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#### **ABSTRACT**

These four newsletters focus on issues related to adult basic education and the challenges faced when teaching adult learners. The first issue looks at the characteristics of learning disabilities, providing information to help teachers determine whether a learner has a learning disability and who might be appropriately referred for testing. The second issue discusses multi-sensory instruction, which incorporates input from the three major learning modalities: visual, auditory, and tactile/kinesthetic activity. By involving all three major modalities, the learner maximizes the strength of the information entering the brain. The third issue focuses on emotions and learning, explaining that many people in adult basic education and GED classes have experienced a lifetime of learning difficulties and have decades of anxiety, frustration, and shame surrounding themselves as learners. The fourth issue looks at interventions for adult learners with learning disabilities and depression, also offering techniques for enhancing reading comprehension. Each issue presents questions from the field and a note on the upcoming issue. (Adjunct ERIC Clearinghouse for ESL Literacy Education.) (SM)



# LDA Learning Center

# ABE Net News

Vol. 1 No. 1

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# ABE NetNews

elcome to the first edition of *ABE NetNews* written by LDA Learning Center and funded through an ABE Supplemental Grant. Each month we will feature a different topic related to Adult Basic Education and the challenges we face teaching adult learners. This month s topic is *Characteristics of Learning Disabilities (LD)*. Our goal in providing this information is to help you determine who among your learners may have a learning disability and who might be appropriately referred for LD testing. Additionally, this information may give you a better understanding of your learners and their needs. Over the next months we will be providing strategies for teaching adult learners with learning disabilities and other learning difficulties.

## **Learning Disabilities Defined**

From Minnesota Interpretation of Federal Rule (1992) M.R. 3525.1341

"Specific learning disability" means a condition within the individual affecting learning relative to potential.

A specific learning disability is manifested by an interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the individual does not learn at an adequate rate when provided with the usual developmental opportunities and instruction from a regular school environment.

A specific learning disability is demonstrated by a significant discrepancy between a pupil's general intellectual ability and academic achievement in one or more of the following areas: oral expression, listening comprehension, mathematical calculation or mathematics reasoning, basic reading skills, reading comprehension, and written expression.

A specific learning disability is demonstrated primarily in academic functioning, but may also affect self-esteem, career development, and life adjustment skills. A specific learning disability may occur with, but cannot be primarily the result of: vision, hearing, or motor impairment; mental impairment; emotional disorders; or environmental, cultural, economic influences; or a history of an inconsistent educational program.



## **Differences Between LD and Low Abilities**

One of the exclusionary factors in the state definition of a specific learning disability is that an individual s low academic functioning cannot be primarily due to mental impairment. At LDA, we are frequently asked how one can tell whether an individual has a learning disability or has lower ability (Low Average IQ, Borderline IQ, or Mildly Mentally Impaired MMI). This is not a simple question. A learning disability can present itself with a seemingly infinite variety of symptoms. And disabilities always exist on a continuum from mild to severe. This makes diagnosis a complex process. With that in mind, the following descriptions may be helpful in sorting out individuals who have a learning disability from those who have lower abilities. These descriptions are not intended for diagnosis and should be used with caution.

#### Learning Disability

- A previous diagnosis of LD, or family members with LD
- Inconsistent skill levels. Example: high in math, low in reading
- Has made progress in school but still not up to his or her ability level
- Knowledgeable and bright in many areas but unable to express it in writing
- Poorly formed and inconsistent handwriting
- Answers questions well orally but cannot put them into writing
- Learns easily from hearing, but can t read well (or vise versa)
- Seems to know the answer but cannot find the right word(s) to express it
- Cannot remember today what was learned yesterday

#### Low Average Ability

- Skills are consistently below grade and age level (but not low enough to qualify as LD)
- A history of an unstimulating home environment when growing up
- A history of inconsistent education (moved around a lot, excessive absenteeism)
- Learns new skills at a slow but steady rate; however, has a lot to catch up on

#### **Borderline or Low Ability**

- A previous diagnosis of Borderline IQ or Mildly Mentally Impaired MMI
- Consistently slow processing of information. Takes a long time to answer questions.
- Answers are simple/simplistic
- Vocabulary is limited
- Handwriting looks like typical writing for a younger person. Example: An adult who prints like a second grader.
- Limited ability to solve problems and reason logically
- Very little progress in spite of adequate schooling
- Whole word learner rather than a phonetic learner
- Look for a history of brain injury, abuse, neglect, etc.



## **General Indicators of LD**

Caution should be used when screening for learning disabilities. The diagnosis should always be left to qualified professionals working within State and Federal guidelines. With that in mind, it can be helpful to understand some of the major characteristics/indicators of learning disabilities. If after reading these descriptions, you feel that you have a learner with a learning disability, a referral to a local agency for an LD evaluation MAY be appropriate.

#### Reading

- difficulty decoding unfamiliar words, blending sounds in sequence, or breaking words into component parts
- slow and/or inaccurate at identifying words that should be familiar
- reverses order of sounds in words, reading was for saw, left for felt, or confuses letters like b and d
- mixes or omits parts of long words, reading conversation for conservation
- loses place while reading aloud
- omits or substitutes words while reading aloud
- can read a passage but cannot answer comprehension questions about it

#### Writing

- has bizarre spelling
- uses phonetic spelling of words, such as bizy for busy
- writes letters backwards
- has poorly formed letters
- writes in sentence fragments
- has lack of or improper use of punctuation
- writes with an odd sequence of words
- can give an answer orally but cannot put it into writing

#### Math

- has a lot of trouble learning to tell time
- writes numbers backwards, 17 for 71
- has trouble learning and remembering multiplication tables
- can t read and/or write numbers accurately
- understands concepts but can t remember how to calculate
- can t identify important information in a word problem
- has trouble with measurement instruments like ruler and thermometer
- confuses symbols such as the times and addition signs
- mixes steps in calculations like switching to addition in the middle of subtraction problems

#### Memory

can t sequence days of the week, months of the year, and phone numbers



- doesn t remember names of people
- can t follow or remember verbal directions
- has difficulty repeating a series of items
- can t say the alphabet
- doesn t remember today what was learned yesterday

#### **Oral Expression \***

- confuses sounds in words, says free for three
- pronounces words incorrectly, says flustated instead of frustrated
- often gets tongue tied on long words, like peculiarity
- has a limited speaking vocabulary
- speaks with a preponderance of short words
- confuses prepositions such as over, under, in, out, etc.
- knows what s/he wants to say but can t express it
- often can t remember a precise label so refers to the thing
- tends to ramble in a disorganized way
- has trouble retelling a story; forgets details and recalls events out of order
- uses incorrect verb tenses

If you are interested in reading more about learning disabilities, the following web sites may be useful:

http://www.ldonline.org/
http://www.ncld.org/

http://www.nimh.nih.gov/publist/953611.htm http://www.bcpl.net/~sandyste/school\_psych.html

## **NEXT MONTH**

The February 2001 ABE NetNews will feature Questions from the Field. We invite you to send questions about your learners (LD and otherwise) to <a href="mailto:abe@ldalearningcenter.com">abe@ldalearningcenter.com</a>. Your questions will be read and considered by the staff at LDA. A representative sample of the questions submitted will be answered in a subsequent edition. We will also be starting a column entitled Tips and Tricks. Submit an idea or two that work for you with your adult learners. Your ideas may be chosen for publication with credit given to you and your ABE center. This will be a great opportunity to share your knowledge and experience with others.

#### FEATURED NEXT MONTH

Multi-Sensory Instruction: The Key That Unlocks Learning Disabilities



<sup>\*</sup> Not due to limited English proficiency or dialect differences

## **About LDA**

#### Mission

LDA Learning Center is a private, nonprofit, United Way-supported educational agency founded to maximize the potential of children, youth, adults and families with learning disabilities and other learning difficulties. LDA offers specialized educational, vocational, assessment and training services to help individuals and families addressing learning disabilities lead more fulfilled and productive lives.

#### Services

LDA provides a broad spectrum of educational programs and services, including diagnostic evaluations, consultations, one-to-one and group tutoring, skill development classes, family literacy programs, GED preparation and school-to-work transition services. LDA offers professional training to parents, educators, literacy providers, volunteers and other community members to increase their understanding of learning disabilities, their ability to recognize its symptoms and to modify their teaching and/or parenting skills for greater effectiveness.

LDA has a long history of providing services to ABE clients and instructors. In the past LDA has provided ABE classes, one-to-one tutoring and assessments. Current services focus on inservice training for ABE instructors and assessments for individual ABE clients in the metro area.

#### Staff

LDA s experienced, professional staff members are specialists in diagnosing learning disabilities and individual learning styles, with graduate degrees in a variety of educational specialties and learning disability certifications. LDA s staff is trained to pinpoint how each person learns best to optimize their strengths and overcome their difficulties for greater academic, employment, and lifelong success.



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abe@ldalearningcenter.com





# ABE NetNews

Telcome to the second edition of *ABE NetNews* written by LDA Learning Center and funded through an ABE Supplemental Grant. Each month we will feature a different topic related to Adult Basic Education and the challenges we face teaching adult learners. This month s topic is *Multi-Sensory Instruction*. Our goal in providing this information is to provide you proven strategies for working with adults who have learning disabilities or learning difficulties.

## **Multi-Sensory Instruction**

Based on the work of Orton-Gilliamham, multi-sensory instruction incorporates input from the three major learning modalities: visual (seeing/reading), auditory (hearing/speaking aloud), and tactile/kinesthetic (touching or movement) activity. By involving all three major modalities, the learner maximizes the strength of the information entering the brain. This, combined with repeated exposure to the material and frequent reviews, provides the greatest input into the brain circuitry and the greatest chance of retention.

A great deal of attention has been paid to the three major learning styles. Learners have been classified as visual, auditory, or tactile/kinesthetic learners. Each of us has a preferred input channel. This has been likened to a television set with a rabbit-ears antenna. When flipping through the channels, it becomes obvious that some come in more clearly than others. The snowy pictures represent the other learning styles. We can see the picture, but it s not clear. The clearest channel represents our preferred learning style. The signal comes in strong and clear. As learners our retention of information is greater when input is in our preferred learning style.

Research suggests that combining learning modalities gets the best results. A multi-sensory approach combines the three major learning styles. At LDA, we recommend structuring the lesson to involve the student in seeing the new information from multiple sources (paper, white board, note cards, overhead) and hearing the information from multiple sources (instructor s voice, learner s own voice, choral reading, audio tapes). We then anchor the information through an activity (writing it in a sand tray, tracing the letters or words, standing up and giving a speech or explanation about the materials). This last activity is not only another input of the new information but also a demonstration, or test, of the learning.

ABE participants in the Fall Regional Trainings were trained in a multi-sensory approach to teaching reading and spelling. One of the techniques used was finger spelling. Finger spelling, also known as touch spelling, is a technique developed by Orton-Gillingham that works well for teaching



phonemic awareness, decoding (reading), and encoding (spelling). Finger spelling helps learners segment words into phonemes (sounds) before writing them in sequence or blending them to make words.

Finger spelling increases phonological awareness, and more specifically phonemic awareness, by drawing the learner s attention to the sound symbol correspondence. This has been found to be an essential element in understanding spelling and reading.

Phonological awareness is an auditory skill that involves understanding the different ways in which spoken language can be broken down and manipulated. Individuals with strong phonological awareness know that sentences can be broken down into words, words can be divided into syllables, and syllables can be separated into sounds. It is the ability to appreciate how spoken language is constructed that explains the differences between good readers and poor readers. Our English language is based on an alphabetic orthography; that is, the system we use to read and write involves connecting twenty-six alphabet letters to approximately forty-four sounds (phonemes). Phonemic awareness often has been considered the most critical aspect of the more general term phonological awareness (Liberman & Liberman, 1992).

The following is a sample lesson in phonemic awareness using finger spelling:

Instructor: Listen to the word [hot]. Finger spell the word using the left hand facing in or the right hand facing out (so that you can move from left to right). The learner imitates (parrots) instructor. Say the sounds /h/ pause /o/ pause /t/. Use the thumb, then pointer, then middle finger. The learner repeats the sounds while finger spelling the word him or herself. Now say the word [hot] without the /t/.

Learner: /ho/

**Instructor:** Good. Now say the word [hot] without the /h/.

Leaner: /ot/

Instructor: Listen carefully to the word [hot]. What is the middle sound in [hot]? If the student has

difficulty, finger spell the word once again.

Leaner: /o/.

**Instructor:** Good. Now listen to the word [hotdog]. Say the word [hotdog] without the [dog].

Leaner: [hot]

**Instructor:** Good. Now say the word [hotdog] without the word [hot].

Leaner: [dog]

A learner struggling with decoding may have a learning disability caused by a weakness in auditory discrimination. Phonemic awareness exercises address this by drawing the learner s attention to the sounds letters make and to how they combine to make words. These exercises also draw the learner s attention to how words combine to make compound words or how compound words separate to make individual words. Lessons of this type can and should be used with learners who are struggling with beginning decoding. It is very likely that their decoding problems stem from a



lack of awareness of how sounds correspond to letters, how letters blend to make syllables or words, and how syllables or words combine to make longer words.

Finger spelling can be used to teach spelling. The following is an example of how finger spelling can be used to teach the spelling of the word cat.

Instructor: Look at the word [cat]. Say [cat].

Learner: [cat].

Instructor: Now let's finger spell [cat]. Say the sounds /k/ pause /a/ pause /t/. Use the thumb, then pointer, then middle finger. The student repeats the sounds while finger spelling. The student writes the letters that they hear in sand or on a carpet strip. Correct or reinforce the spelling. Combine reading and spelling by having the student read what they have written.

Finger spelling can also be used for decoding new words. After teaching individual phonemes (consonant and vowel sounds, blends, diphthongs, digraphs), segment the new word into its phonemes and finger spell it (blends, digraphs and diphthongs are considered one sound). Then finger spell the word a second time moving the sounds closer together. Blend the sounds into the word. Use a motion with your fingers that indicates pulling the sounds together into the word.

The following is an example of how finger spelling can be used to teach the decoding of the word church.

**Instructor:** Let s finger spell this word. /ch/ pause /ur/ pause /ch/.

Learner: Imitates/parrots the instructor.

**Instructor:** Repeat moving the sounds closer together. Then blend the sounds into /church/. Correct or reinforce the reading.

Finger spelling can be done with individual learners or in small groups. In a multi-sensory approach to learning, the student is always active in the process. Repeating/ parroting what the instructor says, individually or in groups, is an essential element in the learning process. Additionally, it provides immediate feedback about the learner s skill acquisition. Good teaching is an ongoing diagnostic process requiring the instructor to be always looking for opportunities to correct or to reinforce skills.

#### The Challenge

Take any set of materials in your classroom (or any skill you are about to teach). Brainstorm on how multi-sensory techniques can be used with these materials. Here s a set of questions (and a short list of suggestions for each) that might be helpful in structuring your multi-sensory lesson:

- 1. How many different ways can I present the materials visually?
  - a. Read on paper or from book
  - b. Read from flash cards
  - c. Read on white board
  - d. Read from overhead
  - e. Read on computer monitor



- f. Look at picture that represents concept
- 2. How many different ways can I have the students hear the information?
  - a. Instructor says it
  - b. Learner repeats it (student listens to him or herself)
  - c. Group discussion of concept
  - d. Listen to audio tape
  - e. Learner records and listens to his or her own voice
  - f. Watch a video tape (combines visual and auditory)
- 3. What activities or physical actions can I use to demonstrate and reinforce the learning?
  - a. Use sand trays, carpet strips and other manipulatives
  - b. Learner teaches the skill to someone else
  - c. Learner explains it to the instructor
  - d. Role play
  - e. Get up and write it on the board
  - f. Make up a game (Jeopardy)

If you work these three aspects of the learning process into each lesson, you will be reaching students with a variety of learning styles. Retention of new information will go up. Learners will experience success. At LDA we know that success builds success.

## **Questions from the Field**

This section is devoted to answering a sample of the questions submitted to LDA by ABE instructors from around the state. To participate in the forum, please send your questions to abe@ldalearningcenter.com

What exactly is dyslexia?

Dyslexia is a language-based learning disability. The primary identifying characteristic of dyslexia is a specific difficulty learning to read words accurately and fluently. Research suggests that individuals with dyslexia process language differently than others. Differences in brain structure, organization, and function are related to difficulties in processing written and spoken language. The common, often stereotyped, image of a person with dyslexia is one who reverses or flips letters and numbers, substitutes letters or whole words, and/or sees words backwards. Although these symptoms are common, the term dyslexia is broader and includes issues of reading comprehension and understanding the underlying structures and rules of language.



Why do so many students come in and tell us they have dyslexia?

The term was commonly used in the 50s and 60s primarily as a medical diagnosis to refer to all reading disabilities. We have since changed our diagnostic categories, but the old labels hang on. The second reason, and this may be more relevant, is that it is often comforting to have a label for our difficulties. Oh, that s why I am having trouble. It helps us make sense of our problems. It is important to keep in mind that having a learning disability can be enormously frustrating and discouraging to people. We are continually counseling our students to help boost their self-esteem and self-confidence. This is a struggle, but it is one that can be overcome with quality learning materials and sound teaching strategies.

Are there any plans to do assessments in greater MN at a reasonable rate?

LDA has been engaged in a dialogue with CFL about doing outstate LD assessments. We will let you know when or if this becomes a reality.

What phonics materials might be good for adult learners?

The elements of a good phonics program are that it should be well structured (systematic and sequential), multi-sensory, easy for instructors to use and students to read, should involve extensive reinforcement and practice, and it should lend itself to measuring outcomes. Although LDA recognizes that there are many great phonics programs on the market, we recommend *Step by Step*. This is LDA s own program designed especially for adults with learning disabilities. Our Fall Regional trainings were on these materials and many ABE centers now have their own copies.

If you are interested in ordering more books or supplies, I have included the ordering information below.

QTY	Each	Total
	50.00	
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## **NEXT ISSUE**

The next issue of ABE NetNews will feature:

Emotions and Learning how low self-esteem, depression, and other emotional issues affect our learners success.

If you have insight into this issue, please feel free to submit a short article. We will review it for possible publication and give you credit if it is used. March 1<sup>st</sup> is the deadline for your contribution.

We will continue to feature **Questions from the Field**. We invite you to send questions about your learners (LD and otherwise) to <a href="mailto:abe@ldalearningcenter.com">abe@ldalearningcenter.com</a>. Your questions will be read and considered by the staff at LDA. A representative sample of the questions submitted will be answered in a subsequent edition. We will also accepting your input for a column entitled **Tips and Tricks**. Submit an idea or two that work for you with your adult learners. Your ideas may be chosen for publication with credit given to you and your ABE center. This will be a great opportunity to share your knowledge and experience with others.

If you are interested in reading more about learning disabilities, the following web sites may be useful:

http://www.ldonline.org/ http://www.ncld.org/ http://www.nimh.nih.gov/publist/953611.htm http://www.bcpl.net/~sandyste/school\_psych.html



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# ABE NetNews

elcome to the third edition of *ABE NetNews* written by LDA Learning Center and funded through an ABE Supplemental Grant. Each month we will feature a different topic related to Adult Basic Education and the challenges we face teaching adult learners. This month s topic is *Emotions and Learning*. Our goal in providing this information is to give you useful information and proven strategies for working with adults who have learning disabilities or learning difficulties.

## **Emotions and Learning**

As teachers of adults it is important that we realize that many individuals arriving in our ABE or GED classrooms have experienced a lifetime of learning difficulties, such as learning disabilities (LD) or attention deficit/hyperactivity disorder (ADHD). Imagine being frustrated on a daily basis by something as fundamental as learning to read, write, do arithmetic, or pay attention. A child s self esteem depends in large part upon the positive strokes they get in school. By the time adult learners arrive in our settings, some have decades of frustration, anxiety, and shame surrounding themselves as learners. The following lists describe a few of the emotional and behavioral consequences of having a learning disability.

#### Has a low self concept...

- thinks of him or herself as stupid
- is unmotivated in school
- feels inadequate
- refuses to attempt new things
- tends to isolate him or herself or gets involved with the wrong crowd
- tells "white lies" to look better

#### Demonstrates lack of emotional control...

- can't tolerate frustration
- is short tempered
- tends to be aggressive with peers
- is verbally abusive

#### Seeks negative attention...

- is disruptive in class
- becomes the class clown



#### Avoids the learning situation...

- refuses to do simple academic tasks
- doesn't complete assignments
- "cheats" to get by
- skips classes
- is truant

The following article sheds some light on the issues surrounding Depression a disorder that affects millions of Americans and a significant percent of learners in adult basic education classrooms.

## **Depression: Not Just a Mental Health Issue**

epression encompasses one of the most important mental health issues facing children, adolescents, and adults today. However, most regular education teachers, special education teachers, and support staff alike are ill prepared to deal with this disease.

Major depression has become the leading cause of disability in the United States (National Institute of Mental Health, 2000). When applied to the 1998 United States Census population estimates, this translates to approximately 18.8 million American adults, or about 9.5 percent of the U.S. population aged 18 and older in a given year, suffer from depression.

Depressive illnesses are total-body illnesses, which affect a person's thoughts, feelings, behavior, appearance, and physical health. It may affect all areas of a person's home, work, school, and social life (Suicide Awareness\Voices of Education, 1999). Depressive disorders are not temporary sad, blue moods, or feelings a person can pull themselves out of (National Institute of Mental Health, 1993). People suffering with a depressive illness cannot talk themselves into feeling good. They cannot snap themselves out of it. Suffering or not suffering from depression does not have anything to do with a person's willpower.

On the whole, when mental health professionals and researchers discuss depression, they are referring to Major Depressive Disorder. Of the estimated 18.8 million Americans adults who are affected by some type of depression, about 9.9 million or 50 percent have major or clinical depression. While Major Depressive Disorder can develop at any age, the average age onset is in the mid-20s (National Institute of Mental Health, 1999). Individuals with major depression experience at least five of the following symptoms, which must include the first or second characteristic, nearly every day, all day, for at least two weeks (Hughs, 1999):

- Persistent depressed mood, including feelings of sadness, emptiness and anxiousness
- Loss of interest or pleasure in activities or hobbies that were once enjoyed
- Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, and helplessness
- Insomnia, early morning awakenings, or oversleeping



- Loss of appetite and weight loss or overeating and weight gain
- Decreased energy and fatigue
- Restlessness and irritability all the time
- Difficulties with concentrating, remembering, and making decisions
- Thoughts of suicide, death, or suicide attempts
- Persistent physical symptoms, such as headaches, digestive problems, or chronic pain. Generally these illnesses do not respond to medical treatment and physicians can find no physical cause for the illness.
- Hallucinations or delusions

The causes of depression are complex and only partially understood. No one knows exactly why depression occurs. The past decade has brought scientists to understand that depression is most often biological, with genetic and environmental factors triggering episodes of severity within the illness (National Institute for Research on Schizophrenia and Depression, 1996).

Depression has been linked to Attention Deficit/Hyperactivity Disorder (AD/HD) and learning disabilities. The most cautious studies have suggested that between 10-30 percent of children with AD/HD and 47 percent of adults with AD/HD have depression (Children and Adults with Attention Deficit Disorder, 2000). Depending upon the definition used for a learning disability, up to 50 percent of AD/HD sufferers have a learning disability (Children and Adults with Attention Deficit Disorder, 2000). It is not hard to understand the relationship between depression and learning disabilities and/or AD/HD. Since childhood, the person with AD/HD or LD has felt a sense of frustration and failure. Underachieving, accused of being lazy or stupid, missing the mark time and time again, living with an overflow of energy, but an undersupply of self-esteem, this individual can feel that is just not worth trying again.

Depression is a serious illness that each year affects too many individuals. Hopefully, with more attention drawn to this illness, our society and educational system will begin to play a more active role in identifying individuals with emotional needs and assist them in getting the help they need.

Barb Geisel, LDA Learning Center

If you suspect that you are working with an adult with undiagnosed Depression:

- First of all, take it seriously
- Talk to them about their feelings and how they are coping with their challenges
- Give them the number and web address of United Way s First Call For Help (651) 291-0211 <a href="http://www.uwmsp.org/mpls/">http://www.uwmsp.org/mpls/</a>



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## Questions from the Field

# Can you list suggestions for helping adult learners with low self-esteem in the ABE classroom?

To answer this question we will summarize information contained in an article entitled Factors Affecting Goal Completion of Adult Basic Education Students. We have taken some liberties with the list by inserting additional items and changing some of the wording. Citations have been omitted but can be found at <a href="http://www.nald.ca/fulltext/thesis/summary.htm">http://www.nald.ca/fulltext/thesis/summary.htm</a>

- 1. Establish a trusting relationship with the learner.
- 2. Assessment of the learner s progress should be gradual, ongoing, and presented in a non-threatening way. Particular sensitivity needs to be given to the learner s initial feelings of doubt in their ability to do the work. Extensive formal testing can reinforce lack of self-confidence. Assessment at appropriate intervals, however, can provide valuable feedback on progress for the learners.
- 3. After the initial assessment, learners should be made aware of the areas they will need to cover to reach their goal. This plan of study should be reviewed periodically with the learner to let them know how much they have progressed.
- 4. Be sure to teach the learner at least one new thing each time you meet.
- 5. Boost self-confidence through achievement. If assignments are not complete, first praise them for what they did complete. Then do some work with them to let them know that they can understand the material and are capable of doing it. Success builds success.
- 6. Work to enhance self-esteem through conversation. Let them know that they matter as people.
- 7. Discuss the various learning styles (visual, auditory, tactile/kinesthetic) with them so they better understand their own way of learning.
- 8. Encourage learners to meet their goals as soon as they can. If they talk about dropping out, try to find out why. Is there anything the program can do to help?
- 9. If possible, allow one tutor primarily to work with each learner. Individualized instruction offers the best chance of success. Smaller class sizes are generally more successful.
- 10. Consider instituting a mentor program whereby one tutor is responsible for monitoring each learner s progress and consulting with him/her periodically. This eliminates communication problems among staff and redundancy of work with the learner. Also, trust is established. The learner will know that they have at least one person supporting their efforts to reach their goal.
- 11. Network with other agencies to provide support for the learner.



- 12. Ask learners how they feel about the materials they are using and change materials if necessary. Try to make the content more inspiring. Find out what the learner is interested in and find appropriate materials if possible. Couple a subject that the learner really enjoys (such as writing) with one that they find more frustrating.
- 13. As a means of motivation and support, have new learners watch a video, listen to tapes, or read excerpts from individuals that have met their goals in the ABE program. If they realize that others had the same doubts upon entering, but persevered, it may encourage them also.

Attention Deficit Disorder is mentioned frequently in the media and literature. Can you suggest a good web site for a better understanding of ADHD?

Yes.	Go	to	www.chadd.com.

## **NEXT ISSUE**

The next issue of ABE NetNews will feature: Interventions for Adults Learners with Learning Disabilities and Depression

If you have insight into this issue, please feel free to submit a short article. We will review it for possible publication and give you credit if it is used. May 15<sup>th</sup> is the deadline for your contribution.

We will continue to feature **Questions from the Field**. We invite you to send questions about your learners (LD and otherwise) to abe@ldalearningcenter.com. Your questions will be read and considered by the staff at LDA. A representative sample of the questions submitted will be answered in a subsequent edition. We will also accepting your input for a column entitled Tips and Tricks. Submit an idea or two that work for you with your adult learners. Your ideas may be chosen for publication with credit given to you and your ABE center. This will be a great opportunity to share your knowledge and experience with others.

If you are interested in reading more about learning disabilities, the following web sites may be useful:

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http://www.ldonline.org/ http://www.nimh.nih.gov/publist/953611.htm http://www.ncld.org/ http://www.bcpl.net/~sandyste/school\_psych.htm



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# ABE NetNews

elcome to the fourth edition of *ABE NetNews* written by LDA Learning Center and funded through an ABE Supplemental Grant. In each issue we feature a different topic related to Adult Basic Education and the challenges faced teaching adult learners. This issue s feature topic is *Interventions for Adult Learners with Learning Disabilities and Depression*. In addition, we will discuss techniques to enhance reading comprehension. Our goal in providing this information is to give you useful, proven strategies for working with adults who have learning disabilities or learning difficulties.

# **Interventions for Adults Learners with Learning Disabilities and Depression**

Instructors are typically trained to work with learners that have average skills. Many are trained to work with slow learners, gifted learners, and learners who lack discipline. However, most instructors are not well prepared to work with learners who have depression and/or mental health issues. Research suggests that teaching self-esteem in the classroom is a positive way to support these individuals. The following strategies are useful in helping learners improve their self-esteem and become more confident both academically and socially:

### Set a Warm, Supportive Tone in the Classroom

Instructors cannot *give* learners self-esteem. They can, however, create a climate that nurtures it. This environment provides an accepting atmosphere in which learners feel valued, supported, and free to take risks. It is important that instructors show respect for all learners. Learners need to know that mistakes are a normal and expected part of the learning process. Encourage learners to compliment their peers and to laugh at themselves. Never allow them to make fun of or put others down.

#### Consider the Impact of Your Actions and Comments on Your Learners

An instructor's potential impact on a learner is immeasurable. Even the smallest actions and comments have the ability to lift up a learner or send him/her into a deeper downward spiral. Make a conscience effort to be aware of the impact you have on your learners self-esteem in the classroom. It is also important that instructors avoid using language that the learner may think or feel is belittling or criticizing, especially in front of peers.



#### • Offer Praise That Is Specific and Genuine

Specific praise conveys true appreciation for a learner's work more so than vague, nonspecific compliments. Let them know exactly what you like about their work or behavior. Praise them for small steps as well as big. Keep in mind that some learners may not like to be praised in front of others.

#### Avoid False Praise

Many learners see through false or empty praise. Vague, general words of praise may mean little, sound phony, and feel manipulative. Learners may dismiss your compliments and tune out the words of support.

• Help the Learner Gain a Realistic Understanding of His or Her Strengths and Weaknesses Learners with low self-esteem tend to focus on their failures and dismiss their successes. Have them make a list of all their strengths. Make sure to add things they may have overlooked. Also, talk about a few of their weaknesses, noting that everyone has weaknesses. Express optimism that hard work will improve these areas.

#### • Replace Negative Self-Talk with Positive Self-Talk

The internal language of a learner with low self-esteem is often negative. Most of the public statements they make reflect their private thoughts. Try to counter the negative self-talk by gently exposing their misperceptions and offering a more positive and realistic view of their abilities. Give learners feedback that they may turn into positive self-talk. For example: When learners are frustrated they might say, I m stupid. I m never going to get this. Tell them you hear their frustration and that you believe they really can do it. Remind them of a skill they have now mastered that once frustrated them. Tell them how their persistence and hard work paid off then and will pay off again.

#### • Challenge the Learner

True self-esteem comes from earning it. Provide the learner with work that engages their mind and stretches their abilities; however, be sure it is still within their ability so that they can experience success (Success builds success!). Make sure that the learner completes the work even if prompting and extra time is needed.

#### • Showcase the Learner's Strengths

Find opportunities to highlight the learner's accomplishments. Talk with the learner about their skills and successful activities in other areas of life.

#### • Create Opportunities for the Learner to Feel Important

Providing service to others is often a valuable way of fostering self-esteem. There may be other people in the classroom having problems that the learner has successfully dealt with.

#### • Give Special Attention to the Learner's Interests

Find a few minutes every day to talk with the learner about his or her interests and concerns. Some days it may be necessary to put off an academic lesson if the learner needs to talk.



#### • Encourage Involvement

Learners with low self-esteem are often withdrawn or isolated from others. Find ways to integrate the learner into activities either in or out of school, such as parenting support groups. Orchestrate the activities so that learners are likely to meet with success and become involved with positive individuals.

#### Help the Learner Cope With Failure

The role of the instructor is not simply to show the learner how to minimize difficulty, but also how to constructively cope with it. Teach them that failure is all part of learning and that most successes do not come without some setbacks.

#### Encourage Other Instructors to Bolster the Learner's Confidence

Talk with other instructors in your program. Ask them to find ways to make the learner feel important. Often being recognized by other instructors is enough to make a learner feel welcomed and valued.

Individuals with depression need a safe and supportive environment. An instructor may feel helpless dealing with depression in the classroom. It is important that the instructor educates him or herself in this area and become familiar with the symptoms. Whether you are dealing with a child, adolescent, or adult, depression can be a very serious disease. To deal specifically with the illness of depression, the following suggestions can be helpful in the classroom:

- Don't ignore a learner with depression. Ignoring tends to show the learner that you don't care and provides the learner with another reason to give up.
- Try to draw out the learner in class discussions. Do whatever it takes to stimulate their minds so that they don't withdraw and ignore you.
- Let them know that you care. Help them to catch up on late work. Set up extra tutoring with a positive role model.
- Never give up on the learner regardless of how long they have resisted putting forth effort in your class. Learners can tell when an instructor no longer believes in them and expects them to fail. It typically makes the situation worse.
- Don't make the learner feel that they have a time limit in which to get over the depression. Everyone deals with depression in a different time frame.
- Don't lie to the learner. Don't make promises about confidentiality that you cannot keep. Know what your school s policies and the law require you to do.
- **Be sincere.** Learners can detect insincerity on your part. If detected, it will cause them further pain. If you feel you are unable to help them, find someone who can.

Barb Geisel, LDA Learning Center

If you suspect that you are working with an adult with undiagnosed depression, first of all, take it seriously. Talk to them about their feelings and how they are coping with their challenges. Secondly, offer the number and web address of United Way s **FIRST CALL FOR HELP** (651) 291-0211 http://www.uwmsp.org/mpls/.



### **Enhancing Reading Comprehension in Adult Learners**

Inadequate reading comprehension is an issue facing many adults with learning disabilities. Sometimes it is a matter of not understanding the vocabulary; but often it is a matter of not being taught how to get the most information from reading materials. The following method can be taught to students. Although reading for comprehension is definitely work, the payoff will be worth the effort.

#### THE SQ3R METHOD (Survey, Question, Read, Recite, and Review)

The SQ3R method is a strategy to enhance reading comprehension. The SQ3R method leads the learner to discover the important facts and ideas that are contained in an assignment. Using this method also helps show learners how they can best master and retain the knowledge.

**Survey:** Take only a minute or two to preview the entire assignment and find out what it is about as a whole. Read summaries, section headings and subheadings, captions under pictures, and pull quotes. Comprehension begins with preparing to receive new information. The new information will be associated with information the learner already has. Think of the brain as a room full of file cabinets. The Survey step helps by identifying the appropriate file cabinet, cabinet drawer, and file folder. New information is more meaningful when associated with information the learner already has stored.

Question: Ask yourself questions based on your Survey of the text. For example, use a boldface heading like "Types of Rocks" in reading about Geology and turn it into a question such as, "What are the types of rocks?" The questions are generated from the learner's quick preview during the Survey step. It is best if questions are written down. A good list of questions prepares the mind to actively seek answers during reading.

**Read:** Read the material actively attempting to answer your questions and to organize the material. Read only to the end of each headed section. Remind learners to read one section at a time. Highlighting or underlining is appropriate at this time also. Highlight or underline only after reading the section and after asking, What is the most important information contained in this section? It is recommended that learners limit highlighting or underlining to 10% or less of the text. Making notes in the margins or writing additional questions is also appropriate at this time.

**Recite:** Look away from the assignment and from any notes you have taken and ask yourself the questions you have already made up. If you cannot answer your questions without looking back at the material, you should reread and then try again. In addition to answering the questions generated earlier, learners may simply paraphrase what they we read. If this seems too difficult, limit the activity by having them say one thing they we learned from the reading. This skill can be built up over time. Have learners summarize the information to the instructor or to another person.



Review: Briefly review each major section as you complete it. Review again later on the same day to keep from forgetting the material. Your understanding of it will be increased each time you review. Go back over the material several times, if possible. Typically up to 90% of what is read is forgotten if not reviewed within 24 hours. Encourage learners to review immediately after learning and then repeatedly on a daily and weekly basis. If highlighting is done appropriately, a review of the highlighted material (and margin notes) should be sufficient.

### **Asking Comprehension Questions**

It is helpful when instructors are aware of the wide range of comprehension questions that can be asked to a learner. The following list is a sample of the many types of comprehension questions that can be asked during a reading session.

#### • Locating information or facts

- Where in the passage does it talk about \_\_\_\_?
- Find the capital of Alabama.

#### Stating the main idea

- In one sentence, summarize what you just read.
- Which of the following best tells the main idea of this passage? (Offer 2-3 choices.)

#### • Drawing conclusions or making inferences from the material

- How do you think the main character feels after hearing the news?
- What do you think is the lesson here?

#### • Determining the sequence

- List the order of events. In this story, what happened first, next, and last?
- Draw 3-4 pictures that represent the story line and arrange them in order.

#### • Personalizing the information

- How would you feel in this situation?
- What would you do and why?

Recommended materials: Barnell Loft Specific Skills Series. Barnell Loft, LTD, Baldwin, New York '1982



## **Best Practices for Improving Reading Comprehension**

Swanson (2001) conducted an extensive investigation of teaching strategies for improving reading comprehension. The following sequence of events represents a common instruction core and was determined to contribute most significantly to improving reading comprehension.

- 1. State the learning objectives and orient the students to what they will be learning and what performance will be expected of them.
- 2. Review the skills necessary to understand the concept.
- 3. Present the information, give examples, and demonstrate the concepts/materials.
- 4. Pose questions (probes) to students and assess their level of understanding and correct misconceptions.
- 5. Provide group instruction and independent practice. Give students an opportunity to demonstrate new skills and learn the new information on their own.
- 6. Assess performance and provide feedback. Review the independent work and give a quiz. Give feedback for correct answers and reteach skills if answers are incorrect.
- 7. Provide regular practice and review.

(Swanson, H. L. Reading intervention research outcomes and students with learning disabilities. Perspectives. The International Dyslexia Association. Vol. 27, No. 2. Spring, 2001)

### **Questions from the Field**

Can you address the issue of learning disabilities in Adult Basic Education classes with regard to English Language Learners?

The diagnosis of learning disabilities among limited- and non-English speaking individuals using standardized tests is nearly impossible at this time. Although Spanish versions of the Woodcock-Johnson are available and several new screening instruments for Spanish-speaking students are currently being marketed, Spanish represents only one of many languages being spoken in Minnesota s ABE centers. To use the Minneapolis Public Schools as an example of this growing diversity, the number of students whose home language is not English has grown from eight percent in 1988 to 19 percent in 1999. English Language Learners come from more than 80 different countries (Minneapolis Public Schools, http://www.mpls.k12.mn.us). Minnesota census information for the state as a whole reflects lower numbers of non-English speaking individuals; however, the issue of using standardized tests for adults who are not proficient in English remains a serious one.

Using standardized tests to identify learning disabilities presents problems: First, instruments designed to diagnose learning disabilities are usually normed on native English speakers. Therefore, the results cannot be reliably used with learners whose first language is not English. Portions of some tests can give a clear idea of a



learner's strengths and weaknesses, but simple scores based on a whole test are not always reliable. Because the concepts and language being tested may have no direct translation, the validity of tests translated into the native language is questionable (R. Schwarz and M. Burt, 1995).

As facilitators of Adult Basic Education, it seems reasonable that we need to proceed without being able to diagnose learning disabilities in this population of our learners. At LDA, we recommend incorporating best practices into every classroom and learning situation. This will benefit all students those fluent in English, those learning English, learning disabled and non-learning disabled. The following suggestions from Schwarz and Burt (1995) may be helpful in structuring your classroom.

- 1. Be highly structured and predictable.
- 2. Include opportunities to use several senses and learning strategies.
- 3. Recognize and build on learners' strengths and prior knowledge.
- 4. Simplify language but not content; emphasize content words and make concepts accessible through the use of pictures, charts, maps, timelines, and diagrams.
- 5. Reinforce main ideas and concepts through rephrasing rather than through verbatim repetition.
- 6. Technology can help adult learners with learning disabilities to acquire a second language, but its use is not well documented. Devices such as personal computers, hand-held translators and dictionaries, personal data keepers, and cassette recorders are useful as are more sophisticated learning tools such as speech synthesizers and reading machines that allow learners to hear as well as see what is displayed on the computer. Also recommended are televisions with closed-caption capabilities and VCR decoding devices that transcribe and project spoken dialogue on the screen.

(R. Schwarz and M. Burt, 1995. ERIC DIGEST, Identifier: ED379966).

### **Next Issue**

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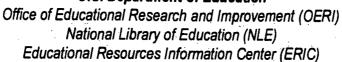
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