

## **An In-depth Discussion of Special Learning Needs of Individuals in Adult Education, At-Risk Youth Programs, and One-Stop Centers**

### ***Part 1—Inadequacies of LD-Only Diagnosis Point to Visual Stress Syndrome***

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(This is the first in a series of educator-driven articles that summarize the current status of struggling learners who have left the K-12 system and have come to adult basic education, literacy, and workforce development services. Dr. Weisel conducted the study on which these articles are based. Data related to the study, *Special Learning Needs of Individuals in Adult Basic and Literacy Education, At-Risk Youth Programs, and One-Stop Centers*® (PowerPath to Education and Employment, The TLP Group, Columbus, OH)

The descriptive statistics in our 2003 - 2006 sample were collected from both personal interviews (qualitative) and from standardized, validated screenings (quantitative). The sample included 4567 individuals from adult basic and literacy education programs, one-stop shops, TANF (Temporary Assistance for Needy Families) clients, and at-risk youth programs. All the students/clients were at least 16 years old; the average age was 35.

My specific purpose in collecting and presenting this data was do open up the conversation of what is really going on with these struggling learners and workers. My work over the past 35 years of researching this question leads me to three basis assumptions:

1. Many adults who were previously diagnosed with learning disabilities (LD) may test out on a psych battery as LD, but really have other challenges that are impeding learning progress and maybe interfering with an accurate diagnosis (about 40% of the sample).
2. Of those who have been diagnosed as LD (about 40%), the diagnosis alone has often provided very little help to the student. Students/clients entering our systems with an LD diagnosis know very little about what is really going on, why they continue to struggle, and what he/she can do to become a successful learner. This is evidenced by responses to the survey question, "Why did you leave school?" Most often, the response was, "I wasn't learning anything; they wouldn't help me; I'm not stupid, but I can't learn that stuff." It is important to begin a process of helping students find the answers to their specific questions about why they struggle with learning, what that means for them as a person/learner/worker, and how they can learn to manage their challenges to achieve their goals using specific accommodations and learning strategies.
3. Of those who have been diagnosed with LD and had been in special education, 41% received 6-8 hours a day of support/special services, 5 days a week, with specially trained and certified special education teachers, for multiple school years in classes with

low student/teacher ratios. These students still dropped out of school and most often cannot find success in adult programs.

As adult educators, we need to quickly know about a student's special learning challenges. This goes beyond a previous diagnosis of a learning disability or referring a student to be diagnosis. We need to begin helping the student/client in ways that can quickly build insight, reduce shame, build personal responsibility and self advocacy skills, and demonstrate success.

It will not work to re-create a service delivery system similar to the previous K-12 service delivery system that did not work the first time. This approach is not *student-centered* but *student-driven*. Does this make sense?

Based upon our large sample, the diagnosis of LD is inadequate due to so many other issues that could be underlying what looks like LD. Some professionals correctly argue that some forms of learning difficulties should be excluded from the LD category. Learning disabilities are neurological in nature, therefore individuals with learning difficulties that arise from different learning styles or physical disabilities may not fit this definition. There also are neurological consequence from the impact of poverty, abuse, or trauma, as well as how the brain processes information and the perceptual effects of not being able to accurately see and hear. But these are a different type of neurological issues. Those included in a clinical diagnosis of LD include dynamic assessments of information processing.

Up until now, we have had no data to let us know what else might be going on. If a learner has been struggling and not showing learning gains, we often have made the assumption that we need to do something to find out if they are LD and then assume that the diagnosis, or perhaps more assistive technology, will fix everything. For example, many programs rely on what is commonly referred to as the "Washington 13." This list of 13 questions were derived from the Payne Inventory and used in a study funded through the Washington State Department of Human Services to identify LD in TANF clients. The study included a correlation and regression analysis of 13 questions from the Payne with the ultimate LD diagnosis by a psychologist to determine if there were questions that could predict the LD Diagnosis.

Most adult learners will score 12 or higher on the "Washington 13," but this may not be a true indication of need. A 2005 New York State Welfare to Work Study found that 99% of TANF clients whose score 12+ on the Washington 13 and were thus referred for neuro-psych testing were diagnosed with something—56% with LD; 12% borderline intelligence; 50% multiple limitations (ADD, substance abuse, etc.); and 24% mental health problems only.

Okay, so many of our students/clients could be diagnosed with something. But, that is not the point! The point is, based upon our large sample, that these diagnoses may have been flawed from the get-go because so many of the population included in both the New York study and in the TLP study may not have been able to perform on the

neuro-psych batteries due to lack of vision, hearing, bright overhead lights, white walls, white test plates with coatings, etc.