The paper discusses issues in the education of learning disabled (LD) secondary students. Among problems noted are the lack of fit between characteristics of the disabled learner and characteristics of secondary education and the exacerbating effects of learning disabilities on adolescent concerns. Successful strategies identified in the research are described, including helping LD adolescents move from external to internal motivation and helping them to learn strategies that emphasize how rather than what to learn. A final section reviews research on the teachers' role and teachers' need for preparation and support. A list of resources, organizations, and references concludes the paper. (CL)
While confusion and rapid change have marked research and practices among all learning-disabled (LD) youngsters, special educators who study and work with those of elementary school age can at least look back upon more than one decade of accomplishment. Only recently, however, has attention turned to the needs of older LD students, as the realization dawned that not all learning disabilities could be detected, remediated, or compensated at the elementary level (Goodman & Mann, 1976).

The optimism of the 1960s, when practitioners believed that the needs of learning-disabled youngsters could be fully met in elementary schools, faded as the “first generation of identified children who received public assistance on a scale of any consequence entered adolescence” (Kronick, 1975, p. 20). Thus, in the mid-1970s, as educators began to write about older children, their subject matter dealt with “few hard facts and fewer answers” (p. 20). Educational services for LD adolescents barely existed. In fact, a national survey in 1975 revealed that, of 37 states reporting, 40% of local school districts served elementary-aged LD youngsters, but only 9% had secondary programs (Scranton & Downs, 1975). It is no wonder, then, that the provisions of Public Law 94-142, guaranteeing a free, appropriate public education to identified children who received public assistance on a scale of many American middle schools and junior highs.

The LD student, to an even greater extent, is the “victim of his own disorder. Parents and teachers...must take over the organization of most aspects of his life for a much longer time than is needed for ordinary children. Dependency accompanies immaturity” (Smith, 1978, pp. 2-3).

Several characteristics inhospitable to LD students differentiate secondary schools from elementary schools. In the lower grades, children have the security of one classroom, one teacher, one dependable set of demands. Unlike that concretely structured haven, many secondary schools offer the LD student “five, six, or seven teachers who teach 150 to 160 students a day.” Because they are likely to have been trained to teach a specific subject, rather than to understand the developmental needs of an age group, secondary teachers are “many times unaware of the special needs of the LD student. They may find it extremely difficult to individualize instruction when there are so many students to see” (Chaiken & Harper, 1979, p. 7).

In contrast, K–8 and middle schools may be more comfortable environments for LD students, because their organization is less fragmented and more closely linked to the elementary level. To the extent that such schools employ teachers with elementary- or middle-grade certification, their faculties have been trained to understand developmental differences. Further, many degree programs in middle-grade education require special-education courses.

Researchers studying junior and senior high school teachers have found that secondary teachers lecture “significantly more often than they involve students in discussion through questioning,” thus placing “strong demands on is the lack of fit between the characteristics of the disabled learner and the characteristics of secondary education.

Typical Secondary School a Problem for LD Student

“Coinciding with the crises of puberty, children are moved from the cocoon-like...world of the elementary school to the turbulent, confusing, subject-oriented, fragmented world of the junior high school,” which offers more choices, more freedom, and more responsibility (Jacks & Keller, 1978, pp. 59-60). Even students who are unimpeded by learning disabilities might have difficulty in the fragmented environment of many American middle schools and junior highs. The LD student, to an even greater extent, is the “victim of his own disorder. Parents and teachers...must take over the organization of most aspects of his life for a much longer time than is needed for ordinary children. Dependency accompanies immaturity” (Smith, 1978, pp. 2-3).

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Learning Disabilities Can Exacerbate Adolescent Concerns

Secondary schools have been designed to recognize the capacity for greater independence that is characteristic of most young adolescents. Similarly, such schools acknowledge both the growing social abilities of teenagers, enabling them to interact with a wider variety of fellow students and teachers, and the emergence of abstract reasoning skills. To understand the scholastic problems of LD adolescents, it is helpful to scan the following checklist of problems that the older learning-disabled student may present: 1) discrepancy between written and oral response; 2) discrepancy in performance among academic areas; 3) difficulty in following directions; 4) trouble in completing assignments; 5) reading level substantially below grade placement; 6) difficulty in attending to tasks; 7) disorganization; 8) poor handwriting; 9) problems in reasoning abstractly; 10) poor social skills; 11) poor arithmetic skills; and 12) poor spelling (Chaiken & Harper, 1979, pp. 6-7).

While they may seem dramatic, these problems are more benign in the classroom than are the characteristics presented by the elementary-aged I.D child, who may be hyperactive, emotionally unstable, impulsive, and uncoordinated. But LD adolescent students do not exist in a scholastic vacuum; rather, they live in a world that expects mature behavior to match a mature physical appearance. Thus, although adolescents' learning disabilities may be more susceptible to management under appropriate conditions, such students bring with them to secondary schools the accumulated baggage of prior years of academic and social difficulty. In fact, researchers have pointed out that attempts at scholastic remediation may be lost upon adolescent I.D students, who are in even greater need of social, behavioral, and personal/emotional adjustment (Lerner, Evans, & Meyers, 1977; Phil & McLarnon, 1984).

Some of the social and behavioral characteristics of I.D adolescents are purely typical conditions of all adolescents, magnified by the learning disability. "Adolescence does not miraculously bypass the child with a learning disability. Indeed, the adolescent with a learning disability often does not have the coping mechanisms to master the tasks of childhood, let alone those of adolescence" (Jacks & Keller, 1978, p. 59). For example, a temporary drop in self-esteem is not at all unusual in adolescence; but for the I.D adolescent, who "learned during his most formative and impressionable years that he couldn't do things, couldn't understand, couldn't perform like other children," the "cumulative effect of repeated failure firmly established his poor image of himself" (Smith, 1978, p. 94). Similarly, many teenagers are prone to disorder and messiness but the I.D student "has them more pronouncedly, in more areas, and they last longer." In school such habits manifest themselves in "poor planning, a lack of punctuality, poor study habits, poor follow-through, and unproductive uses of . . . time" (p. 95).

Most young adolescents, as they cope with rapid physical, socio-emotional, and cognitive changes, take comfort in mirroring peers' tastes and interests. But as Jacks and Keller have pointed out, "in a world of teenage conformity, the I.D adolescent is a non-conformist by circumstance, rather than by choice. At an age when a case of acne can spell gloom and depression, this adolescent suffers from the anxiety that. . . peers might uncover this 'hidden handicap'" (p. 61).

The perceptual skills that affect I.D students' school performance can handicap social development at a time in life when friends and social groups are particularly important. Axelrod (1982) reported that I.D adolescents "appear to be significantly lower in nonverbal social perception skill" than other adolescents (p. 61). As a result, the I.D young person may tend to be egocentric; the lack of perceptual skills that slows learning can also delay the development of sensitivity to the needs of others. In addition, as I.D adolescents begin to evaluate their inadequacies in comparison to non-I.D youngsters, they may engage in scapegoating others with similar or different problems (Smith, 1978, p. 92).

Struggling to achieve control over feelings of helplessness, some I.D adolescents become ritualistic (Smith, p. 92). They may also become excessively fatigued, possibly a positive sign that the I.D adolescent is making a conscious effort to avoid tasks that are difficult for him. In any case, because of their "internalized externalization" of stress and its effects on self-esteem, I.D adolescents are at particular risk for "adversity-induced learning disabilities" (Smith, p. 92).

The Learning-Disabled Student was written by Leah M. Lefstein and edited by Anne Richardson. The resources were compiled by Sue Rosenzweig. This work was supported by Grant Number NIE-G-84-0002 of the National Institute of Education. It does not necessarily reflect the views of that agency. Publisher: Center for Early Adolescence, School of Public Health, University of North Carolina at Chapel Hill, Suite 223, Carr Mill Mall, Carrboro, NC 27510. (919) 966-1148.
Recent research among LD adolescents and their non-LD peers has shown some optimistic signs for those who have learning problems. Silverman and Zigmond (1983) found that LD adolescents do not necessarily see themselves as incompetent (p. 480). While others might dispute this claim, it is an interesting finding that will await further examination. Whalen, Henker, Dotemoto, and Hinshaw (1983) studied non-LD students’ perceptions of hypothetical, atypical peers at four different grade levels (4, 6, 8, and 10) and found that as students mature, they become more accepting of differences.

Researchers Point to Successful Strategies

The body of research and commentary on adolescent learning disabilities is shrouded in a confusing variety of opinions and tentative findings. For the practitioner who is charged with appropriately meeting the learning needs of LD students, there are no all-purpose solutions. Nevertheless, it is encouraging that the subject of appropriate education in secondary schools has been undertaken in recent years, and that some successful strategies have been tested.

Marsh, Gearheart, and Gearheart (1978), in a volume devoted to an examination of existing secondary program alternatives, clearly distinguished between attempts to remediate adolescent students and attempts to accommodate them. According to the authors, remedial teaching focuses on “changing the learner...so that he or she may more effectively relate to the educational program as it is provided and administered for all students.” Accommodation, on the other hand, focuses on “changing the learning environment or the academic requirements so that the student may learn in spite of a fundamental weakness or deficiency” (p. 85).

Remediation is a more viable alternative in elementary programs, before students’ central nervous systems are mature. But efforts to remediate may reach a plateau at about the tenth grade level. Thus, “accommodation... exceed[s] in importance in the secondary school... The emphasis must become focused on the use of whatever skills and abilities the student may have” (p. vi). In other words, schools should accommodate LD students’ use of aids like calculators in math classes, tape-recorded texts in literature classes, or oral rather than written examinations.

Two relatively recent investigations of teaching and learning strategies for LD adolescents seem particularly promising. The University of Kansas Institute for Research on Learning Disabilities has studied LD adolescents for the past few years, developing an intervention model based on the common characteristics of the disabled adolescent learners that Institute staff members and others have studied.

The goal of the Kansas model is to help LD adolescents function more independently in academic settings by teaching them learning strategies that emphasize how to learn rather than what actual content is learned (Schumaker, Deshler, Alley, & Warner, 1983, p. 56). Using the learning-strategy approach only, the Kansas group found that LD students made significant gains in a resource room but not in other classroom settings. They consequently added and continued to experiment with a variety of other curricula, including social skills, generalization and maintenance, motivation or goal setting, and evaluation. By meeting LD adolescents’ learning delays and deficiencies on a variety of social, educational, and behavioral levels, the researchers found that the “performance of LD adolescents in secondary schools can be favorably affected” (p. 50). Writing about the early implications of their research, members of the Kansas group commented, “I.D. students, within this model, are seen as capable of becoming, and are taught to be, responsible individuals who have a right to have decision-making authority in their personal educational programs” (p. 66).

At the University of Houston, Meisgeier has developed another promising model for teaching LD adolescents. Called Synergistic Education, the model consists of four components. The academics component is carried out in a resource room where rapid increases in reading fluency are emphasized. The social-behavioral segment of the program consists of a one-semester psychology course because “data now available suggest that efforts...should focus much on what is occurring inside the student as on what is happening in the classroom” (Meisgeier, 1981, p. 2). The parent education component is an accompaniment to the social-behavioral segment of the model. Finally, the content mastery segment is designed to give students support in regular classrooms, rather than in a resource room.

Both Meisgeier and the Kansas team have addressed the need to move LD adolescents from external to internal motivation. Meisgeier (1984) reported that the Houston model showed “movement...in a positive direction from external to internal control.” Members of the Kansas group tested a system in which points (external motivators) were exchanged for privileges, then gradually withdrawn. They found that daily exchange of points could be extended to weekly, bi-monthly, and then “eliminated entirely without a decrease in grades for some junior high LD students” (Deshler, Schumaker, & Lenz, 1984, pp. 109–110). Other students, however, continued to need weekly feedback and an exchange of privileges.

In recent years, various forms of treatment and intervention for LD adolescents have gained and lost in popularity. At present, the microcomputer seems to hold promise but needs further study. Some software and information resources are now available (Gaushell, 1983). Another technique to help LD students achieve greater ability to concentrate on learning—drug therapy—has become far less popular. “Treatment with stimulant drugs...has probably no long-term beneficial effect...in the adolescent, the negative consequences of treating a problem with a pill should be considered very carefully; the responsibility for behavior is shifted from the adolescent to a drug” (Cannon & Compton, 1980, p. 91).

Teachers Need Preparation and Support

No discussion of adolescent learning disabilities would be complete without a review of the issues that affect who teaches LD students, and where they should be taught. In elementary schools, resource rooms staffed by trained special educators have proven their worth in serving LD students. On the secondary level, however, the case for resource rooms is not quite so clear-cut. Although resource rooms figure pro-


Teaching the Learning-Disabled Adolescent, edited by Lester Mann, Libby Goodman, and J. Lee Wiederholt. (1978)

Teaching the Learning Disabled Adolescent: Strategies and Methods, by Gordon Alley and Donald Deshler. (1979)

Organizations

The Association for Children and Adults With Learning Disabilities is a national organization devoted to defining and finding solutions for children and adults with learning disabilities.
disabilities. The Association has affiliates in all 50 states, with more than 800 local chapters. Services of the national office include information and referral, school program development, a legislative committee, and conferences. Publications include: *Helping the Adolescent With the Hidden Handicap, Adolescence & I.D. (A Time Between), What About Me? The I.D Adolescent, and The Adolescent With Scholastic Failure.* Address: 4156 Library Rd., Pittsburgh, PA 15234.

The Council for Exceptional Children is a professional organization with over 50,000 members that houses the ERIC Clearinghouse on Handicapped and Gifted Children and coordinates and supports a network of local chapters, state federations, student organizations, and special interest divisions. CEC staff provide information to teachers, administrators, and parents concerned with the education of exceptional children. (Publications list available.) Address: 1920 Association Dr., Reston, VA 22091.

The Institute for Research in Learning Disabilities has specified the learning-disabled adolescent and young adult as the target population of its research efforts. The Institute's major responsibility is to develop effective means of identifying LD populations at the secondary level and to construct interventions that will have an effect upon school performance and life adjustment. An overview of the Institute's work can be found in the May 1983 and September 1982 issues of *Focus on Exceptional Children.* Address: 313 Carruth-O'Leary Hall, University of Kansas, Lawrence, KS 66045.

The National Coalition of Advocates for Students is a network of child advocacy organizations that work on school issues at the federal, state, and local levels. NCAS seeks to improve the quality of public education for all students, with particular attention paid to the poor, minority, and handicapped. Address: Room 350, 76 Summer St., Boston, MA 02110.

The National Easter Seal Society is a nonprofit health care agency that provides direct services to people with disabilities, conducts educational programs, advocates for equal rights for people with disabilities, and awards grants to finance research. (Publications list available.) Address: 2023 West Oglen Ave., Chicago, IL 60612.

The Orton Dyslexia Society is an international organization concerned with specific language difficulty or developmental dyslexia. The Society aims to improve understanding, promote research, share information, and encourage appropriate teaching. An information packet is available that includes brochures and a publications list. (Send $1 to cover postage and handling.) Address: 724 York Rd., Baltimore, MD 21204.

References


LaMore, G.S. Mainstreaming: One-way ticket or round trip? *Principal,* 1984, 63 (4), 32-35.


Meisgeier, C. Telephone conversation with L. Lefstein, Center for Early Adolescence, University of North Carolina at Chapel Hill, Carrboro, N.C., June 12, 1984.


