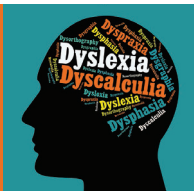


Creating Pathways of Learning Support for
Employment Ontario Clients with Learning Disabilities:
RESEARCH BRIEF #2

Concurrent Challenges for
Adults Dealing with Learning Disability



This *Employment Ontario* project is funded by the Ontario government.



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Concurrent Challenges for Adults Dealing with Learning Disability

Adults who struggle to learn new things in training and employment programs, or to find dignified employment opportunities, are often negotiating multiple barriers that are too often impossible to differentiate or address irrespective of each other.

When considering Learning Disabilities (LD), a preliminary scan of evidence-based research and scholarly analysis, not surprising, revealed a marked focus on children with LD and primary education practices. However, as the official definition of LD from the Learning Disabilities Association of Ontario (LDAO) points out, “the impairment is generally life-long” – meaning that many adults in our communities have already spent a lifetime coping with an “invisible” disability that requires “specialized interventions in home, school, community and workplace settings, appropriate to their individual strengths and needs.” (LDAO, 2001). What is more, LDs frequently co-exist with other social challenges and “other conditions, including attentional, behavioural and emotional disorders, sensory impairments or other medical conditions” (LDAO, 2001) – which, again not surprisingly, become more complex as people age.

Adults who struggle to learn new things in training and employment programs, or to find dignified employment opportunities, are often negotiating multiple barriers that are too often *impossible* to differentiate or address irrespective of each other. For example, an individual might say “I’m so stupid” when in fact they have been experiencing an undiagnosed LD – but the conviction of their stupidity actually originated long ago, through experiences with, for example, an insensitive teacher. The compromised sense of agency of individuals who have such experiences often leads to or perpetuates poor mental health, which in turn can compromise sleep and nutrition patterns and exacerbate the risk of, for example, poverty.

Below, we consider some of the most common concurrent challenges whose symptoms (indicators) too often overlap with those of LDs and which need to be addressed in an individualised, holistic manner.

People who live with mental health issues

How mental health issues dovetail with LD is profoundly complicated, and it may be almost impossible to tell them apart, or to definitively separate causes from effects. Struggles with processing information – especially social cues – may result in anxiety and depression, which in turn can make it difficult to learn new things or perform well in a job interview.

The qualitative research report, The Mental Health of Canadians with Self-Reported Learning Disabilities (Wilson et al., 2009) shows clearly that people with learning disabilities “were more than twice as likely to report high levels of distress, depression, anxiety disorders, suicidal thoughts, visits to mental health professionals, and poorer overall mental health than were persons without disabilities (PWOD)” (p. 24). Researchers rigorously controlled for other variables, covered impressive terrain in Canadian geography, and reported exhaustively on outcomes to do with physical health, employment, and relationships, among others. The study also found an “enhanced negative impact on health for those PWLD [persons with learning disabilities] who also self-reported ADD/ADHD” (Wilson et al, 2009, p.34).

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(Wilson et al, 2009, p.25).

The report not only looks at the genders separately, but also offers comprehensive data specifically on adults. It found that the incidence of mental health issues increased and worsened throughout a lifespan – that older adults living with suspected or diagnosed LD were more likely to report suicidal thoughts, depression, and distress. One arresting statistic indicates that, "[f]or persons who committed suicide and left notes, 89% produced spelling patterns and handwriting errors similar to a school sample of adolescents with LD" (Wilson et al, 2009, p.25). The challenges presented in this report call for consideration of mental health issues in any program or service design for adults with LD, especially later in life.

People who are Deaf

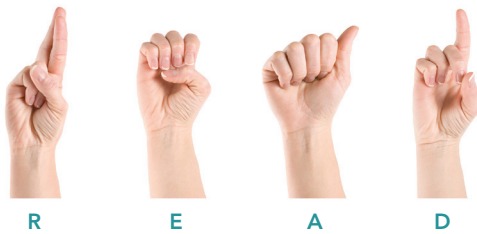
Along with a growing number of training and employment service providers, more and more of us are celebrating Deaf culture and looking to people who are Deaf and Hard-of-Hearing to define that culture for the hearing, and to show us our role within it. The inclusion of Deaf issues in this research brief is not an indication that these issues are a liability or pathology. It is a culture. But it is one in which issues of LD are complex and understudied.

There is a dearth of literature on Deaf adults with LD, leaving a vast and important area for further study. Still, as with every other theme in the current review, there is some material on children, but most available material was published in the early 1990s, with little recent research.

The recommended best practices with the Deaf/Deafblind context include: emphasizing the visual and the kinesthetic, structuring the environment and the instruction carefully, and individualizing the curriculum and its delivery. Nicola Wayer's article, *Learning Disabilities and Deafness*, summarizes:

Strategies that apply for assisting hearing LD students may also be useful for Deaf LD students in both the hearing-mainstream setting and within the mainstream of a residential school for the Deaf. Such strategies include controlling the classroom environment (lighting, sounds, temperature) and considering factors that influence students' emotional being such as motivation, commitment to tasks, and psychological structure. It is important to recognize that students' learning styles differ and teachers should employ strategies that utilize the students' strengths. In the physical environment, temperature, noise, and lighting affect LD students more dramatically than non-LD students as they are more easily distracted by changes or discomfort caused by these factors (Wayer (n.d.), para. 8).

Learning disabilities in Deaf learners, such as linguistic and memory problems, can be overlooked as factors contributing to a person's learning difficulties because these challenges may be misattributed to communication problems common to Deaf people. For example, if a Deaf baby is born to hearing parents who do not sign, then that individual receives *no language input/instruction at all* until such time as they became involved with Deaf culture, often at a residential school. So certainly there is a language development delay for that person. But how would one know if that was attributable to LD or be able to identify the concurrent LD that is also at work? Sophisticated assessments would be necessary. The most recent recommendations publically available are found in *A Guide to the Diagnosis of Learning Disabilities in Deaf and Hard-of-Hearing Children and Adults*, published in 1994 in the journal, *American Annals of the Deaf*.



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People who are racialized and/or poor

Employment and training service providers regularly serve a population of broad ethno-cultural diversity. Some cultural norms and aesthetics attach severe shame and stigma to difficulties with ability, competence and academic performance. This shame and stigma may inhibit disclosure of LD, may inhibit individuals from availing themselves of accommodations, and may prevent the entry of certain people in our programs at all.

Our conversations around how diversity issues impact adults with LD cannot end here, however. Critical analysis of how larger structures oppress certain groups must be kept in sight, always from a social justice perspective. Interestingly, a 2002 American study titled, *The Influence of Sociodemographics and Gender on the Disproportionate Identification of Minority Students as Having Learning Disabilities*, found race, gender and class to yield disproportionate odds of being identified as a student with LD. The 2013 study, *Disproportionality in Special Education: Effects of Individual and School Variables on Disability Risk*, by Amanda L. Sullivan, found that this trend is alive and well today, and adds a correlation with school suspensions, which historically do not correlate well with academic success.

These ideas are neither new nor controversial. They are included here only as a reminder that the adolescents in all those popular American studies have Canadian counterparts in similar situations, and that these individuals will become adults whose early academic struggles resonate in complex ways long afterward, both internally and externally. These individuals live in a context where:

Despite higher workforce participation, people of colour (racialized people) are more likely to be un- or under-employed or living in poverty. While a larger share of racialized workers is looking for work, fewer of them have found jobs compared to the rest of Ontarians... [and] a 2011 report found that racialized Canadian workers earned 81.4 cents for every dollar paid to their Caucasian counterparts (Ontario Common Front, 2012, p.20).

It is clear to see that the pressures faced by many individuals approaching training and employment services can be astounding.

People who have experienced violence and trauma

Violence impacts learning in profound and complex ways. This is because people who have experienced violence and neglect in their lives often develop brilliant strategies – internal and outward behaviours – in order to survive the unbearable.

Students who act out or act helpless, who struggle with being physically or mentally present in classrooms, may be enacting, or unintentionally repeating, these survival/coping strategies. The problem is that these tactics are no longer serving the individual; they are getting in the way of learning. Consider, for example, the strategy of dissociating when one feels anxious (perhaps a common response to classrooms and employment offices). It is hard to remember what you learn when you are “spaced out” for periods of time – It is also hard for anyone to keep their thoughts straight or draw connections between ideas when you are adrenalized.





“I didn’t notice until I was older and the teachers didn’t notice and my family didn’t notice. I dissociated because I came from an abusive home. I would fantasize and deliberately take myself out of the bad situation and put myself in the good situation. I missed a lot of school because of my abusive home. Teachers thought I was stupid and I thought I was stupid because I missed a lot of school and didn’t know the material. I was called into the principal’s office and was threatened with the strap because they thought I was intentionally not coming to school. I quit school at age 15...”

- From a conversation with an Aboriginal client with LD

As students in public schools of all levels, survivors of violence often experience further violation when these strategies, rather than being appreciated (or even understood for what they are), are judged as evidence of laziness or apathy, bad attitude, poor study habits, antisocial aggression, or simply low intellectual ability. Such students are increasingly identified with labels related to mental health and LD. Discourses of pathology (such as with ADD/ADHD, Oppositional Defiant Disorder, and a great many more) are the dominant currency of school systems, and they underpin deeply internalized narratives of failure. Uncritical overreliance and overemphasis on the Diagnostic and Statistical Manual of Mental Disorders (DSM) will often fail to provide holistic, relevant or useful information.

Not much imagination is required to see that people who have survived violence are often the same people who have LD, nor is it surprising that the hallmarks of trauma exposure are indistinguishable from other processing difficulties. Rebecca Ruiz’s excellent article in *The Atlantic*, *How Childhood Trauma Could be Mistaken for ADHD*, describes emerging research and interventions that address the strong link between childhood trauma and diagnoses of ADHD. Research and data analysis by Dr. Nicole Brown, now a pediatrician at Montefiore Medical Center in the Bronx, New York, revealed that:

Children diagnosed with ADHD... experienced markedly higher levels of poverty, divorce, violence, and family substance abuse. Those who endured four or more adverse childhood events were three times more likely to use ADHD medication (Ruiz, 2014, para. 8).

Another expert interviewed in the article, Caelan Kuban, a psychologist and director of the Michigan-based National Institute for Trauma and Loss in Children, spoke of the challenges professionals face when dealing with the question of trauma versus potential LD or ADHD:

Four years ago she began offering a course designed to teach educators, social service workers and other professionals how to distinguish the signs of trauma from those of ADHD. ‘It’s very overwhelming, very frustrating,’ she says. ‘When I train, the first thing I tell people is you may walk away being more confused than you are right now’ (Ruiz, 2014, para. 19).

Certainly, at the very least, best practices would know to watch for and how to be more understanding of how some of what children as well as adult learners experience as LD may have its roots in the amygdala (the “fight, flight or freeze” primal part of the brain) rather than the frontal lobe (planning and execution) (Horsman, 2010).

Aboriginal Peoples

The implications of some concurrent concerns that people deal with can’t be considered extra/on top of LD. Rather, they shift both the nature of the issues and their solutions. This is as true of Aboriginal learners living on and off reservation as it is of Deaf learners. Literacy and skills training programs for Aboriginal learners are developed and offered within a specific socio-political and historical context, and these programs can be perceived as part of broader efforts to redress systemic inequities, and even seen as a support to restorative justice.

To understand the long-term impacts of residential schools in Canada, please read *History of Residential Schools in Canada*, and check out Christianna Jones' video on the same topic at www.learningandviolence.net

The statistics on the economic and social wellbeing of Aboriginal peoples in Canada are sobering. Rates of suicide, correctional and psychiatric incarceration, and self-medication with substances are all many times the national average. Colonization, violence, racism and discrimination, and of course, the legacy of the residential school system are all factors contributing to a complex and challenging context for employment and training service providers and clients in this stream.

There are many cultural stereotypes about Aboriginal people not learning in a "linear" way and about time and other abstract constructs being shaped differently in traditional cultures. Some of these things are true, but at the same time, Aboriginal people are diverse and so are the educational and training supports that work for them.

This is not even to mention the impacts on service provision of the rural/urban divide. The current research does corroborate the popular idea that a more holistic approach is better, hearing ideas about incorporating music into lessons, for example, and about how helpful it is to work in a supportive and understanding community, where people are "allowed to be who [they] are". But school itself remains a site of trauma for many. Deeply internalized feelings of shame and distrust of educational spaces are the reverberations of inter-generational trauma firmly planted by the residential school system.

Take-away points

Adults with complex barriers to success are as different from one another as all people are. The best supports and services should be deeply customized around their strengths and challenges with a firm sensitivity to the fact that adults live far more complex lives than do children. This takes time and recognition of those differences. For example, what specific supports would be needed by people in rural areas? By the Deaf community? By Native people? On reservation – or off? Different types of programs require individualized funding models, which includes targets both in terms of numbers served and length of time seen as acceptable for service.

Overall, the most salient principle is that adults with LD must be respected as adults, and interacted with as whole individuals. In the atmosphere of dignity created by authentic and boundaried connections, people can grow secure enough to learn and to challenge themselves. In very concrete ways, learning success depends on relationships and environments that feel safe – because of how our brains work and how our physiologies hold on to remnants of difficult experiences.

Dr. Jenny Horsman in Toronto researches the impacts of violence on learning, in particular illuminating the neuroscience connections that explain why past trauma inhibits our capacities:

Messages of danger bypass the neocortex, where thinking, planning and reasoning take place, and go directly to mechanisms which trigger the instincts of flight, fight or freeze. To prepare, the brain releases chemicals and closes down parts of the brain not necessary for survival. It also dampens activity in the Broca's area, which is responsible for language. Repeated trauma can lead the brain to see all novelty, excitement or anxiety as a threat (Horsman, 2010).

The trick, however, is that learning new things is an experience of novelty; when response patterns of panic or disconnection are triggered by change itself, the chance to learn is radically compromised.

New research in neuroplasticity, a field quickly growing in popularity, suggests that through training and practice, we can literally develop new synaptic pathways that are fortified by use. **The principle of neuroplasticity turns on the brain's capacity to physically/structurally change in response to stimulus and activity** – something that, until recently, researchers believed to end with childhood. We now know that these processes can and do continue throughout adulthood (Cherry, 2015). Similarly to how a path through a meadow walked on repeatedly over time will become bare, packed earth, we can develop new neural/synaptic interconnections and thereby develop and adapt new functions believed to be the physical mechanism of learning.

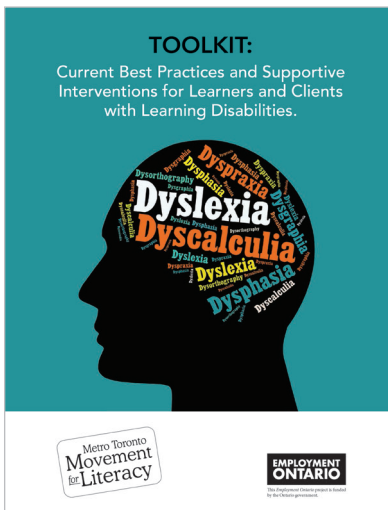
Dr. Dan Siegel's varied and accessible treatments of the healing and hopeful possibilities introduced by these developments in neuroplasticity emphasize how our experiences – especially those in interpersonal relationships – shape these new neural connections (Siegel, 2012). Relationships of training, coaching and education are structured around information sharing, energy exchange, and communication – as are all inter-adult relationships. In all cases, relationships develop between human beings in all their subjective uniqueness – not between categories or groups, such as “hard to serve clients”.

Want to learn more about Learning Disabilities and the resources that will support your learning journey?

The project, *Creating Pathways of Learning Support for EO Clients with Learning Disabilities*, is an initiative of the Metro Toronto Movement for Literacy (MTML), funded by the Ontario Ministry of Training, Colleges and Universities. The goal of this project was to address the needs of Employment Ontario (EO) clients and learners with learning disabilities, and to support EO service providers by researching, developing and disseminating resources specifically tailored for the unique needs of individuals with LD.

These publications include: a research report (literature review and environmental scan); a training and employment practitioner toolkit titled *Current Best Practices and Supportive Interventions for Learners and Clients with Learning Disabilities* as well as a toolkit tailored specifically for learners and clients with LD titled *Finding Our Own Ways – Adults and Learning Disabilities: A guide for finding learning success*.

This project and the project publications and tools provide much needed, comprehensive information on existing services and recommended tools to provide support and accommodation to EO clients with learning disabilities. Both the *Current Best Practices* guide for practitioners and service providers, and the learner-focused toolkit are the first of their kind to be published in Ontario. These resources will help strengthen the ability of social providers to better serve clients and learners who live with diagnosed or suspected LD, and help improve client success and learning.



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Established in 1978, the Metro Toronto Movement for Literacy (MTML) is a Canadian non-profit organization working to advance the issue of adult literacy. MTML is one of 16 regional networks in Ontario that supports and promotes the work of adult literacy and skills upgrading programs in the province. With funding support from Employment Ontario and the Ontario Ministry of Training, Colleges and Universities, MTML works with over 40 Literacy and Basic Skills (LBS) programs operating at over 100 locations in the City of Toronto and York Region/Bradford. MTML collaborates with program providers and people to share knowledge, build awareness and promote the lifelong learning needed to participate fully in today's society.

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