilities can use technology to help compensate in the academic setting (Bryant & Seay, 1998). Examples of such

assistive devices include electronic spell checkers, talking word processing programs, and word prediction software (Bryant & Bryant, 1998).

The results of these laws are seen in the classroom in the form of instructional accommodations, such as extra time to complete assignments, a quiet environment with few distractions, copies of notes to accompany an oral presentation, and oral instructions to accompany written assignments. In order to receive accommodations in the classroom, a student needs a professional diagnosis of a learning disability. Traditionally, a diagnosis has been provided by a psychologist, because the accepted method of establishing the presence of a learning disability involves the administration of IQ and achievement tests. When sufficient discrepancy exists between IQ and achievement, then a learning disability is thought to exist. The law does not specify a particular formula for the determination of a learning disability, however, so the discrepancy model has several variations. In addition, the discrepancy model has come under criticism by educational researchers in recent years (e.g., MacMillan & Gresham, 1998), and advocates for establishing alternative methods in the K-12 setting are gaining political force (e.g., Lyon, 2002). How these political changes will affect adult education is yet to be determined.

What Does Research Say?

Longitudinal Research

Because learning disabilities are a lifelong condition, it is logical to review the results of longitudinal studies when studying their effects in adults. Due to the difficulty and expense in conducting such studies there is a paucity of this type of research to report, though one study, begun in the 1950s and continuing to the present, has yielded interesting information regarding the risk and protective factors of those with learning disabilities.

In an ongoing longitudinal study in Kauai, Hawaii, professionals in health and social services have studied the effects of biological and psychosocial risk factors, stressful life events, and protective factors on a group of 698 children born in Hawaii in 1955 (Werner, 1999). The children have been followed since birth at ages 1, 2, 10, 18, 32, and most recently, 40. Follow-up data for the adult studies focused on those diagnosed with behavior disorders, learning disabilities, or mild mental retardation at ages 10 and/or 18. The author discerned several protective factors within individuals, families, and communities that affect successful transition to adulthood. The factors included temperamental characteristics, special skills and talents, and positive self-concepts, as well as nurturing environments. Professional interventions, provided by both schools and social service agencies, were regarded by this group as having little benefit. Perhaps the most intriguing observation is the degree to which growth and adaptation occurred after the age of 18. Werner's research illustrates a factor that has only recently begun to be acknowledged in the field of adult education: strengths and needs of adults are not fixed, but vary across the life span.

Cross-sectional research

Assessment. The Partnership for Reading, a collaborative effort of the National Institute for Literacy, the National Institute of Child Health and Human Development, the U. S. Department of Education, and the U. S. Department of Human Services reviewed research on adult reading instruction and published *Research-Based Principles for Adult Basic Education Reading Instruction* (Kruidenier, 2002). Based on 70 research studies, this document suggests that Adult Basic Education readers, including those in English for Speakers of Other Languages (ESOL) programs and those with a reading disability, are very diverse and that any one measure of reading achievement may not be sufficient to identify strengths and needs for instruction .

Just as there is no one measure that can accurately assess reading abilities, neither is there one process that can accurately assess mathematics and writing abilities (Giordano, 1995; Hooper, 2002). Assessment must take into account the definitional issues of the disability, the complexity of the processes involved to attain mastery in the subject, and the diversity of the student population. A variety of assessments—including cognitive, emotional, social, and cultural—is essential to understand the performance of students both in and out of the classroom, the supports they access, the talents they employ, and the needs they exhibit.

Instructional Strategies. The complexity evident in the assessment of learning disabilities is echoed in the development of appropriate instructional approaches for them. Citing Swanson's review of 180 research studies involving interventions that included both direct instruction and strategy instruction, Corley and Taymans (2002) report that a combination of both yielded better results for adult students with learning disabilities than either method by itself. Direct instruction focuses on the component parts of an individual task, while strategy instruction focuses on the procedures that can be applied to all tasks. Each is dependent on explicit instruction, which involves describing or modeling the task to be learned and providing multiple opportunities for practice.

The National Institute for Literacy, an agency jointly administered by the Departments of Health and Human Services, Education, and Labor funded a five-year project to determine effective, research-based strategies for adults with learning disabilities. The result of the project is *Bridges to Practice*, a guide for serving adults with learning disabilities (1999). Many of the instructional strategies that are cited are characteristic of successful classrooms of all levels (Taylor, Peterson, Pearson & Rodriguez, 2002), and recent research suggests that many of them are effective for second language learners (Burt, Peyton, & Adams, 2003). This research would suggest that utilizing the cited strategies in the classroom of the adult learner is beneficial to all learners, not just those with learning disabilities.

Implications for Practice

Learning disabilities is a concept that has evolved into a complex web of ideas, the strands of which are constantly rewoven within the changing social and political contexts of our country. Because of these changes, as well as their heterogeneous nature, devising a framework for adult educators to use in the classroom has been difficult. Adult educators in the 21st century can best respond to the needs of those with learning disabilities by employing a set of strategies that is generic enough to meet the needs of all learners. First, educators must realize that a learning disability is not a disease to be reckoned with, but a category that is useful to identify those who struggle to learn with traditional classroom techniques. People with learning disabilities have strengths in diverse areas, and those strengths need to be identified and tapped before attempting to begin the learning process in the classroom. In this way, the educator has a better idea of students' prior knowledge, as well as the methods of learning that have proven successful. Second, educators must realize that there is no curriculum that is suitable for all learners. Students need to be exposed to a variety of methods of teaching. The novice educator soon learns that the carefully developed lesson that served as the perfect learning tool for one student can easily fail to produce results in the next. The only way educators can counter this phenomenon is to develop a variety of teaching methods and tools and to be flexible in their implementation and use (Vogel & Reder, 1998). Third, educators must realize that no matter what new research produces, there is one classroom truth that has withstood the test of time: teaching and learning include emotional practices, as well as cognitive ones. Students respond to those who care about them and who take a genuine interest in them (Knowles, 1984; Hargreaves,

2001). While this truth is fundamental to all classroom situations, it is central to those involving learning disabilities. As Werner's (1999) longitudinal studies have pointed out, and as many classroom teachers can attest, emotional support is a protective factor that allows students to cope with their disabilities.

And last, educators—and their administrators—must realize that teaching is a profession that demands training, thoughtful planning, a positive attitude, and constant analysis. Educators cannot be expected to be successful without administrative support and mentoring systems that are in place. They need both classroom guidance and emotional support to handle the difficulty of developing solid lessons that are meaningful to a variety of learners, and to share their successes and their failures.

Conclusion

The concept of learning disabilities has provided teachers and administrators with a useful way to conceptualize a diverse range of classroom aptitudes in order to sort and categorize students. Educators must be cognizant of the fact that the learning disability label is an arbitrary one that is used in the classroom context; it is not a label that defines the adult. The degree to which the recommendations for teaching adults with learning disabilities is consistent with the recommendations regarding effective instruction for all adults should be an indicator of how much adults have in common. Until the larger questions of the nature of learning disabilities are answered, teachers can best serve their students with learning disabilities by utilizing reliable teaching principles within a classroom that draws from students' strengths and nurtures meaningful relationships and to provide multiple opportunities for success using a curriculum based on the needs and interests of each adult. By creating such experiences, adult educators empower those they serve to move beyond the limits of learning.

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