WHAT ARE LEARNING DISABILITIES

Learning disability is a general term that describes a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of learning, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span.

Problems with self-regulatory behavior, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

Although learning disability may occur concomitantly with other handicapping conditions (for example, sensory impairment or serious emotional disturbances) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the results of these conditions or influences. (Adapted from a report from the Joint National Committee on Learning Disabilities.)

Learning disability (LD) occurs in persons of average or above average ability, manifests itself irregularly, and shows a pattern of uneven abilities. It is presumed to be due to dysfunction of the central nervous system and is manifested in one or more of the following areas: reading, oral expression, listening comprehension, writing expression, reasoning, social skills, mathematical abilities. Learning disability (LD) is not a form of mental retardation nor the results of poor schooling, emotional disturbance, lack of motivation, or visual or auditory acuity problems. Nor is it a homogeneous group of disorders.

DYSLEXIA

The term dyslexia is considered a “minimal brain dysfunction” disorder and is generally diagnosed from school histories and other “soft signs.”

Recently however, using functional MRI (Magnetic Resonance) brain scans, investigators have found physiological marks that differentiate the brains of dyslexics from those of normal readers. Specifically, in dyslexics the visual-motor area of the brain fails to activate. (Articles by C. Frith & U.Frith in Nature, vol.38, July 4, 1996, & Wake Roueh in Science 31 March, 1995.) Furthermore, the Science article shows that more than 50% of school children were diagnosed as learning disabled (LD) in 1992-93, compared with around 25% eighteen years ago. This may be an overestimate but we can rest assured that we can look forward to many more LD students attending college in the future.

Specifically, dyslexic children (who make up 80% of LD groups) have problems matching the letters in written words with the sounds and, in general, are characterized by having “high intelligence that leads their teachers to expect high achievement.”

A study by G.F. Eden and others in the same issue of Nature found that dyslexics show abnormal processing of visual motion as well as a lack of phonological awareness. They have difficulty reading the Times Square ads with moving letters that seem to slide across flashing light bulbs. They also tend to have poor temporal judgment, visual instability, and a higher coherent motion threshold.

So it looks like we’ll have better ways to diagnose these problems in the future (albeit brain scans are expensive and difficult to interpret). We are also developing better ways to train these students. When a student has had excellent reading training, the only residuals of the problem at the college level are slow reading speed and spelling problems. I worked with college students in the 50’s who had been diagnosed as dyslexic at 5 years old (which is pretty early). Their reading comprehension scores were above average but their reading speed was slow and, despite many years of help, their spelling was atrocious.

The current explanation of why some people’s brains make reading so difficult is interesting. It hypothesizes that these brain differences have always existed in some people but were invisible until
highly complex writing systems evolved. In other words, these folks could get along very, very well in a preliterate society, but they are not easily educated in our highly literate society.

**ATTENTION DEFICIT DISORDERS (ADD)**

Diagnosing Attention Deficit Disorders is even more difficult. For many years, doctors believed that attention disorders were behavior problems of children and that they disappeared as one aged. More recently, they have discovered that attention deficits can persist into adulthood and can significantly disrupt and interfere with adult life.

Attention Deficit Disorders (ADD) is a neurobiological disorder that interferes with a person's ability to sustain attention or focus on a task and to delay impulsive behavior. The condition may or may not be impacted by the ability to control motor activity level (hyperactivity – ADHD). Increased anxiety to extremely low levels of concentration and attentiveness. Attention disorders are now considered to be a broad class of neurobiologically based conditions affecting between 2 and 5 million U.S. adults, accompanied by symptoms that are usually manifested before the age of 7 and last throughout life. They are considered hereditary and since they often place an individual at risk for cognitive and behavioral difficulties at school, they often require psychopharmaceutical intervention to enable satisfactory performance in school. Not all of the core symptoms (inattention/concentration, impulsivity, and hyperactivity) need be present in those affected. On the other hand, attention disorders are not classified as forms of mental retardation, are not considered learning disabilities (although they can have a negative effect on learning), and cannot be cured. Nor are they outgrown by adolescents and do not occur exclusively during the course of a psychotic disorder. However, attention disorders are disabilities and therefore, they are covered under the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, and Section 504 of the 1973 Rehabilitation Act.

Association Symptoms of Attention Disorders in Adults:
1. **Poor Academic/Vocational Performance**
   - Does not complete required paperwork
   - Easily bored by tedious materials
   - Demonstrate poor organization and planning
   - Procrastination in completing assignments
   - Makes impulsive decisions
   - Difficulty in working independently
   - Confuses direction and/or instructions
   - Frequently late for class and appointments
   - Frequently misplaces things
   - Demonstrates poor self-discipline

2. **Interpersonal Difficulties**
   - Frequent mood swings
   - Lack of tact in comments to others
   - Frequent temper outbursts—“short fuse”
   - Verbally abusive to others
   - Lack of follow-through on commitments
   - Appears immature and/or selfish
   - Trouble in keeping friends or relationships going
   - Failure to see others needs or points of view as important
3. Anti-Social Behavior
   - Alcohol and substance use/abuse
   - Frequent lying/thealing
   - Tending toward verbal/physical aggression
   - Full anti-social personality disorder
   - Others

The Impact of ADHD upon the Adult Personality:
   - Feeling of helplessness (Most ADHD adults are aware of the inadequacies but feel helpless
to do anything about them.)
   - Sense of grief and loss: Inability to live up to their potential.
   - Low self-esteem (History of failures, unfinished projects, and difficulties with others.)
   - Explosive temper-quick tempered, fast to anger, set off by trivial incidents, low frustration
tolerance, angry at being misunderstood, and uses denial as a defense.
   - Emotional liability –over –reactive, has difficulty filtering things out, frequently becomes emotiona

LEGAL ASPECTS OF LEARNING DISABILITIES

The two Acts which are most relevant to students with disabilities in post-secondary settings are Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. However, before we discuss these laws, there are three important issues that must be noted:

1. Faculty will only be notified that a student has a disability if the student gives his/her consent to do so in writing to the student’s campus coordinator.
2. The coordinator may only apprise the faculty member of the fact that the student has a disability and the accommodations the student requires. The coordinator may not divulge the nature of the disability or any other particulars.
3. Faculty are prohibited by law from disclosing to anyone informed s/he has been made privileged to by the coordinator/student. In other words, a faculty member may not mention to another faculty member that Susie Smith has a learning disability/attention disorder, needs accommodations, or whatever.

A brief summary of Section 504 of the Rehabilitation Act of 1979:

1. Section 504 provides that: no otherwise qualified individual with a disability in the United States…shall solely by reason of …disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

2. The coverage of Section 504 extends to:
   - persons who have a disability
   - persons who have a history of a disability
   - persons perceived by others to have a disability
3. A person with a disability is “anyone with a physical or mental impairment that substantially impairs or restricts one or more major life activities: caring for one’s self, performing manual tasks, walking, seeing, hearing, breathing, learning, and working, etc.”

4. The term physical or mental impairment includes, but is not limited to, speech, hearing, visual and orthopedic impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, diabetes, mental retardation, emotional illness, specific learning disabilities, brain injury, minimal brain dysfunction (today this is known as Attention Deficit Disorder and may occur with or without Hyperactivity), and developmental aphasia alcoholism and drug addiction.

5. Under the procedural requirements of Section 504, each institution that receives federal funds should:
   - appoint a Section 504 coordinator;
   - adopt a grievance procedure for handling discrimination complaints;
   - complete an institutional self-evaluation and develop a transition plan;
   - provide for notification of policy of Section 504 coordinator;
   - submit assurance of compliance form to the OCR.

6. Section 504 mandates that reasonable accommodations be made for students, faculty and staff with disabilities. Program accessibility means that all programs and activities “when viewed in their entirety” be accessible.

7. Preadmission inquiries about an applicant’s disability are strictly prohibited, except when institutions are taking steps to cover past discrimination or to correct conditions which may have led to limited participation of persons with disabilities.

8. Programs and activities which must be operated in a non-discriminatory manner include (but are not limited to): recruitment, admissions, academic programs, research, occupation training, housing, health insurance, counseling, financial, and physical education, athletic, recreation, and transportation.

9. Students with impaired sensory, manual or speaking skills must be provided with auxiliary aids such as taped texts, interpreters, readers, and classroom equipment adapted for persons with manual impairments. The institution has flexibility in choosing the effective methods by which aids will be supplied.

10. Academic requirements must be modified on a case by case basis to afford qualified handicapped students and applicants an equal educational opportunity. However, academic requirements that the institution can demonstrate are essential will not be regarded as discriminatory.

THE AMERICANS WITH DISABILITIES ACT

The passage of the Americans with Disabilities Act (ADA) in 1990 focused the attention of faculty on students with disabilities and many have concerns about their rights and responsibilities under the law when it comes to teaching and accommodating the needs of disabled students who take their classes.

Issues concerning physically disabled students are easier to understand than those issues involved with learning disabilities, often called the “invisible disabilities” which are not as easily
understood or accepted. Nonetheless, students with invisible disabilities are protected by the same law as those with physical disabilities, and their rights under those laws must be adhered to by institutions and individuals alike.

Criteria for providing accommodations:

- It is the responsibility of the individual with the disability to identify himself or herself and to provide documentation. If the individual has not been evaluated and diagnosed previously and wishes to be considered for accommodations, the cost of evaluation must be assumed by the individual, not the institution.
- Delivery of services and arrangements of accommodations are to be arranged by a designated ADA coordinator and the ADA requires that accommodations do not pose an “undue hardship” to those providing the accommodations.

Note: Public institutions are covered under Title II and private institutions are included under Title III of the ADA.

WHAT ARE REASONABLE ACCOMMODATIONS?

Sally Scott, Virginia State Coordinator of Higher Education, says “an accommodation is reasonable if it is based on documented individual needs; allows the most integrative experience possible; does not compromise the essential requirements of a course, or programs; does not pose a threat to personal or public safety; does not impose undue financial or administrative burden and is not of a personal nature.”

List of frequently used accommodations:

- extended time and separate exam site
- (Note: some learning centers have testing rooms and offer this service.)
- readers
- note takers
- administer tests in alternate formats (essay, multiple choice, short answer, oral, tape, computer)
- alternate demonstration of mastery (paper/oral presentation/project)
- use of calculator
- use of talking calculator/computer program
- use of speller or dictionary during class exams
- tape recording lectures
- proofreader
- adjusted classroom seating
- extended time to complete a program or degree
- adapted methods of instruction
- course substitution (i.e., perhaps a logic or problem-solving course could be substituted for a math course if student has a certified math disability; a speech class for a required composition course if student has dyslexia). It may be more difficult to find a substitute for the language requirement. We used to use pictorial languages like Chinese as substitutes for French or German. However, in some cases it may be necessary to exempt a dyslexic student from a language requirement.
- part-time rather than full-time registration.