
ADOLESCENTS WITH LEARNING DISABILITIES: UNIQUE CHALLENGES AND REASONS FOR HOPE

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THE CASE FOR STUDYING ADOLESCENTS WITH LEARNING DISABILITIES

Historically, most of the professional literature in the field as well as federal funding initiatives in research and program development have been directed at younger students with learning disabilities (LD). The prevailing assumption (or hope) has been that if intervention took place at a young age, many of the manifestations of the learning disability would be minimized or avoided altogether in later years (Kirk & Elkins, 1975).

The recent shift from aptitude-achievement discrepancy to responsiveness-to-intervention (RTI) identification models underscores the value that the field places on early prevention strategies and avoiding “wait-to-fail” approaches (e.g., Vaughn & Fuchs, 2003). However, the field has learned that adolescents with LD have enduring and unique characteristics that are manifested in differing ways as development and setting demands change (e.g., Brinckerhoff, Shaw, & McGuire, 1992; Lenz & Deshler, 2005; Mellard & Deshler, 1991).

When the five LD Institutes were funded by the Office of Special Education (OSEP) in 1978, the one at Kansas University focused on older students. The baseline of data available on these older students was almost nonexistent at the time. Hence, we sought to answer many foundational questions related to the salient characteristics of these learners and basic instructional practices that led to significant student outcomes (e.g., Deshler, Schumaker, Alley, Warner, & Clark, 1982). While valuable lessons emerged from that research, the surface was barely scratched (Warner, Schumaker, Alley, & Deshler, 1980). As a result, several have argued (e.g., Deshler, 2001) that there are compelling reasons to continue to focus on the unique issues facing adolescents with LD. Similarly, there are reasons not to put all of our field’s eggs in the early-identification and intervention basket.

First, even though an impressive array of reading interventions have been developed for younger students (e.g., Foorman, Francis, Novy, & Liberman, 1991), it is unlikely that these methods will be successfully implemented *to scale* nationally given our field’s poor record of implementing educational innovations (e.g., Elmore, 1996). Thus, in spite of the effectiveness of existing interventions, the chance of bringing any innovation to broad-scale implementation with fidelity is remote. As a result, many students will not receive the intervention and will move on to later grades with significant, unaddressed deficits.

Second, even if children with LD receive quality interventions during their early years, in all likelihood, their disability will endure into adolescence and adulthood. The need for effective intervention strategies for these older individuals is as great as, if not greater than, the need for interventions for younger children because of all the emotional overlays that generally emerge as individuals mature and continue to encounter significant failure. Hence, it is critical that the LD field develops a research and intervention agenda that is designed to address multiple aspects of the condition of LD across multiple age ranges. As compelling as the case for early intervention can be, if that case is made *at the expense of* addressing the equally problematic and unique set of problems presented by older-aged individuals, the long-term effects of such a policy will be devastating for thousands of individuals with LD.

ENCOURAGING PROGRESS ON THE INTERVENTION FRONT

During the past 25 years, despite the relatively limited attention paid to older students, significant progress has been made in designing and validating interventions for adolescent populations. For example, at the University of Kansas Center for Research on Learning, we

have conducted over 20 studies¹ (e.g., Schumaker & Deshler, in press; Schumaker & Deshler, 2003) to address two basic questions: (a) Can adolescents with LD be taught to use complex learning strategies? and (b) Does their use of the strategies result in improved performance on academic tasks?

In general, this research has shown that adolescents with LD dramatically improve their use of a particular strategy when an eight-stage instructional methodology (Ellis, Deshler, Lenz, Schumaker, & Clark, 1991) is implemented. Further, in all studies, the students generalized their application of the strategy across various types of curriculum materials. In some cases, the students generalized their application across settings and maintained the use of strategies over time. In short, we have learned that adolescents with LD can be taught how to learn and that their ability to respond successfully to secondary-level school curriculum demands can be improved significantly.

AN R & D AGENDA FOR ADOLESCENTS WITH LD

While this research evidence provides reasons to be hopeful about the kinds of gains that can be realized with adolescents with LD, it is important to note that making *sustainable gains across multiple core curriculum classes* that lead to *standard high school diplomas* for these students will require us to take seriously the following two challenges. I see these challenges as representing a partial R & D agenda for the future.

Maintain the Integrity of Teacher Roles

Adolescents with LD generally evidence a large “achievement gap.” That is, they struggle to respond successfully to the pressing curriculum demands in core academic subjects because they lack the skills and strategies that enable them to effectively process the content information. How special education teachers define their role in relation to adolescents with LD greatly affects the ultimate outcomes these students achieve. The primary role of any support teacher (e.g., a resource or an LD teacher) should be to teach specific skills and strategies to enhance students’ effectiveness as learners in their core curriculum classes. By doing so, we optimize students’ chances of truly gaining access to the general education curriculum. Regrettably, support teachers often get caught in the trap of “tutoring” adolescents with LD in subject matter. This can be an extremely costly and fatal error because it is generally done at the expense of teaching valuable strategies that will enable students to function independently in the content classroom. Thus, in the absence of this type of instruction, students with LD will not change as learners. Although they may “get by” and even be promoted

socially, they will leave the educational system grossly underprepared to face the harsh realities of the post-secondary world (Deshler, Schumaker, & Woodruff, 2004).

The role of content teachers, with their subject-matter expertise, on the other hand, should be to carefully select the information that they consider to be essential for all students to learn and to transform and organize that information so as to make it easier for all students to learn. They should also use well-designed instructional routines to present the information in a participatory fashion with students in their classes. Additionally, they should prompt students to apply the strategies their support teacher(s) have taught them (Lenz, Deshler, & Kissam, 2004). Hence, there are vital, and yet distinctly unique roles, to be played by both the content expert and the LD teacher in teaching adolescents with LD. When teachers honor these unique roles, they provide students with a continuum of literacy instruction across the different classroom settings they encounter – and success can follow. When role integrity is compromised, so are student outcomes.

Teach Validated Interventions with Fidelity and Intensity

Swanson and Deshler (2003) detailed several interventions that have been found to be effective for adolescents (e.g., questioning, sequencing and segmentation, explicit skill modeling and practice, scaffolding). The academic deficits that the majority of adolescents with LD face are so substantial and the instructional time is so limited that it is imperative that the instruction these learners receive addresses the skills and strategies that are centrally related to their future success in demanding high school curricula; and such instruction must be provided in a methodologically sound manner. Regrettably, there is evidence that much of the instruction that currently takes place with adolescents with LD (both in general education and special education class settings) does not adhere to these validated instructional practices (Schumaker et al., 2002).

It’s not simply a matter of teaching validated practices correctly, however. It is also important that instruction be highly intensive. Intensive instruction involves helping students maintain a high degree of attention and response during instructional sessions that are scheduled as frequently and consistently as possible. In other words, a key factor affecting learning is both the amount of time in instruction and how effectively each instructional moment is used to engage students in activities that contribute to their learning. Intensity during instruction is achieved by progressive pacing, frequent question-answer interactions, and frequent activities that require a physical response (e.g., pointing,

writing, raising hands, repeating). Intensity can also be achieved through reflective or open-ended questions if the activities are focused on a process that engages interest and maintains the student's attention. For adolescents who are far behind, all of these elements must define the instructional dynamic.

We seem to know more about how to be successful with older students than we apply on a consistent basis – *discovering* what works is generally an easier proposition than *applying* that knowledge on the front lines! However, this reality underscores the need for high-quality staff development (including coaching) and strong administrative leadership to ensure implementation of what we know works.

SUMMARY

While adolescents with LD present significant instructional challenges, there is reason to be optimistic about the magnitude of gains that they can make if they are taught using validated interventions with fidelity and intensity. Additionally, there is a distinct and important role for both general and special educators to play in the educational process. Collectively, these factors and conditions can result in positive outcomes for older students with LD. A sobering reminder that these conditions and factors are not as commonly adhered to as they should be is the fact that an unacceptably large number of adolescents with LD still drop out of school.

Clearly, we have a long way to go in implementing what we know. Directing attention to this challenge should be high on the field's R & D agenda in the coming years. It is imperative to not only continue but to extend the work that began with these older students in one of the initial LD Research Institutes in the late 1970s.

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FOOTNOTE

1. During our formative years, our research center was the Institute for Research on Learning Disabilities, one of the five original institutes on LD funded by the Office of Special Education Programs. Out of the five institutes, ours was the only one to focus on adolescents.