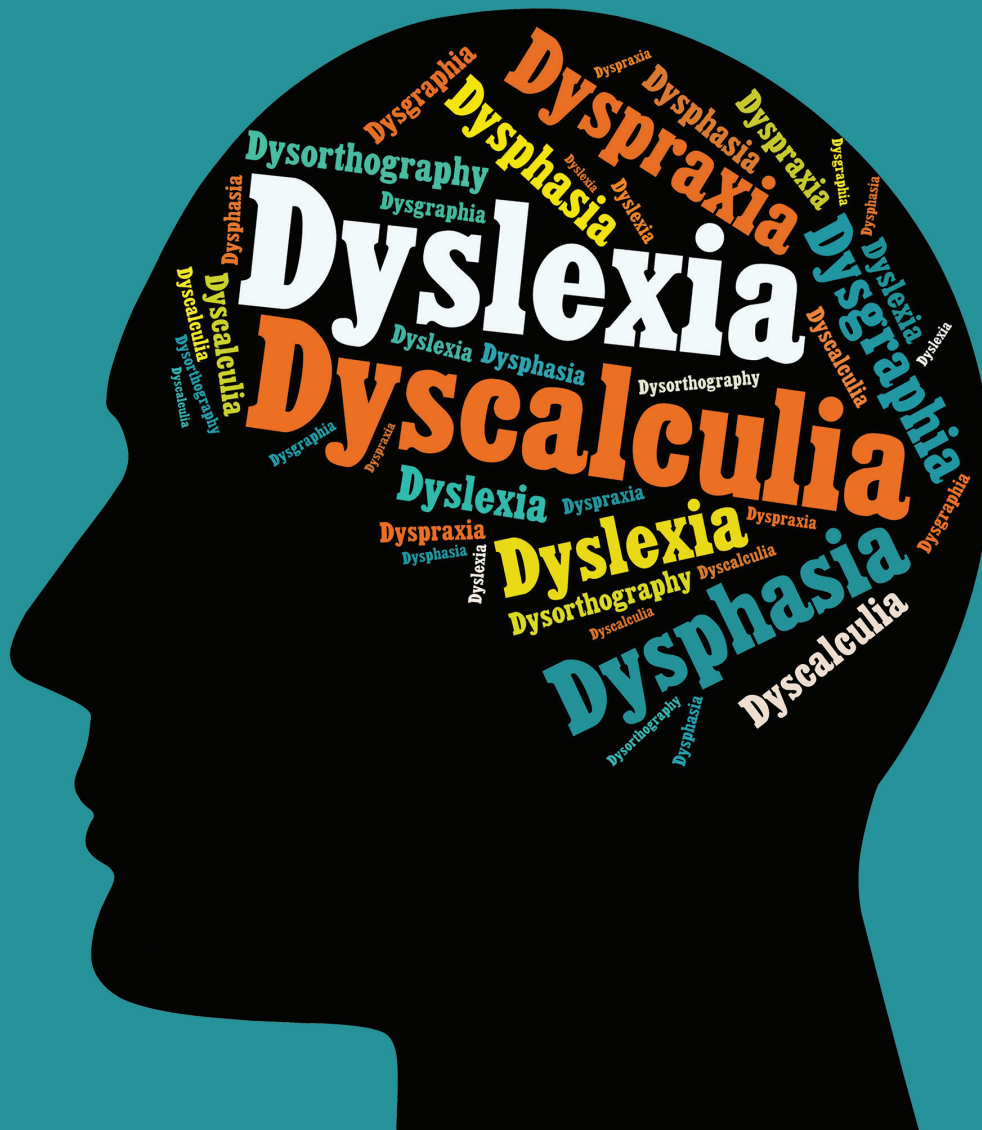


Creating Pathways of Learning Support for Employment Ontario Clients with Learning Disabilities: RESEARCH BRIEF #1

Understanding Learning Disabilities: Definitions and Accommodations



Metro Toronto
Movement
for **Literacy**

**EMPLOYMENT
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RESEARCH BRIEF #1

Understanding Learning Disabilities: Definitions and Accommodations

Words can serve or hurt

Language builds reality. The terms that are available, accepted and mutually understood both construct and reinforce not only what we are able to think, but how we are able to think it. Far from simply transmitting neutral information, words assume and imply. They also carry associations, no matter how carefully we choose them (Lash, 2010).

The impact of the language we choose to use, and how we choose to use it, is important when we are considering the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these – what we generally refer to as a “disability” which may be present from birth, or occur during a person’s lifetime.

The term “Learning Disability” (LD) and its associated diagnoses, involve using a set of labels that can be both a helpful tool as well as a risk to individuals coping with significant learning challenges. These learning challenges hinder their ability to function within traditional learning projections of the “average” learner. Read on for a discussion of key definitions when considering LD labels and how they might best be employed for the benefit of those who may be entitled to accommodations for LD.

Learning disabilities (LD)

There are a number of proposed definitions of the term “learning disabilities”, and in North America there is only general agreement on which definitions are accepted. Here is the definition currently used by the Learning Disabilities Association of Ontario (LDAO):

“Learning Disabilities” refers to a variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes* related to learning, in combination with otherwise average abilities essential for thinking and reasoning. Learning disabilities are specific not global impairments and as such are distinct from intellectual disabilities.

Learning disabilities range in severity and invariably interfere with the acquisition and use of one or more of the following important skills:

- oral language (e.g., listening, speaking, understanding)
- reading (e.g., decoding, comprehension)
- written language (e.g., spelling, written expression)
- mathematics (e.g., computation, problem solving)

Learning disabilities may also cause difficulties with organizational skills, social perception and social interaction.





LDAO's definition clearly distinguishes LD from intellectual disabilities, emphasizing the specific (not global) nature of this "variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information... result[ing] from impairments in one or more psychological processes related to learning" (LDAO, 2001, p.7). This is an important distinction to note; in other Commonwealth countries, the term "learning disability" makes reference to what North Americans call intellectual/developmental disabilities, such as Down syndrome.

Confusion and discord around terminology is not limited to the distinction of LD from intellectual disabilities. Across the literature, references to LD either may or may not include ADD/ADHD, Autism Spectrum Disorder/s, Asperger's Syndrome, Acquired Brain Injury, and Aphasia. This is not even to mention concurrent diagnoses having to do with physical and mental health, with addictions and the variety of responses to neglect, poverty, trauma and violence.

As such, throughout any consideration of an LD, it is important we maintain a focus on:

Individuals

A learning disability is but one facet of a person's life, and no person's life is any less complex than another's. With each mention of any individual, hypothetical or real, a whole person (body, spirit, heart and mind) has many strengths, lives in multiple contexts, and has an identity and experience that are fluid co-constructions within interdependent communities.

Adults who struggle during their learning journey, or to find dignified employment, are often negotiating multiple barriers that are hard to differentiate. For example, a person might say "I'm so stupid" when in fact they experience undiagnosed dyslexia – but the conviction of their stupidity actually originated long ago, through experiences with, for example, an insensitive teacher. Furthermore, other challenges – mental (ex, depression or anxiety), developmental (for example, Down Syndrome), or situational (not enough sleep, hunger) – can often have similar or exacerbating expressions or effects that further complicate the diagnosis process. It is important to recognize that solutions need to be every bit as interlocked and individualized as the nuanced needs of the individual you are looking to assist (MTML, 2015).

Psychoeducational assessment

Psychoeducational assessment is the primary means of formally diagnosing LD and must be performed by a psychologist (LDAO, 2001). Other related testing might be done by a pediatrician, a psychiatrist or a neurologist. A high quality psychoeducational assessment is very involved, often costly (prices range from \$1,500 – \$10,000) and time-bound, as diagnosis might change over the learning journey of an individual. One national expert described the experience as three hours each day for three days. The first test gathers data on capacities for things like short-term memory, reasoning, inference, etc., which are then analyzed in order to identify underlying cognitive strengths and weaknesses. A subsequent test assesses literacy skills, such as reading comprehension. A comparative analysis of the two is then mounted to discover how the former helps explain the findings of the latter.

When considering investing in a formal diagnosis for an adult who might be experiencing an LD that might never have been diagnosed or was diagnosed years earlier, (usually during childhood), the relevance, usefulness and cost-effectiveness of a formal diagnosis must be considered in the context of the ultimate goals of the individual.

The Accessibility for Ontarians with Disabilities Act (AODA) is a piece of legislation that obligates organizations, private and public (including education, training and employment services) to ensure that their practices are accessible. AODA standards are a set of enforceable rules that organizations must adhere to in preventing and removing barriers. This includes barriers to access, such as providing potential applicants accommodations for interviews to ensure non-discrimination in consideration for a job.

When considering investing in a formal diagnosis for an adult who might be experiencing an LD that might never have been diagnosed or was diagnosed years earlier, (usually during childhood), the relevance, usefulness and cost-effectiveness of a formal diagnosis must be considered in the context of the ultimate goals of the individual. If a formal diagnosis might increase access to accommodations and opportunities, then a formal diagnosis process might be a worthy investment. However, if the individual feels that a formal label might negatively impact their ability to secure employment or function within a certain cultural setting, then a formal diagnosis might not be the best option for them.

Accommodations

Ontario employers and service providers, including educators, have a duty to accommodate that is enshrined in provincial statute and case law. Accommodation is a cornerstone of the right to equal treatment and opportunities. The duty to accommodate may involve changing the terms or conditions of the environment, the functions of a job or the requirements of educational assessments, in order to level the playing field so that all people can participate fully.

Under the Ontario Human Rights Code (OHRC), the principles that guide accommodation have to do with inclusive design, full integration, individualization and respect for the dignity of the individual. All measures to accommodate must be taken unless doing so would cause “undue hardship” with respect to cost or breaches of health and safety requirements (OHRC, 2000).

Under the Code, one of the grounds for protection is Disability, which accounts for much of its implementation: “30 – 50% of human rights claims cite the ground of disability. Most are in the area of employment, with services constituting the second largest area” (OHRC, 2000, p.4).

Learning Disabilities are named explicitly under the Disabilities grounds:

‘Disability’ covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time.

There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, mental health disabilities and addictions, environmental sensitivities, and other conditions... [and in Section 10 (1) the Code specifies further] a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.

(OHRC, 2000, p.6)

Labels

Whether to use the term “learning disability” at all remains at issue among some thinkers and educators – those using a strong strengths-based approach may emphasize instead different learning capacities and styles. Others debate the medicalization implied by the term, especially within a culture that has a growing tendency to pathologize as a clinical disorder what might be regarded as variations in normal human phenomena and traits. They may not see learning differences as neuro scientific, genetic, or biochemical in nature – or if they do, they may advise caution on how these differences are described and discussed by the lay person.



The conclusion is that labels are useful insofar as they help people obtain the services and accommodations they need, and the compassion and respect they deserve.

The use of labels, however, when their deployment is left in the hands of the individual in question, can be very useful. Labels can work for people by ensuring them access to supports, services, group memberships, medications, and, of course, accommodations. In her compelling and accessible article, *My Thoughts on the Dyslexia Debate*, assessing the worth of using the term "dyslexia" (recently much-contested in the UK and Australia), researcher Dorothy Bishop speaks of the benefits of doing away with the term, and argues that it is unscientific – but she then warns of the potential negative consequences of doing so. She also articulates a slippery slope:

Those commenting on the dyslexia debate so far have talked about it as if it is a particular issue relating to literacy difficulties, but in fact it's just one instance of a much more pervasive problem. Other neurodevelopmental disorders such as autism spectrum disorder, specific language impairment, attention deficit hyperactivity disorder, developmental dyspraxia and dyscalculia are all beset by the same issues: there is no diagnostic biomarker, the condition is defined purely in terms of behaviour, different disorders overlap and there's no clear boundary between disorder and normality (Bishop, 2014, para. 7).

The problem with *not* using labels, medical or otherwise, is that this approach allows voices on the other, far less compassionate end of the spectrum to dismiss people's legitimate differences and needs, and even risks victim-blaming. The other side of the dyslexia debate puts forth versions of "Dyslexia is just an excuse for bad teaching/poor performance on standardized tests," and other negative opinions. In dispensing with this hundred-year-old term, we would regress to the days when learning to read was understood as only and always a simple matter of work. Not only that, the sense of identity and community some individuals have built around their labels would also be jeopardized. This could be very problematic given that meaningful self-conception and social supports are the keys to resilience.

Bishop continues:

While I can see all the disadvantages of the dyslexia label... I think it will survive into the future because it provides many people with a positive view of their difficulties which also helps them get taken seriously. For that reason, I think we may find it easier to work with the label and try to ensure it is used in a consistent and meaningful way, rather than to argue for its abolition (Bishop, 2014, para. 19).

The conclusion is that labels are useful insofar as they help people obtain the services and accommodations they need, and the compassion and respect they deserve.

Social stigma and disclosure

Although some studies cite "1 in 10 Canadians" as having LD (Price & Cole, 2009, p.11), the issue somehow does not receive the same mainstream cultural attention that other barriers, such as mental health issues, have arguably received in recent years. The lack of consistent, visible characteristics that run across all individuals with LD may be partly responsible.

Adults with LD do experience stigma, an issue that Kelsey Lisle explores beautifully in the article, *Identifying the Negative Stigma Associated with Having a Learning Disability*. Causes of sustained stigmatization may have

to do with the disability being invisible (hence it could be faked) and historical associations with stupidity and slowness. The author conducted research among teachers and found a still-prevalent perception that “those with LDs are lazy or not trying hard enough” (Lisle, 2011, p.6). The essay also explores how the concepts of self-fulfilling prophecy and expectation (on the part of teachers) can play into the phenomenon of stigma.

A reasonable question, then, is why would an adult ever choose to self-identify or disclose their status as having an LD in the face of reductive and negative stereotypes that speak to deficiency, to weakness and to confusion? This is to say nothing of people in communities/cultures that bring even more severe judgment to issues of intellectual or academic ability. The complexity of disclosure needs to be considered through the lens of not just *how* and *when*, but *whether*. There are plenty of people who do not disclose. One area of further study would be to explore how to set up environments so people feel safe and sincerely invited to disclose.

At some point, adults with learning disabilities who achieve success decide to take control over their own lives and make things happen by taking direct action.

(Smith, 2011, p.2).

Self-esteem

At issue is not only what others believe about individuals with LD, but what individuals with a learning disability believe about themselves. A reasonably robust sense of self-esteem underpins not only a basic contentedness or enjoyment of life: it is the precondition for a sense of personal agency, for believing that what you do and who you are matter. This sense of agency in turn is required to engage in the practice of continuous learning, and is far more important to an adult's development than literacy and basic skills.

Catherine M. Smith's excellent article, *Possibilities and Pitfalls: Employment and Learning Disabilities*, explores systemic barriers, asking, “how many people are there who do not have the time, motivation, or resources to fight such a battle, and therefore simply accept the discrimination?” (Smith, 2011, p.2). She addresses job fit and the self-knowledge one needs to pursue their best goal path. She also delves into social skills, or more accurately, the lack thereof cited by the Ontario Ministry of Labour as the main reason for termination of employment (Smith, 2011, p.2, emphasis added), and the related issues of self-esteem that play into goal setting:

Self-efficacy refers to one's belief that one's own efforts have a direct impact on outcomes. Many people with learning disabilities do not believe that what they do makes any difference...they will either succeed or not, depending on luck, their teacher, their boss, or other factors apart from their own effort. Those who succeed want to succeed and believe that what they do makes the difference. Therefore they are more motivated to take action and persevere. At some point, adults with learning disabilities who achieve success decide to take control over their own lives and make things happen by taking direct action (Smith, 2011, p.2).

This self-efficacy is related to “re-framing” the LD, or accepting and valuing oneself with LD, and “such acceptance brings with it the ability and willingness to discuss one's learning disabilities with others when and as appropriate, without shame or guilt” (Smith, 2011, p.3).

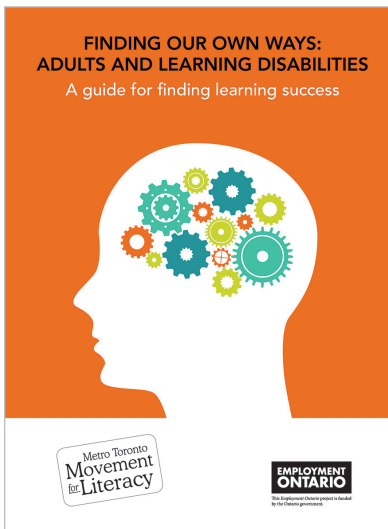
Frank, strengths-based discussion opens the possibility of reaching out for support, or advocating for rights.

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.

LEARN MORE:

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