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Learning Disabilities in Adult Basic Education: A Survey of Current Practices

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Abstract

The purpose of the study was to explore a number of issues critical to the effective service delivery and skill education of adults with learning disabilities in Adult Basic Education (ABE) programs in all 50 states and two American Territories. Adult Basic Education directors answered brief questions in the following areas: the prevalence of students with learning disabilities in their ABE programs; what definitions of learning disabilities were currently in use in their local ABE educational programs; how ABE students were diagnosed for learning disabilities in conjunction with these programs; and how important and what type of training ABE instructors were currently receiving about learning disabilities. Data describing these areas are summarized in five tables. Recommendations based upon the study are discussed and include: increasing staff training for ABE instructors and paraprofessionals; wider dissemination about the effectiveness of ABE programs as an option for individuals with learning disabilities; and further research to explore the relationship between ABE and learning disabilities in adults.

In 1989, Adult Basic Education provided a variety of services for over 3.3 million Americans in programs based on adult basic education, adult secondary education, and English as a second language (U. S. Department of Education, 1992a). These programs were designed to provide learning opportunities for persons over sixteen years of age in two general categories: high school equivalency training to prepare for the General Education Development (GED) tests and literacy skill building (Mocker, 1986). Prompted by legislation such as the Adult Education Act (P.L. 100-297) and the National Literacy Act (P.L. 102-73), programs for Adult Basic Education currently exist for persons with and without disabilities in 57 states and territories (U.S. Department of Education, 1992b).

The justification for Adult Basic Education (ABE) as a primary source for literacy development is firmly supported on both state and national levels. For example, the state of Minnesota reported almost 700,000 persons 16 and older did not have a high school diploma and were not currently enrolled in an educational program (Literacy Coalition, 1987). This same report estimated that over 26 million adults, or one in every five

Americans, have marginal literacy skills that require basic skill development (i.e., 4th-6th grade reading level).

Currently, little information is available addressing the relationship between persons with disabilities and their participation in Adult Basic Education. The relationship between ABE and students with learning disabilities who have dropped out of high school has largely been unexplored, though some studies have tried to address this topic. For example, Zigmond and Thornton (1985) have reported a high school dropout rate among students with learning disabilities to be 54%. No data currently exist, however, as to whether these former students subsequently pursued the equivalence of high school diplomas through GED testing or other nontraditional programs.

In 1989, preliminary available data indicated that six percent of the 3.3 million students enrolled in ABE programs reported having one or more disabilities (U.S. Department of Education, 1992a). Although this report did not provide information regarding enrollment according to area of disability, individual authors have attempted to approximate this figure. For example, Travis (1979) estimated that as many as 80% of all students currently enrolled in ABE programs across America may have learning disabilities. The staff of Project Literacy U.S. (U.S. Department of Education, 1992c) projected 30-40% of the 23 million functionally illiterate adults to have either English as a second language (ESL) or learning disabilities. Ross (1987) proposed determining the number of students with learning disabilities in ABE by extrapolating figures from the general school age population (eg., determining the percent of school-age students enrolled in ABE programs and then calculating the percent of school-age students with learning disabilities). This, she asserted, could determine a maximum level at which learning disabilities could be predicted in ABE. She also asserted, "...it is reasonable to assume that the ABE instructor is more likely to encounter learning disabled students than adult educators in other environments" (p. 6).

Specific points should be considered in light of this information. First, if significant numbers of adults with disabilities, especially learning disabilities, are seeking assistance from local ABE programs, information should be collected related to how policymakers, teachers, and others assisting in these programs are prepared to address the multiple issues typically presented by these students. Specifically, how are students with this disability identified in ABE programs? Second, since many adults with learning disabilities may have been passed through education without receiving the benefits of PL 94-142 (Ryan " Price, 1992), what options currently exist for ABE students who request adult diagnoses or assistance in understanding their learning patterns? The focus of this article is to provide information from a recent survey which begins to address these critical questions. The purpose of the study was to explore a number of different issues critical to the effective service delivery and skill education of adults with learning disabilities in all 50 states and two American territories who attend ABE programs.

Method

Respondents

Fifty-two directors of Adult Basic Education were administered a survey at their national meeting. Follow-up telephone calls were made to directors not responding to the initial request. Responses were received from 100% of the state directors of ABE and two directors of U.S. territories. Directors were selected as respondents in this survey because of their roles as policy makers.

Instrumentation

A two-page survey was developed by the authors of the study to focus on six questions related to ABE and learning disabilities. The topical areas explored were: the projected prevalence of ABE students with learning disabilities in each state/territory; the procedures used by ABE personnel for diagnosing learning disabilities; and the type of training ABE instructors are receiving about learning disabilities.

Respondents were asked to mark answers in a variety of ways. Each director wrote the predicted percent of ABE students with LD (identified and unidentified) in their state. Next, were four forced-choice options. Respondents were asked to identify the definition, model of diagnosis, or style of in-service on learning disabilities which were most likely utilized in their state. The final question consisted of a 5-point Likert-type scale (5 = maximum priority to 1 = not a priority) designed to solicit each director's perception of the priority placed on educating ABE instructors regarding learning disabilities in adults.

Results

Data collected from this survey are categorized into four basic areas which correspond to Tables 1 through 5. Each table provides information about how ABE programs are currently functioning with respect to learning disabilities. The tables include data on prevalence, definition, provisions for diagnostic services, and the degree to which in-service activities are available to instructors as well as priority of in-service training.

Prevalence

The estimated prevalence of students with learning disabilities was the first area explored by this survey. Each respondent was asked to estimate the percent of students in ABE programs in their state with learning disabilities. It should be noted that this estimate includes students who either had previously diagnosed learning disabilities or who were suspected as having undiagnosed learning disabilities. As Table 1 illustrates, the perceived prevalence of LD varied greatly among the states. Forty-eight of the 52 directors were able to respond to this question. Among them, 60% (n=29) estimated 15-40% of their ABE students to have learning disabilities. In contrast, 21% (n=10) of the respondents predicted that half or more of their students had or were suspected of having LD, while 19% (n=9) projected their state's prevalence to be 10% or less. Directors from three states and one territory were unable to estimate what percentage of students they worked with had some type of identified or unidentified learning disabilities.

Definition

The second area critical to describing policies and procedures of ABE programs with respect to students with learning disabilities involved the definition adopted by each state or territory. These data are summarized in Table 2 according to two sub-questions: (a) Does the state have a definition for adult learning disabilities?; and (b) if yes, what is the source of that definition? Of the 52 states and territories, 62% (n=32) reported a definition for adult learning disabilities had not been adopted as of 1992. Twenty five percent (n =13) said their states had in place a formal definition for learning disabilities which could be used by local ABE programs. Thirteen percent (n=7) indicated their states planned to adopt a definition in either 1992 or 1993 or the definition was currently "under discussion." Of the 13 states reporting a definition of learning disabilities, six indicated using P.L. 94-142 (since reauthorized as P.L. 101-36, IDEA) as the definition for learning disabilities; two respondents were using a formal state-developed definition; and five were using a definition created specifically at the site (local) level.

Diagnosis

One important service delivery component for students with disabilities is the provision of diagnostic service including the delineation of learning patterns and interpretation of findings in practical ways. ABE directors were asked which of the following would likely be recommended to a student seeking adult diagnosis for learning disabilities: diagnosis on-site for a fee or free of charge, diagnosis off-site through a state agency or private agency, or "other." Table 3 summarizes these results.

Half (n=26) of the directors reported the referral of students to state agencies such as the Rehabilitative Services, and 27% (n=14) reported that diagnostic assessment would likely occur on-site free of charge. Only 4% (n=2) reported that students would be directed to private agencies. No states or territories indicated that students were charged on-site fees for diagnostic services. Nineteen percent (n=10) of the directors selected the "other" category and offered written responses. These responses included comments from one director that adult diagnosis was not required since traditional

Table 1 Estimated Prevalence of Learning Disabilities in Adult Basic Education

State	Estimated Prevalence	State	Estimated Prevalence
Alabama	20	Nebraska	10
Alaska	40	Nevada	20
Arizona	15	New Hampshire	15
Arkansas	35*	New Jersey	10
California	25	New Mexico	50*

Colorado	50	New York	40*
Connecticut	15	North Carolina	3
Delaware	50	North Dakota	55*
Florida	20	Ohio	25
Georgia	25	Oklahoma	25
Hawaii	1	Oregon	15
Idaho	55*	Pennsylvania	20
Illinois	10	Rhode Island	20
Indiana	35	South Carolina	75
Iowa	40	South Dakota	5
Kansas	35	Tennessee	20
Kentucky	DK	Texas	20
Louisiana	15*	Utah	10
Maine	25*	Vermont	50
Maryland	30*	Virginia	50
Massachusetts	15	Washington	10
Michigan	23	West Virginia	DK
Minnesota	90	Wisconsin	DK
Mississippi	20	Wyoming	20
Missouri	50	American Samoa	DK
Montana	25	Puerto Rico	5

Table 2 Responses Related to Issues of Definition

1. Definition of Learning Disabilities		2. Source of Definition Among States Reporting Definition of Learning Disabilities (n=13)"		
State or Territory Has Adopted a Definition of Learning Disabilities	Number of States	%	Source of Definition	Number of States
No	32	62	PL 94-142	6

Yes	13	25	State Authored	2
Under Consideration	7	13	Site Authored	5

Table 3 Provision of Diagnostic Services for Students Suspected of Having LD in ABE Programs

Place	Number	Percent
On-site For a Fee	0	0
On-Site Free of Charge	14	27
Referred to State Agency	26	50
Referred to Private Source	2	4
Other	10	19

Table 4 Availability of In-service, Activities on Learning Disabilities

Initiative	Number	Percent
Individual Seeks on Own	4	8
Regional	20	38
Provided by State	24	46
Other (all of the above)	1	2
Unknown	3	6

Table 5 Priority for In-service Activity of Learning Disabilities

Priority Rating	Number (N=52)	Percent
Maximum	6	12
High	29	56
Moderate	15	29
Low	2	4
Not a Priority	0	0

school-age (K-12) diagnosis had been available. Additionally, 10% (n=5) of the directors responding "other" reported that state or on-site diagnosis could be accessed. Of the 10 respondents checking other, 40% reported all options being available to students.

Training

Additional information collected from the survey focused on the needs of ABE professionals and paraprofessionals for information on learning disabilities. Two related questions were asked pertaining to the in-service activities of ABE instructors throughout the United States and territories. First, the respondents were asked if in-service activities on learning disabilities had been available to these educators. Second, the respondents were asked what kind of priority they would assign this kind of activity. Information from this portion of the survey is summarized in Tables 4 and 5.

Of the 52 states and territories, 85% (n=44) of respondents indicated in-service had been systematically provided. Twenty respondents (38%) reported in-service training was held on a regional basis for ABE instructors. Twenty four respondents (46%) indicated in-service training had been provided on the state level. Four states (8%) responded that individuals themselves were responsible for learning about this area of disability since neither state nor regional programs had been provided. One respondent (2%) reported that, indeed, all options had been made available to ABE instructors in the state, while the remaining three directors (6%) did not know what options were available to provide in-service training on learning disabilities to ABE personnel.

Finally, directors were asked to indicate a priority level for the implementation of activities that would educate instructors on learning disabilities. As illustrated in Table 5, 67% (n=35) of the respondents indicated that the in-service of ABE instructors was either a "high" or "maximum" priority. Twenty nine percent (n=15) perceived in-service activities as a "moderate" priority, and 4% (n=2) rated it a "low" priority. None of the respondents surveyed said in-service training on learning disabilities was not at all a priority for their staff in ABE programs.

Discussion

The focal point of this study was to describe several issues related to Adult Basic Education and learning disabilities. Adult Basic Education is perceived as a significant and perhaps final educational option for some adults with learning disabilities. Because scant literature is available on this topic, the survey was intended to examine four important areas: prevalence, definition, diagnosis, and in-service training. Each is discussed in further depth.

Prevalence

One impression emerging from the literature is the lack of definitive information concerning the prevalence of students with learning disabilities in ABE programs. The findings of this study underscore this confusion by yielding a projected range of LD incidence between 0-90 percent. This phenomenon may be the result of several factors. First, there appear to be few procedural guidelines in place for the diagnosis and identification of students with learning disabilities in ABE; second, there are no systems for tracking the prevalence of students with LD; third, and most fundamentally, there remains a general lack of clarity regarding the definition for learning disabilities as it applies to adults.

Ross and Smith (1988) investigated the opinions of 306 ABE staff members. They reported that teachers and counselors of ABE/GED programs also expressed difficulty identifying formally diagnosed adults with learning disabilities in this setting. The authors indicated surprise at experiencing such difficulties since ABE teachers in their study perceived a high prevalence of learning disabilities among their students. The findings of the present study support Ross and Smith's (1988) conclusions that "although neither teacher nor counselor estimates permit any precise determination of the number of learning disabled students ... these data suggest that: (a) LD students are enrolled in many ABE... programs..., [and] (b) a significant number of additional students are suspected to have learning disabilities" (p.20).

Definition

As noted above, one primary reason for difficulty obtaining a reliable estimate of the national prevalence is the lack of consensus regarding the definition of adult learning disabilities. The data from this study indicate that most states and territories (62%) have not adopted a definition for this disorder pertinent to adults and adult service providers. This situation is further confounded by the finding in this study that only 13% (n=7) of the remaining states are currently considering implementing such a framework. These findings may hold significance for adults in ABE. The recognition of students with unique learning needs and the student's ability to access multiple levels of support may, indeed, depend on the skills of adults with disabilities and their service providers to accurately articulate the disorder.

Historically, few definitions of learning disabilities have included reference to adults. In an analysis of the 11 most widely recognized definitions of learning disabilities in existence since 1962, Hammill (1990) noted that the definitions could be categorized as either conceptual (theoretical) or operational. He reported that five of the conceptual definitions contained elements that include or imply learning disabilities throughout the lifespan (Kirk, 1962; U.S. Office of Education, 1977; Association for Children with Learning Disabilities, 1986; Interagency Committee on Learning Disabilities, 1987, National Joint Committee on Learning Disabilities, 1988). Further analysis found only one definition intentionally included language specific to adults (ACLD, 1986) while the remaining four inferred the possible inclusion of long-term manifestations of the disorder

by excluding reference to a specific age group. Hammill (1990) and Brinckerhoff, Shaw, and McGuire (1993) recommend the NJCLD definition as the conceptual definition of choice for postsecondary institutions.

The importance of establishing a definition that best applies to the multiple needs of adults with learning disabilities cannot be underscored too emphatically. The question remains, however, whether the answer to this need exists in yet another theoretical definition for learning disabilities. It may not be necessary for each state and territory to devise for itself the links between theory and practical application. Perhaps what is needed now is an operational definition of learning disabilities; a definition that can be both recognized and implemented by teachers and service providers in an array of postsecondary settings. An example of such an operational definition is found in the four-level operational interpretation proposed by Brinckerhoff, Shaw, and McGuire (1993).

Diagnosis

The findings of this study indicate that diagnostic services for adults with suspected learning disabilities are currently available through a variety of sources. These range from assessments offered through state agencies to those provided by private examiners. The variability of these services, however, are undoubtedly impacted by other issues previously addressed in this report: the current lack of consensus regarding an operational definition for adults with learning disabilities, and the lack of procedural guidelines for adult diagnosis. Confounding these issues is the lack of agreed upon criteria for the identification of learning disabilities in adults. While individual diagnosticians may, indeed, apply their own criteria to the identification of adult learning disabilities, there are no provisions that these same criteria "fit" with the needs or philosophies of Adult Basic Education, or that the instruments used in the identification of learning disabilities have, in fact, been standardized on the adult population.

Though confusion may exist at the state level of government, there is some evidence that teachers of ABE are aware of the need for more sophisticated diagnostic services. For example, Ross and Smith (1988) reported over two-thirds of ABE teachers surveyed indicated a clear need for more information on assessment procedures for adults with suspected learning disabilities.

This concern for more information must be addressed in ABE programs as the accurate diagnosis of learning disabilities can have utility both for students who are accessing support and instructors who work with them. Adults cannot advocate for themselves in the classroom or workplace if they do not understand themselves and the ways in which they learn. If, indeed, "disability self-awareness" is to become a key phrase for the 1990's (Ryan " Price, 1992), then these issues must be addressed within logical contexts.

Additional rationales for appropriate diagnosis of learning disabilities in ABE settings were addressed in the following statement of the U.S. Department of Education (1992c):

Why diagnose for learning disabilities in our adult learning center students? Why not treat every ABE/GED student alike and do our best to remediate the specific weaknesses? ... Readers will need to arrive at their own answers to these questions; however, most will concur that the learning disabled adult is not like other students who come into the center. The uneven performance and pattern of frustration these students have experienced requires knowledge and understanding by the facilitator to help the student understand him/herself, as well as to appropriately refer the student to other agencies if needed. (p.1)

As reported here, an array of options are currently available to adults seeking diagnosis of learning disabilities. Questions remain, however, about the costs of these options and the extent to which they are viably accessed by adults in our society.

In-service Training

As recognition of the enrollment of adults with learning disabilities in ABE expands, questions regarding the preparation of personnel to deal with these students and their complex learning patterns have also increased. These questions become more pertinent as only some states currently require teaching licenses in Adult Basic Education for their instructors, suggesting a need for training programs which could include topics such as instructing adults with (learning) disabilities. Yet again, Ross and Smith (1988) reported most teachers surveyed perceived a general unavailability of support and in-service training for working with students with special learning needs.

As this study indicates, the majority of ABE directors perceive a high to maximum degree of need for in-service training in the specific area of learning disabilities. In addition, the following comments were offered by state or territorial directors:

"We give this a high priority; LD is one of the top three major concerns for ABE instructors."

"Instructors identify in-service as a strong need, but we are unsure about what are the best practices in adult ed."

"We would like to know who are professional development experts in this area."

"We're not really doing as much as we should be in this area, but resources are slim and conclusions are inconsistent."

"It's a problem not having the expertise to find the answers about how and where we should go with this."

The data collected from this survey and the written comments of the directors indicate most states and territories are willing to address the multiple issues associated with understanding learning disabilities in ABE settings. Some confusion exists, however, regarding who are the experts and how their support can be accessed. As the topic becomes more pertinent, perhaps information sharing will increase among the directors

and their state/territorial personnel through formal (e.g., conference formats, policy statements) and informal means, and available literature.

Conclusion

Although the fifty state and two territorial directors of ABE generally acknowledged students with learning disabilities in literacy and GED programs, much work needs to be done. Indeed, this awareness represents only a readiness to begin addressing the multiple interlocking issues associated with complex learning disabilities in adults.

To date, disappointingly few field-based studies have been conducted. This study, and others cited in this article, represent only introductory surveys on this complicated topic. For example, no information was found regarding the attributes of students in Adult Basic Education or their reasons for enrolling in these programs. Nor was information available regarding their motivation for attending ABE programs or their anticipated outcomes. With so much emphasis today on outcome-based education and the need to articulate what students should know, policymakers in ABE would be wise to consider the impact of learning disabilities on both the student and instructor in ABE.

It should be noted, however, that some directors expressed inadequacy regarding their understanding of learning disabilities and the extent to which their states are involved in the issues presented here. Interpretation of this study should be conducted within the limitations of this understanding.

As more and more adults with unique learning styles request assessment for a diagnosis of suspected learning disabilities, the leadership of Adult Basic Education may consider the need for systematic change. If ABE directors are in the position of knowing how to create change, then attention can ultimately be shifted to knowing what to change. Scales (1986) asserted, "the ability and willingness of institutions to respond actively to the challenge of providing services to disabled students is linked to the size of their base of knowledge in how to approach the issues involved" (p. 31).

Adult Basic Education programs may be "coming of age" at a prime time in the history of education and, indeed, special education and learning disabilities. The current emphasis on life-long learning, "learning-how-to-learn", selfadvocacy, equal access to employment and other areas of adult life creates an ideal climate for expansion of this investigation. Now is the time for support to come forward for students, their instructors, and indeed the policymakers who influence the structure of programs for adults with learning disabilities.

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