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In the 1990s, more attention has been focused on adults with learning disabilities (LD) as a result of increased advocacy and research, several major federal laws, and heightened awareness of the changing demands of the workplace. Until now, most

programs, research, and funding had been directed toward children, although it is clear that most people do not outgrow learning disabilities (Gerber and Reiff 1994). This digest looks at current definitions of learning disabilities, the experiences of adults with LD, factors influencing their successful adjustment to adult life, and strategies for adult educators and counselors.

DEFINITIONS OF LEARNING DISABILITY

The field has not quite reached consensus on definitions of LD, and there are professionals as well as members of the public who do not understand them or believe they exist. For example, in a Roper (1995) survey of 1,200 adults, 85% associated LD with mental retardation, 66% with deafness, and 60% with blindness. In Rocco's (1997) research, faculty "questioned the existence of certain conditions or if they existed, the appropriateness of classifying the condition as a disability" (p. 158). However, most definitions describe learning disabilities as a group of disorders that affect the ability to acquire and use listening, speaking, reading, writing, reasoning, or math skills (Gerber and Reiff 1994; National Adult Literacy and Learning Disabilities Center 1995a; National Center for Learning Disabilities 1997). These difficulties vary in severity, may persist across the lifespan, and may affect one or more areas of a person's life, including learning, work, and social and emotional functioning.

Federal regulations for implementing the Rehabilitation Act and the Americans with Disabilities Act use the term "specific learning disabilities"--disorders in one or more central nervous system processes involved in perceiving, understanding, and using verbal or nonverbal information (Gerber and Reiff 1994). "Specific" indicates that the disability affects only certain learning processes. Although adults with LD consistently describe themselves as being labeled stupid or slow learners (Brown, Druck, and Corcoran in Gerber and Reiff 1994), they usually have average or above average intelligence.

People with learning disabilities are the largest segment of the disability population, and growing numbers of college students identify themselves as having LD (Gerber and Reiff 1994). Estimates of the numbers of people affected by LD range from 5-20% of the population (Gadbow and DuBois 1998; Gerber and Reiff 1994), meaning that as many as 5 million, 11 million, or 30 million adults have LD. One reason for the variance is misidentification. African-Americans and Hispanics are often inappropriately diagnosed with LD, such as speakers of African-American English whose language may be considered substandard or deficient by assessors (Gregg et al. 1996). There is also the "unresolved question yet persistent belief that one half" of all adults with low literacy skills in fact have learning disabilities (Gerber and Reiff 1994, p. 121).

SUCCESSFUL ADJUSTMENT FOR ADULTS WITH LD

Adults with LD may face challenges in several areas of life, including education, employment, daily routines, and social interactions. However, many are able to make successful life adjustments. Research has recently been directed toward learning what factors help these adults succeed. Most of these studies used such measures of success as educational attainment, income, job level, and job and life satisfaction. Success was influenced by educational experiences and personal characteristics/background. Educational factors included the following: high school completion; quality of elementary-secondary education; quality of postsecondary education, training, and services; and a shift from a remedial to a compensatory approach in special education (Gerber and Reiff 1994). Successful college students with LD (Telander 1994) had previous college experience (i.e., they had tried college more than once), took a lighter course load, had more high school English courses, and sought help with study skills.

Personal and background factors were also important for successful adjustment. Most successful adults had relatively moderate LD and higher than average IQ, came from above average socioeconomic backgrounds, and had social and psychological support systems (Gerber and Reiff 1994; Greenbaum et al. 1996). They were knowledgeable about their disability and creative in compensatory strategies, took control of their lives, were goal oriented and persistent, and chose environments that suited their abilities and disabilities (Reiff et al. 1995; Telander 1994).

In Gerber, Reiff, and Ginsberg's research (Gerber and Reiff 1994; Gerber et al. 1996; Reiff et al. 1995), the most important factor was "reframing." Reframing means reinterpreting a situation in a productive, positive way. For adults with LD, the stages of reframing are recognizing the disability, accepting it, understanding it and its implications, and taking action. Highly successful adults used reframing, moderately successful ones did not progress through all four stages to the same extent as the highly successful, and the marginally adjusted group did it unsuccessfully or not at all (Gerber et al. 1996). The researchers concluded that success entailed a continuous process of confronting one's strengths and weaknesses and making adjustments.

STRATEGIES AND SUPPORTS FOR ADULTS WITH LEARNING DISABILITIES

Adults with LD need a range of skills and abilities to manage their disabilities in education, training, and employment situations. Appropriate assessment is the starting point for all other strategies and techniques. Teachers who suspect learners may have a disability can be trained in screening methods that will help them recognize when more formal diagnosis is necessary (NALLD 1995b). Teachers may observe that (1) adult learners have average/above average ability but demonstrate unexpected underachievement; (2) what appear to be problems with vision or hearing are not the result of physical impairments; or (3) behavioral or psychological manifestations (attention, concentration, organization) interfere with learning. Error patterns in reading, writing, speaking, and math may help differentiate between possible LD and other

causes of low achievement. If screening results suggest LD, educators should refer adults to professionals trained in formal assessment. Assessments should be appropriate for adults as well as culturally sensitive. The most significant problem for minority persons with LD is cultural bias in assessment, according to Gregg et al. (1996).

Once a learning disability is identified, three categories of assistance are psychosocial, technological and educational. In the psychosocial area, an individual's self-esteem can suffer from years of internalizing labels of stupidity and incompetence and experiencing dependence, fear, anxiety, or helplessness. Four ways to strengthen self-esteem (NALLD 1994) are "awareness" (knowing about and documenting the disability), "assessment" (understanding the disability and one's strengths and weaknesses), "accommodation" (knowing what compensatory strategies and techniques help), and "advocacy" (knowing their legal rights and services for which they qualify).

Schools and workplaces offer some accommodations to help with academic and vocational adjustment. However, less attention is paid to social and emotional functioning (Telander 1994). Social competence--dealing with pressure, change, or criticism; holding conversations; using receptive and expressive language and appropriate humor; being able to make inferences; and being sensitive to others' feelings and moods--is sometimes impaired by cognitive processing difficulties. These social skills impairments may be reinforced by isolation and negative experiences. Adults with LD may also experience frustration, anger, and other emotions arising from academic and social failures, rejection, and the attitudes of others. Laws and accommodations "will only partially redress discrimination of persons with learning disabilities if social/emotional function" is not addressed (Gerber and Reiff 1994, p. 80).

Assistive technology, "any technology that enables an adult with learning disabilities to compensate for specific deficits" (Gerber and Reiff 1994, p. 152), has great potential. Many software developments that were not specifically designed for persons with disabilities are proving to be of great assistance in increasing, maintaining, or improving functioning. Assistive technology ranges from low to high tech, the choice depending on the individual, the function to be performed, and the context (Riviere 1996). Examples include the following (Gerber and Reiff 1994; Riviere 1996): (1) for organization, memory, time management problems--highlighters, beepers, digital watches, tape recorders, personal management software; (2) for auditory processing--FM amplification devices, electronic notebooks, computer-aided real-time translation, voice synthesizers, videotapes with closed captioning, variable speech control tape recorders; (3) for visual processing--software display controls, books on disk; (4) for reading--scanners with speech synthesizers that read back text, books on tape and disk, CD-ROMs; and (5) for writing--word processing tools such as spelling and grammar checkers, abbreviation expanders, brainstorming/outlining software. Distance learning networks and the World Wide Web are beginning to be explored for their potential in compensating for disabilities.

As for educational strategies, adult educators should foster an inclusive learning environment that includes sensitivity, attitudes, awareness, accommodations. Other techniques are described by Gadbow and DuBois (1998): providing notetakers, using activities that represent a variety of learning styles, permitting technological devices, providing alternative testing arrangements, extending time allowed for assignments, minimizing distractions, asking learners what accommodations they need. Rocco (1997) suggests that discussion of disability issues be encouraged in adult education, that disability be included in examining the characteristics that bestow or deny power, and that educators reflect critically on innovative ways to assist learners who learn differently, whether or not they are classified as having a learning disability.

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