

Assessment of Adult Learning Disabilities : A Triangulated Study

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Abstract: Three sources of quantitative and qualitative data were collected and analyzed by a team of five researchers to discover how different players experienced and made meaning of the evaluation process for adults thought to have learning disabilities.

Purpose

Wide variation exists in the scope and nature of learning disability (LD) assessments conducted in public secondary schools, colleges and universities, and in the private sector (Carlton & Walkenshaw, 1991). For example, special education guidelines for high school students allow for very limited re-evaluation for eligibility for services, resulting in documentation that may not meet criteria of postsecondary institutions (Gregg, Scott, McPeck and Ferri, 1999). Many evaluators, most of whom are school psychologists or clinical psychologists, have had minimal training in adult LD and have little knowledge of the 1990 *Americans with Disabilities Act* and Section 504 of the 1973 *Rehabilitation Act*, which have major implications for accommodating the needs of postsecondary and adult students with LD. As a result, adult learners seeking appropriate assessment for LD may face a frustrating and/or expensive process. This study was intended to investigate the range of experiences related to assessment of adults for LD from multiple perspectives. Information about such experiences can lead to the development of assessment services that better meet the needs of adults suspected or known to have LD.

Perspectives or Theoretical Frameworks

The literature on assessment of adults with LD is limited in scope and does not reflect a common theoretical perspective. One influence contributing to the wide range of the perspectives is the divergent range of disciplines taking interest in this topic. K-12 special educators and LD specialists are likely to focus on "transitional" services and, following guidelines associated with the Individuals with Disabilities Education Act, are likely to use discrepancy criteria whose legitimacy is debatable when applied to adults (Brackett & McPherson, 1996). Neuropsychologists focus on indicators of differences in brain anatomy or function presumed to underlie cognitive processing difficulties (Riccio & Hynd, 1996). Specialists in vocational rehabilitation are concerned with criteria related to severity of the disability and its impact on areas of job-related functioning (Koller & Holliday, 1998). Adult educators are likely to be concerned with identifying appropriate screening techniques and translating evaluation reports into appropriate educational strategies (Ross-Gordon, 1998; Screening for adults with LD, 1995). None of these perspectives, however, gives voice to the challenges faced by adults and their professional advocates as they seek appropriate and affordable evaluation services or to the ways in which these individuals make sense of the evaluation experience. This research was intended

to address that deficit, aiming to apply a phenomenological perspective to uncover how different players experienced and made meaning of the evaluation experience.

Research Design

In keeping with the phenomenological research tradition (Holstein and Gubrium, 1994) a key component of the research involved individual interviews, transcribed and analyzed inductively to allow both a description of the phenomenon -- the evaluation experience - and analysis of the meanings attributed to this experience by participants. Interviews averaging one hour were conducted with seven college students, three adults participating in Adult Basic Education or GED programs, and eight teachers in ABE/GED programs. Each interview transcript was independently coded by at least two members of a five-member research team before the two coders met to arrive at coding consistency. In addition to the triangulation of perspectives provided by using three different groups of informants and a team of researchers, methodological triangulation provided another means of enhancing the trustworthiness of the study's findings. Surveys, analyzed using descriptive statistics for quantitative items and inductive analysis for open-ended items, were administered to larger groups of college students (42) and adult education providers (59) from whom the interview participants were selected.

Findings and Conclusions

Adult Education Provider Data

Most respondents worked in programs serving more than one type of adult education student, including GED (69%) and ESL (51%) and ABE (47%) students. The eight interviewees represented a wide range of experience, ranging from less than one year to more than 25 years.

Adult education providers' estimates of the proportion of students having LD ranged from 0% to 80 %, with an average estimate of 22%. This compares to estimates in the adult literacy literature ranging from 10% to 80% (Ryan & Rice, 1993). National Adult Literacy Survey (NALS) self-report data indicate that 3% of adults overall and 15-20% of those with less than eighth grade education identify themselves as having LD (Vogel, 1998). When survey participants were asked to identify the number of students in their programs formally diagnosed with LD, a very different picture emerged. Thirty-six percent of survey respondents gave no response to this item. Of those who did respond, 45% indicated they knew of no such students. The remaining 55% gave figures ranging from 1 to 40, with a modal response of one.

The remaining questionnaire items and interview questions focused on the heart of the project - identifying current practices with regard to LD evaluation of adults in their programs. Only 15 of the 59 respondents surveyed reported making referrals for LD diagnosis. Those who had made referrals were asked to describe their level of satisfaction with the evaluation process as well as to estimate the satisfaction level of the students involved. Just over half of the 13 respondents with students who completed an evaluation reported a moderate level of satisfaction; only two indicated a high level of satisfaction. The reason for dissatisfaction ranked highest was inadequate feedback following the evaluation process. Interview data corroborated the survey in this area.

J.R. So nobody's told her yet?
And I'm in an awkward position, you know. Well, you really
Janet: need to call TRC. You don't have a copy? Some of them don't
have a copy of it.
J.R. You've gotten one and they haven't?
Janet Yes, and boy, do I feel funny. And I'm not qualified. I mean I
can barely understand it.

More common was the situation in which obstacles prevented evaluation. Inductive analysis of an open-ended questionnaire item asking the biggest challenge to getting students evaluated for LD revealed several key challenges:

- Lack of awareness regarding indicators of LD
- Lack of access to screening tools and training in their use
- Lack of access to diagnostic services
- Lack of funds for evaluation

Similarly, those interviewed described numerous barriers that made them less likely to refer students for evaluation, including uncertainty regarding when and how to raise the question of evaluation with students, where to refer adult students for an age-appropriate evaluation, and limited options for students of limited financial means.

Sally Plus, I'm not sure exactly... You know, if you asked me to
name some person or some place where they did [evaluate]
adults, I don't even know.
Donald I had an issue with one student about three years ago, where
he tried to secure an evaluation through a diagnostician. And
he came back and said that it was going to cost him \$150.
And I said, are you going to pay for that? And he said no.

College Student Data

Two hundred thirty students documented as LD by the University Office of Disability Services (ODS) were mailed anonymous surveys through that office. Forty-two responses were received and seven volunteers were interviewed. Respondents ranged in age from 18 to 50 with a mean age of 28. Seventy-six percent were female, 55% were diagnosed after age 18. Seven students were interviewed, including two males and five females. Five were older than 25; all were white. Significant themes surfacing in the interviews related to (a) frustration with the evaluation process, (b) a lack of understandable feedback from the evaluator, and (c) the emotional impact of being diagnosed.

Frustration. Frustration with the process sprang from difficulties in finding evaluators, long waits for evaluation appointments and results, and the inability to obtain desired instructional accommodations until the process was completed. Tabitha reported: "That was probably February of 1994, and it was probably December of 1994 before I actually did get my diagnosis. Bob described his experience:

So I called a couple of places and, you know, they wanted to get you and test you, but first they wanted a lot of counseling and stuff like that, and it was just a bunch of hoops again to jump and try to get my insurance to pay for it. Well, finally, after making, without exaggeration, probably 10-15 phone calls, finally somebody gave me a referral to GT I called her up and she said "Yes, I do test adults.

Lack of Interpretable Feedback. Several of the students interviewed described their frustrations with the quality of feedback, including Tina as reported below:

TINA. I got a written report and my written report went to ODS [Office of Disability Services]. I'm sure I've got it somewhere.

J. R. Did you find it was understandable when you went back and read it?

TINA No, I didn't understand it hardly at all, so, once again I went up there and had it deciphered for me.

Yet, Tina was more successful than some in getting an explanation. Harriet was not so fortunate.

C. P. But, did anyone talk with you personally and tell you about the test results and how you performed?

Harriet No

C.P. Okay. Was that in any way bothersome to you?

Harriet No, cause I'm used to that.

Emotional Impact of Being Evaluated. The students interviewed expressed varying feelings following the evaluation process. A common reaction was that of relief at finally having an explanation for one's learning problems. As Tabitha put it:

It was very helpful because it was the first time that I felt normal, but it helped me understand a lot of problems that I had had for years....

But, the reaction was not always purely positive, as expressed by Yolanda:

And that was really hard, as an older student, to be able to accept that, within my own heart and soul, and to acknowledge that I had some different styles than other people. It was very humbling. Very humbling!

Unlike the concerns expressed by adult education program providers and one of the three GED learners, issues of evaluation cost were not generally a concern for the college learners, although satisfaction with the evaluation process was inversely related to evaluation cost. This can probably best be explained by data indicating that college students generally did not bear the direct cost of their assessment. Costs were variably covered by insurance, parents, TRC, and in one case services were donated by a psychologist who had evaluated the student's child

- C. P. Do you know who paid for it?
Harriet. I'm really not sure. ODS said it went through them.
- C. P. And, did you take on any of the cost of the testing.
T. K. No, Texas Rehab paid for it.

Adult Education Program Student Data

Three students enrolled in local ABE and GED programs were interviewed. The difficulty of locating students for this segment of the study was in itself informative. Adult education providers were requested to indicate on their survey if they knew of students who had recently been evaluated who would be willing to be interviewed. Only three students were identified through this process with whom interviews could be scheduled. A 33 year-old Mexican-American female was the only one with a history evidencing both a school-age diagnosis of LD and recent reevaluation as an adult. The other two students, a Native American female and White male, both in their mid-to-late 40s, described histories and current learning problems indicative of possible LD, but reported no formal evaluation for LD either as an adult or child. Other possible explanations for their history of learning difficulties were also present. The man reported a history of visual impairment discovered only after struggling through high school, while the woman reported a history of limited formal schooling. The stories of the undiagnosed adults, while not "on track" with the purposes of the study to investigate experiences with the evaluation process itself, became informative nonetheless about the numerous cases among students in basic education programs where LD is suspected but remains undiagnosed.

The experience of Jackie, who presented a history including formal diagnosis, was consistent with findings from college students and adult education providers who expressed dissatisfaction with limited or uninterpretable information coming from the evaluation process. She referred herself for evaluation, because as she put it, "she wanted to know what was wrong" after more than 10 years in her adult basic education program with limited progress. Of her evaluation experience she said:

They just sent me some papers. They didn't really go over it. They just gave it to me and I showed it to her [teacher in ABE/GED program] and that was it.

Brenda expressed her suspicion that she must have some sort of problem, given the continuing problem she had retaining what she is taught as she prepared for the remaining sections of the GED, especially mathematics.

I tell Donald, I say, "I bet you get tired of me asking the same question." But, if I go home and try do it by myself, I don't get nowhere because I don't understand how it was done, even though he showed me 3 or 4 times, maybe more. It just won't stay.

At the same time she reported having had no particular difficulty with certain content-oriented sections of the GED, like the History and Science sections. When asked about previous testing

for her apparent learning problems, she became emotional, and noted there were always other responsibilities which seemed to get in the way of being evaluated.

Hal, also undiagnosed, described similar difficulties with math, but was most troubled by his difficulties in reading and listening comprehension. Although his program allows him to use large-print materials to compensate for his visual impairment, he reported frequent difficulty understanding words he encounters while reading and driving, and similar difficulty with spoken language in the context of daily living.

Hal Well, let's say I'm watching something on TV or a tape or something like that, and this particular word gets there that I don't know what it is or what it means, then the rest of it don't mean anything until I find out what that word means.

Most troubling for him was the slowness with which things seemed to "sink in," although, he as he put it, "If somebody can show me something long enough to get it through my head, then I know it and I'll argue with the next guy"

Summary and Conclusions

Both quantitative and qualitative data collected in the adult education provider component of the study indicate that many teachers and administrators working in ABE, GED, and ESL programs suspect there are a number of undiagnosed cases of LD in their classrooms. At the same time, there appear to be a number of barriers to obtaining age-appropriate, affordable, and interpretable diagnostic evaluations. Those interviewed described a sincere interest in helping students they perceived as having LD, but were frustrated by a lack of information regarding the assessment process. In those relatively rare cases where they referred students for evaluation, they were moderately satisfied with the outcomes at best, with lack of interpretable feedback from evaluators as a primary reason for dissatisfaction. Not surprisingly given the findings from the adult education providers, few students from ABE/GED adult education programs who had recently completed an evaluation process were referred for interviews. Of three students interviewed, only one actually described a formal evaluation.

College students documented as learning disabled by their university Office for Disability Services provided a third source of data, both quantitative and qualitative. A surprisingly large proportion (55%) reported initial diagnosis during adulthood. Although they did not as a rule seem to have encountered the extent of barriers to access to affordable evaluation services as reported by staff and students in ABE/GED, they did in several cases encounter issues with quality of the evaluation process: finding age-appropriate assessment services; waiting for appointments, results, and the accommodations that hinged on diagnosis; and interpreting information provided as part of an evaluation report.

The results from adult education providers and undiagnosed students lead to several recommendations aimed at improving both access to and quality of evaluation experiences: (a) additional staff development on LD in adults, particularly with regard to indicators that warrant screening and possible evaluation, (b) coordinated referral systems, linking adult basic education

programs with local assessment providers and agencies which may provide financial support for evaluation, (c) training for assessment providers regarding the kind of evaluation feedback useful in assisting teachers to make appropriate instructional and GED testing accommodations.

Results from college students and the one GED student formally diagnosed as LD lead to recommendations aimed at improved quality of the evaluation experience. The importance of providing clear explanations of evaluation findings directly to adult students was underscored. The capacity of students to develop effective learning strategies and act as their own advocates will be enhanced by providing them with explanations of their learning strengths and weaknesses that are understandable, whether they are enrolled in college or adult basic education settings.

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