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## Section I-Literacy and Disabled Adults

In 2000, the following adults with special needs requested literacy tutoring at the Fresno County Library Adult Literacy Program:

- Lupe is in her 40's, developmentally disabled and a virtual non-reader. She has tried tutoring before, but without much success. She wants to keep trying because she wants to be able to read environmental print such as the signs that identify men's and women's restrooms. She has entered the wrong restroom on more than one occasion to her great embarrassment.
- Miguel is in his 30's and losing his hearing due to a degenerative ear disease. In the future, it is likely that he will not be able to hear speech at all. He reads English at around the third grade level and wants to improve because as his hearing fades, he will have to rely more and more on reading and writing to communicate.
- Dennis is taking classes toward his GED. He is struggling because his mental illness and the medications he takes to control the symptoms of his mental illness make it difficult for him to concentrate, especially in large, busy classes. The medication also affects his memory.

Besides a desire to improve their reading and writing, these adult learners share another characteristic; they face special learning challenges due to a disability. I will use the terms learners with special needs and disabled adult learners to refer to learners who have a physical or mental disability. According to the National Organization on Disability (NOD) one in five Americans has a disability (Disability Etiquette Tips, 2001).

In the past, many people with disabilities were considered incapable of learning to read. For example, before the 1970s, it was considered a waste of time to teach children with Down Syndrome to read (Owelwein, 1995). Similarly, before the 1500s deaf people were not considered educable, but were seen as mentally and educationally deficient due to their inability to hear.

### Why Serve Adults with Disabilities?

Lupe, Miguel and Dennis are typical of the many people with disabilities who want to improve their literacy skills. However, in seeking assistance they may find that few programs have staff or tutors knowledgeable about the most effective ways to serve them. Why do literacy programs need to concern themselves with the needs of learners like Lupe, Miguel and Dennis? There are three major reasons programs should accommodate disabled adult learners.

First, the need for literacy assistance for disabled adults is great. According to the National Adult Literacy Survey (1992) adults with all types of disabilities were at the lowest levels of literacy (Level 1) at two to four times the rate of the general population. While 21% of the of the total population were at Level 1, 87% of adults with mental retardation and 36% of those with hearing loss were at that level. Forty eight percent of adults with mental or emotional conditions were at this level as well (Disability and literacy, 2002). Clearly the need for literacy assistance is there.

Second, accommodating people with disabilities is required by law. Many people are aware of the Americans with Disabilities Act of 1990 and believe that is the first law that dealt with the rights of the disabled. But actually, organizations and agencies that receive federal money have been required since 1973 to accommodate the disabled. Section 504 of the Rehabilitation Act of 1973 forbids discrimination against the disabled by any government and government funded agencies. Section 794 (a) of this law states:

No otherwise qualified individual with a disability in the United States, as defined in section 706 (20) of this title, shall solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.

In Section 794 (b) the law defines “program or activity” to include a department, agency, special purpose district, or other instrumentality of a State or local government, college, or local educational agency among other entities covered by this law. This would include library services and adult education programs that directly or indirectly receive Federal funds.

The law defines “disability” as having a physical or mental impairment that substantially limits one or more of the major life activities of an individual, having a record of such an impairment or being regarded as having such an impairment. If a person meets any one of these criteria he or she is considered to be an individual with a disability under the law.

The law further defines physical or mental impairment to include any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Although it’s not possible to list every possible condition that would fall under the above definition, some examples of conditions meeting the criteria include orthopedic, visual, speech and hearing impairments, cerebral palsy, mental retardation, and emotional illness.

Most people think of wheelchair ramps and removal of architectural barriers when they think of access for the disabled. But accommodations for the disabled also include “auxiliary aids and services”. This category covers a wide range of services and devices such as videotext displays, transcription services, Telecommunications Devices for the Deaf (TDD), captioning, and sign language interpreters.

The Americans with Disabilities Act of 1990 extended the prohibition of

discrimination in federally assisted programs established by Section 504 to all activities of State and local governments, including those that do not receive Federal financial assistance as well as to the private sector. The definitions of disability, impairment and program or activity are almost identical to the definitions used in Section 504 of the Rehabilitation Act of 1973.

The third reason for serving adults with special needs is that they are already in our programs. In my work as the Literacy Coordinator for the Fresno County Public Library Literacy Services Center, I have noticed a significant percentage of learners reporting hearing problems, mental health conditions, developmental disabilities, or a history of receiving special education services in school.

I became interested in finding out about other literacy programs in California and how they were serving their special needs learners. I developed a survey about disabled adult learners in literacy programs and sent it out to over 100 library and other literacy programs to find out how many disabled learners were in their programs and how the literacy providers were serving them. Thirty programs serving approximately 4,700 literacy learners were completed and returned the surveys. Respondents were asked to estimate the number of learners in their program with special needs.

Overall, about 19% of the learners in the programs were identified as having a one of the listed disabilities; developmental disability, learning disability, hearing loss or mental health disorder, "unknown" or "other". Disabilities specified in the "other" category include vision loss, head injury and stroke. The 19% figure is likely an underestimation since the program staff had to estimate based on observable characteristics or self-reporting by the learner. Disabilities that are invisible, such as certain mental health disorders or mild to moderate hearing loss, are likely to be under-reported and under-counted.

Adults with learning disabilities/reading disorders (i.e. dyslexia) was the largest group identified, representing 41% of the identified disabled learners. Learners with

'unknown' disabilities made up the next largest group at 24% of disabled learners. Adults with developmental disabilities were 16% and adults with 'other' disabilities were 8% of the disabled learners. Mental health disorders were the next most frequently reported disability at 7% and deaf and hard of hearing learners were the smallest group at 4% of disabled learners.

This Guidebook is meant to serve as an introduction to working with learners with hearing loss, mental illness, and developmental disabilities. Information on dyslexia and other reading disorders is not included because there is already an abundance of information, resources and materials available for those interested in that topic.

Each section of the guidebook will include general information on the disability, accommodation for learners with the disability, as well as research on techniques and general strategies for working with adults with that specific disability. The reader will find that, with some minor adaptations, the same literacy practices and tutoring techniques used with non-disabled learners will also be effective with disabled learners. Techniques such as language experience approach and dialogue journals can be effective with many different kinds of learners and are already commonly used in library literacy programs. Finally, organizations and resources that can provide more information is included.

### Accommodating Adult Learners with Disabilities

Before exploring the individual disabilities, it is useful to examine some general concepts and tips on working with adults with disabilities. *Accommodating Adults with Disabilities in Adult Education Programs* is a fact sheet published by the American Association for Adult and Continuing Education as part of their Professional Tips for Adult and Continuing Educators (1998) The fact sheet contains six tips for educators in working effectively with adults with disabilities.

**Tip # 1: Involve the learner.** There is no standard accommodation that is right

for everyone. The disabled learner is the real expert on the strategies and accommodations that work best for them.

**Tip # 2: Know the law.** Learners have the right to program accessibility, equal opportunity and the use of auxiliary aids and services. They have the responsibility to disclose their disability if they need accommodations and provide records if available.

Programs have a responsibility to make their facilities accessible to people with disabilities and to provide effective accessible communication. Programs have a right to establish minimum qualifications for their program and a reasonable code of conduct for learners. Programs may consider cost in deciding between two equivalent means of accommodating a learner.

**Tip # 3: Evaluate your program.** Is it currently accessible to adults with disabilities? Are your forms available in large print? Do you have a Telecommunications Device for the Deaf (TDD) so that learners with hearing loss can call you? Are parking lots, entrances and restrooms accessible?

**Tip # 4: Make a commitment of time and resources.** Developing and implementing a program that effectively serves disabled adults will take some time and money. Many accommodations cost little or nothing, but some things like equipment do involve some expense. Plan ahead to allocate fund for accommodations so that when a need arises your program will be ready.

**Tip # 5: Reach out to learners with disabilities.** Include information in your fliers and brochures that indicate that you provide accommodations for learners with disabilities. Include questions in your enrollment materials that encourage learners to identify themselves as having a disability so that accommodations can be made.

**Tip # 6: Know your community resources.** There are numerous local, state and national organizations and agencies that can assist you in understanding the needs of disabled adults and how to accommodate. A list of recommended resources and organizations will be included in this guidebook to help programs get started in learning

more.

### Disability Etiquette

Sometimes people are uncomfortable interacting with individuals with disabilities because they are unsure of how to act or what to say. The National Organization on Disability (NOD) makes the following recommendations (Disability Etiquette Tips, 2002):

- Like everyone else, people with disabilities wanted to be treated with dignity and respect.
- Always ask before you assist a person with a disability and listen carefully to their instructions.
- Do not interfere with a person's full control over his/her own assistive devices like wheelchairs, crutches, or communication boards.
- People with disabilities often do not want to make the origin or details of their disability the first topic of conversation. It's best not to ask personal questions until you've become friends.
- Speak directly to the person with the disability, not the care provider, companion or interpreter.
- Do not pet or play with a service dog without the owner's permission.
- People with disabilities may need extra time to get things done, be considerate and give them the time they need.
- Use the terms "person with a disability" rather than "crippled" or "wheelchair bound". Say "Mary is deaf" or "Joe has mental retardation", focusing on the person first, not the disability.
- Many people have disabilities that are invisible or not apparent. Be aware that just because you cannot see the disability does not mean it does not exist.

### Resources

*The Special Education Yellow Pages* by Roger Pierangelo and Rochelle Crane (2000) is a compilation of the organization, agencies and resources that serve the disabled. It gives a brief description of the various disabilities and the types of services the organization provides.

For more information on disabilities and the right of the disabled contact these organizations:

National Organization on Disability  
910 16th Street NW, Suite 600  
Washington, DC 20006  
Phone: (202) 293-5960  
TDD: (202) 293-5968  
Fax (202) 293-7999  
Internet: <http://www.nod.org>  
E-mail: [ability@nod.org](mailto:ability@nod.org)

World Institute on Disability (WID)  
510 16th Street, Suite 100  
Oakland, CA 94612  
Phone (510) 763-4100  
TDD: (510) 208-9493  
Fax: (510) 763-4109  
Internet: <http://www.wid.org>  
E-mail: [webmail@wid.org](mailto:webmail@wid.org)

### Websites

Untangling the Web: Where Can I go to Get Disability Info?  
<http://www.icdi.wvu.edu/Others.htm>

ADA Homepage-US Department of Justice  
Internet: <http://www.usdog.gov/crt/ada/adahom 1.htm>

ADA Information Center OnLine  
<http://www.public.iastate.edu/%7Esbilling/ada.html>

## Section II-Learners Who Are Deaf/Deafened or Hard of Hearing

- Rosa is a senior citizen and is hard of hearing. She wears two hearing aids. She tried taking adult school classes to improve her reading and writing but could not understand the teacher, even with her hearing aids. The large classroom was simply too noisy.
- Ken, age 28, was born deaf. He communicates using American Sign Language (ASL) and considers it his first language. He does not wear hearing aids because they do not benefit him. He rarely uses speech because most people cannot understand him. He reads at the fifth to sixth grade level. He came to the literacy program because he wants to pass a reading and writing entrance exam for a vocational college. The exam requires an eighth grade reading level to pass.
- Norma is 45 and lost her hearing in early childhood. She does not know sign language. Although her speech is flawed, most people can understand her. She wears two hearing aids. She reads at about the third grade level and decided to seek literacy help because she wants to be able to read stories to her young grandchildren.

### Understanding Hearing Loss

Rosa, Ken and Norma are just three of the estimated 20 million deaf and hard of hearing persons in the United States (Holt, Hutto & Cole, 1994). The impact the hearing loss will have on the individual's language and communication depends on several factors. Two of the most important factors are the age of onset of the hearing loss and the severity of the hearing loss.

Of the 20 million people with hearing loss, 76.5% are deafened adults (Holt & Cole 1994). Deafened adults are people who lost their hearing as adults after having

acquired speech and language, like Rosa. Their expressive communication skills (speech and language) are intact. Receptive communication is the challenge for deafened and hard of hearing adults. They tend to use speechreading (lip-reading) and amplification devices like hearing aids to aid in their receptive communication.

Only 5.4.% are born deaf or became deaf before acquiring speech and language (pre-lingually deaf) like Ken (Holt, Hotto & Cole, 1994). Pre-lingual deafness presents a language acquisition challenge since they cannot hear and acquire English or any other spoken language through auditory channels. Deaf people in the United States have solved this problem by evolving a language that can be acquired wholly through visual means, American Sign Language.

The remaining individuals, 14.2%, lost their hearing between the ages of three and eighteen, like Norma (Holt, Hotto & Cole, 1994). They may have some speech or language impairment, depending on the severity of their hearing loss and their age when they lost it. The younger they were when they lost their hearing, the more likely that their speech and language development will be affected.

The second factor that determines the impact of the hearing loss on the individual is the severity of the hearing loss. Severity is measured in decibels and can range from mild (26-40 decibels), moderate (41-55 decibels), moderately-severe (56-70 decibels), severe (71-90) to profoundly deaf.(91+). (Northern, 1984) Average conversational speech is in the 40-60 decibel range. If a person's hearing loss is more severe than that, he or she will not be able to hear and comprehend speech without a hearing aid or other amplification devices.

The severity of the hearing loss is measured in decibels at a number of pitches across the spectrum of sound. To understand pitch, visualize the keys on a piano. The keys are arranged in pitch from low on the left, the middle pitches in the center and the high pitches to the right of the person playing it. Hearing is tested at low, mid and high pitches to create a picture of the person's acuity across the entire spectrum.

A person's ability to hear and understand speech will be more severely affected if hearing in the high pitch range are impaired than if the low pitch range are impaired. This is because the high pitch sounds of English like /s/,/t/, /f/, /th/ are very soft yet carry the content or meaning of words. Missing these sounds will effect the hard of hearing person's perception of the clarity of speech. They will often say, "I know you are speaking but I cannot make out what you are saying." It is like trying to listen to a radio that is not correctly tuned into the station, you can hear the voices but it is garbled and sounds like people are mumbling. This is the experience of many hard of hearing people, especially adults who lost their hearing due to the aging process, or noise exposure.

### Technology for Adults with Hearing Loss

An important accommodation that deaf and hard of hearing people need in order to communicate with a literacy program is telephone access. A Telecommunications Device for the Deaf (TDD), sometimes called a TTY, is utilized by deaf people and many hard of hearing people to communicate on the phone. It consists of a special modem and a keyboard that allows TDD users to communicate with each other through the regular phone line.

If a TDD user wants to call someone who does not have a TDD, they can call the California Relay Service and the call will be facilitated by a special operator. The operator reads out loud to the non-TDD user what the TDD user is typing and types back to the TDD user what the non-TDD user is saying.

Another device useful in serving people with hearing loss is an Assistive Listening Device, or ALD. These are amplifying devices help people with hearing loss hear in difficult listening situations like large or noisy rooms. The most common of these wireless systems uses FM transmission, infrared light, or magnetic coils to bring the speaker's voice directly to the listener's ear, minus the background noise. These

modern wireless systems usually consist of two small devices the size of a pack of cigarettes. The speaker wears one (the transmitter) and the listener wears the other (the receiver). Sometimes the transmitter can be plugged into a standard public address system. Not only does the device amplify, but it does so without significantly increasing the background noise, unlike conventional hearing aids. These devices are especially helpful if learners and tutors have to meet in rooms that are not quiet enough (Orlans, 1991).

### Learners who are Deafened/Hard of Hearing

A deafened adult is a person who has lost part or all of their hearing as an adult. Three out of four people with hearing loss are deafened adults and the majority of them are likely to be senior citizens like Rosa. Almost 30% of persons over the age of 65 have hearing loss (Holt, Hotto, & Cole 1994). Because it is so prevalent, programs with senior adult learners should be alert to the possibility that the older learner may have trouble hearing.

Signs to watch for that a person may be having trouble hearing include asking for repetition or saying “Huh?” or “What?” frequently. Difficulty hearing in noisy places is another sign. They may favor one ear and turn that ear toward the speaker. Bluffing, pretending to hear something and guessing at a response, is a common behavior and may cause the person to give inappropriate responses. Sometimes a person with hearing loss will dominate a conversation so that they will not have to struggle to listen to others speaking. They may accuse others of mumbling. They often turn up the volume on the television or radio beyond what is comfortable for most people.

Typically a deafened adult will communicate through the use of hearing aids and speechreading (formerly known as lip-reading). Be aware that many deafened adults have hearing aids but do not wear them because they are malfunctioning or no longer appropriate for their needs. Also, they may still be in denial about the severity of their

hearing loss and may not have sought assistance at all.

It is also important to understand the limitations of speechreading. Under common viewing conditions about 60% of speech sounds are obscure or invisible. Many words, such as mat, bat, pat look alike. Normal speech is rapid and blurs movements that may be visible with slower speech (Orlans, 1991). Distance from the speaker, poor lighting, heavy accents and mustaches are also barriers to speechreading.

### Accommodations for a Deafened Adult

The deafened or hard of hearing adult will need a quiet listening environment. Background noise can make it extremely difficult for a person with hearing loss to understand speech (called reduced speech discrimination). It also renders hearing aids useless, since they amplify any sound within their range, not just the voice of the person speaking (Orlans, 1991). Background noise can be reduced with good room acoustics. Drapes, carpets, and sound treated walls and ceilings reduce reverberation that interferes with speech clarity. Rooms with good acoustics should be utilized when working with deafened and hard of hearing learners.

Of course, a room with good acoustics will not always be available or it may be insufficient to meet the learner's auditory needs. Assistive Listening Devices, (ALD) can help. As previously described, these devices transmit the speaker's voice directly to the hard of hearing person's ear with a minimum of background noise. They can be used in large rooms or for listening in noise.

To communicate as effectively as possible with a deafened or hard of hearing adult, keep these tips in mind.

- A deafened adult is probably relying at least partly on lip-reading, either consciously or unconsciously. Be sure you are facing the person and have their attention before you begin speaking.

- Enunciate your words clearly, but do not exaggerate your speech.
- Slow down your rate of speaking.
- Be sure there is sufficient light on your face, but not shining directly in the deafened person's eyes.
- Find a quiet room to talk, since background noise is extremely detrimental to their understanding of speech, especially if they are wearing hearing aids.
- Watch for signs of fatigue. People with hearing loss must expend considerable energy to understand speech and lip-read. (Adult Basic Education, 1987).

### Learners who are Deaf

Learners who were born deaf or became before the age of three are called pre-lingually deaf. In contrast to deafened and hard of hearing adults, sign language is usually the preferred mode of communication of pre-lingually deaf people. American Sign Language (ASL) is considered the language of the deaf community. ASL is recognized by linguists as a true and complete language with complex grammatical structures and an extensive vocabulary.

Besides having a preference for using sign language, deaf adults differ in other ways from deafened and hard of hearing people. Deaf adults may receive little or no benefit from hearing aids. They are less likely to be proficient speechreaders (lipreaders).

The literacy challenges of the deaf community are well documented. The average deaf adult reads at approximately the third or fourth grade level according to standardized tests (Strong, 1988). Deaf readers have smaller reading vocabularies, know few multiple means of words and idiomatic expressions and have difficulty understanding figurative language and making inferences when they read. (Andrews and Mason, 1991). Several reasons for this difficulty are cited. First, a deaf reader is trying to comprehend a language he or she has never actually heard or has heard in

only a limited and distorted way. Second, deaf readers lack background knowledge or schema needed to comprehend the text. Ninety percent of deaf children are born to hearing families. Many of these parents know little or no sign language and cannot communicate with them very well. Consequently deaf children are often deprived of having someone explain their environment to them. They also miss out on “incidental learning”, the kind of information we pick up by listening and observing others. As they get older, their knowledge gap increases (Andrews and Mason, 1991).

### Accommodations for Deaf Learners

Communication access is essential for serving deaf adults. This means having an interpreter available or a staff person or tutor who knows sign language. Places to recruit for signing tutors include sign language classes, Deaf Studies and interpreter training programs, and colleges that train teachers of the deaf. Most community college classes offer several sign language classes. A number of universities in California offer degrees in Deaf Education, Deaf Studies or Interpreter Training. Check your local universities to see if they offer these degree programs.

Educators in the field of deafness view deaf people as second language learners that share the same literacy challenges faced by other language minorities. Holcomb and Peyton (1992) list some promising approaches for improving deaf literacy. These approaches include (1) Bilingual/bicultural approaches using ASL and English together, i.e., watching a videotaped story in sign language in preparation for writing a composition in English, (2) Whole language and writing process approaches that avoid breaking language into parts and pieces, (3) interactive writing including using dialogue journals, computer networks and Telecommunication Devices for the Deaf (TDD's) and (4) Using closed captioning technology to give extensive English exposure. Closed captioning transcribes the audio portions of the program into words that appear on the screen and is now built into all televisions sold in the United States. It is beneficial to

other ESL learners as well (Spanos and Smith, 1990).

Gallaudet University in Washington, DC is the only liberal arts college in the world exclusively for the deaf and an important educational institution for deaf and hard of hearing adults. In an article published in Gallaudet's periodical *Perspectives in Education and Deafness*, author Jane Fernandes (1999) outlines nine key literacy practices recommended for deaf, hard of hearing and hearing students. These are

- (1) reading "aloud" to students in ASL,
- (2) language experience using an event or story that the student dictates to the tutor/teacher who writes the story in English,
- (3) independent reading,
- (4) dialogue journals, a written dialogue or conversation between the student and tutor/teacher
- (5) other journals and logs used to record or reflect issues or experiences in a variety of topics
- (6) guided reading and writing with the teacher/tutor leading a student through a book
- (7) shared reading and writing,
- (8) writing workshop where students learn the process of drafting, editing, revising and sharing their writing,
- (9) research reading and writing with students doing project-related writing.

Deaf, deafened and hard of hearing learners utilize a variety of communication modes; sign language, speechreading, hearing aids, etc. Regardless of communication preferences, these nine practices can be used to enhance the literacy skills of learners with hearing loss.

### Resources

For more information contact these organizations.

Self-Help for Hard of Hearing People, Inc.  
7910 Woodmont Ave., Suite 1200  
Bethesda, MD 20814  
Phone (Voice): (301) 657-2249  
TDD: (301) 913-9413  
Internet: <http://www.shhh.org>

Better Hearing Institute  
5021-B Backlick road  
Annandale, VA 22003  
Phone: Voice or TDD) (703) 642-0580  
Hearing Helpline (800) EAR-WELL  
Fax: (703) 750-9302  
Internet: <http://www.betterhearing.org>  
E-mail: [mail@betterhearing.org](mailto:mail@betterhearing.org)

Gallaudet University  
800 Florida Ave., NE  
Washington, DC 20002-3695  
Phone (Voice or TDD) (202) 651-5000  
Internet: <http://www.gallaudet.edu>

Assistive technology for deaf and hard of hearing people, including  
Telecommunication Devices for the Deaf (TDD), Assistive Listening Devices (ALD) as  
well as books and videos on deafness and sign language can be ordered from:

Harris Communications Inc.  
15155 Technology Dr.  
Eden Prairie, MN 55344-2277  
Phone: 1-800-825-6758 Voice  
Phone: 1-800-825-9187 TDD  
Internet: <http://www.harriscomm.com>  
E-mail: [mail@harriscomm.com](mailto:mail@harriscomm.com)

### Section III-Learners Who Have Mental Illness

Mental illness is a disorder in the functioning of the brain, the organ that controls actions and experiences. Fifteen to twenty percent of the population may experience a severe mental disorder at some time in their life. However, few seek professional assistance (Reaching for the light, 1998).

Symptoms of mental illness can be classified into four major categories: perception disorders of the senses, thought processes, mood, and behavior. Perception disorder of the senses can affect vision, hearing, taste, touch, smell, time, position in space, and balance, including hallucinations. Thought processes include confusion, memory loss, delusions and the inability to pay attention. Mood problems are depression, excitement, irritability, and mood swings. Behavior problems include withdrawal, aggression, violence, pacing, agitation, and other unusual or bizarre behavior.

#### Understanding Mental Illness

Researchers believe that most severe mental illnesses are caused by biologic abnormalities of the brain. They should be considered medical illnesses like diabetes or cancer. Mental illnesses are not caused by bad parenting, weakness of will, or character flaws (Andreason, 1984). The most common types of severe mental illness can be categorized into one of these four major groups, mood disorders, anxiety disorders, schizophrenia and other severe disorders. ‘

The most common of the mental disorders are anxiety disorders. It is estimated that 2-8% of the population have at some time suffered from some type of anxiety disorder (Andreason, 1984). Anxiety disorders include general anxiety disorders, panic disorders, phobias, obsessive compulsive disorders and post-traumatic stress disorders.

The symptoms of general anxiety disorders are excessive worry, jumpiness, irritability, tension, sweating, and a racing or pounding heart and difficulty sleeping. If these symptoms continue for a month or more the person should seek help.

Panic disorders may be limited to a few weeks or months or may continue over a long period of time. The person with a panic disorder may have attacks of panic with no obvious cause. Symptoms include heart palpitations, dizziness, chest pains, and extreme fear. The attacks themselves generally last only a few minutes, but the feeling of helplessness or loss of control that accompanies the attack can make the person reluctant to be alone or to leave home.

Phobias are a persistent and irrational fear of a specific object, activity, or situation. Simple phobias include the fear of heights or animals. Social phobias such as fear of public speaking or fear of eating in public are irrational fears of humiliating or embarrassing oneself in public.

Obsessive-compulsive disorder (OCD) compel a person to perform pointless rituals or cause a person to be troubled by a recurrent peculiar worry. Common rituals include hand-washing, and counting or checking something. An obsession is a persistent but senseless thought the person cannot get rid of such as a mother's fear she will stab her child with a knife. People who suffer from compulsions rarely act on them.

Past-traumatic stress disorder is a reaction to traumatic events that are outside the range of usual human experience such as physical and sexual abuse, earthquakes, automobile accidents or wartime combat. The symptoms include re-experiencing the event in dreams or 'flashbacks, sleeplessness, memory problems, loss of concentration, emotional numbness or feelings of detachments, loss of capacity to enjoy themselves.

Mood disorders are also called affective disorders. There are two main groups of illnesses, depressive disorders and bipolar disorders. Depressive disorders, also referred to as major or clinical depression is characterized by periods of intense

sadness, feelings of despair and worthlessness and suicidal behavior. Approximately 10 out of 100 people will experience significant depression at some time in their life. Bipolar disorders are relatively rare and affect about .5 to 1 percent of the population (Andreason, 1984). Symptoms include periods of deep sadness alternating with inappropriate euphoria, grandiosity and poor judgment.

Schizophrenia is the most serious and disabling of the mental illnesses. One in every one hundred people in the United States has schizophrenia (Reaching for the light, 1998). Symptoms usually begin between the ages of sixteen and twenty-five. They include delusions, hallucinations, thought disorders which cause disconnected or incoherent speech, withdrawal and abnormal psychomotor activity like rocking or pacing. Although they tend to be very unpredictable, they are not usually violent.

#### Accommodations for Learners with Mental Illness

Understanding the challenges a learner with mental illness deals with will assist programs in serving them. Some activities that people with mental illness may have trouble doing include:

- Screening out environmental stimuli such as sights, sounds or odors which interfere with a person's ability to focus on the task at hand.
- Sustaining concentration for extended periods of time
- Maintaining stamina throughout the day and combating drowsiness due to medications
- Handling time pressures and prioritizing tasks and meeting deadlines
- Interacting with others and reading social clues
- Responding to negative feedback, understanding and interpreting criticism
- Responding to and coping with unexpected change

(Reasonable Accommodation, 2000)

Areas of difficulty should be identified with the learner and strategies for dealing

with the challenges should be discussed with the learner in advance. Some possible strategies include:

- (1) Moving the learner to a quiet area with a minimum of distractions.
- (2) Break large projects into smaller tasks and take brief but frequent breaks to stretch.
- (3) Asking the learner's perspective of their performance.
- (4) Describe both strengths and weaknesses, give specific ways to improve.
- (5) Prepare learners for possible changes such as schedule changes or a new tutor

Further insights can be gained from the experience of the Stepping Stones program in Lancashire, Great Britain. This innovative program was established to promote access by people with mental health problems to nonvocational educational opportunities. They identified characteristics of mental illness that are barriers to education. These characteristics are lack of personal confidence, problems of social interaction, higher-than-average anxiety levels, lack of assertiveness, complications of medications, mood swings, and low incomes. The strategies they have utilized to reduce these barriers include consulting with the client every step of the way and working with the client's own support group such as family members, case workers, etc. Other recommendation include scheduling sessions during the middle of the day when medication side effects are less likely to be a problem than in the mornings or evenings. Avoid placing undue pressure on the client to make progress, especially initially.(Hooper, 1996).

Denise's story illustrates some of the challenges learners with mental illness face in pursuing their educational goals. A survivor of childhood abuse, she had dropped out of school after the ninth grade to raise her daughter. She spent a number of years in and out of mental hospitals before being diagnosed with bipolar disorder at the age of

thirty one.

Medication helped manage her condition and she attempted to go back to school and get her G.E.D. However, Denise faced a number of obstacles. She had difficulty filtering out auditory stimuli. Even the smallest noise, such as someone popping gum made it extremely difficult for her to concentrate. Fatigue, a side effect of her medication, also interfered with her concentration. Stress and the pressure of deadlines caused her 'mental blocks' that interfered with learning. She started and then dropped classes over a period of several years, never accomplishing her goal of getting her G.E.D.

Denise entered a library literacy program at the age of forty-four. She was matched with a literacy tutor and focused on improving her writing, spelling, and math. The one-on-one sessions in a quiet environment helped her concentrate and retain what she had learned. She described her sessions with her tutor as "peaceful" and "mellow." She met in the afternoon when the effects of her medication were less pronounced. After less than two years of study with a tutor and taking G.E.D. preparation courses, Denise obtained her G.E.D.

### Resources

For more information on mental illness contact:

National Alliance for the Mentally Ill (NAMI)  
200 North Gleve Road, Suite 1015  
Arlington, VA 22203-3754  
Phone: (800) 950-6264  
TDD: (703) 516-7991  
FAX: (703) 524-9094  
Internet: <http://www.nami.org>  
E-mail: [membership@nami.org](mailto:membership@nami.org)

National Mental Health Association  
1021 Prince Street

Alexandria, VA 22314-2971  
Phone: (800) 969-6642  
Fax: (703) 684-5968  
TDD: (800) 433-5959  
Internet: <http://www.nmha.org>

National Institute of Mental Health (NIMH)  
5600 Fischers Lane  
Bethesda, MD 20857  
Phone: (301) 443-4513  
Internet: <http://www.nimh.nih.gov>

### Websites

Internet Mental Health: <http://www.mentalhealth.com>

## Section IV Learners with Developmental Disabilities

The Center for Disease Control defines developmental disabilities as “a diverse group of physical, cognitive, psychological, sensory and speech impairments that begin anytime during development up to 18 years of age. This includes everything from mild delays in development to mental retardation, cerebral palsy, and autism spectrum disorders. According to the Centers for Disease control, approximately 17% of children in the United States have some form of developmental disability (Center for Disease Control, National Center on Birth Defects & Developmental Disabilities, 2002).

### Learners with Mental Retardation

The most common developmental disability is mental retardation. The American Association on Mental Retardation (AAMR) defines mental retardation as a substantial limitation in functioning that manifests itself before age eighteen. It is characterized by significantly subaverage intellectual functioning and related limitations in two or more of these adaptive skill areas, communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics leisure and work. Subaverage intellectual functioning is defined as an IQ score of 70-75 or below on standardized intelligence tests. (Hawkins-Shepard, 1994) In 1993, an estimated 1.5 million people aged 6-64 had mental retardation (CDC 1996 State-Specific Rates of Mental Retardation-U.S. 1993).

There is a wide range of abilities and disabilities among people with mental retardation. Some are affected only minimally and function only a little slower than average in learning new skills or acquiring information. Others have more significant challenges and need more assistance and support. Some people feel that people with mental retardation have qualitatively different deficits in cognition or memory. Others believe that persons with mental retardation through the same stages of development

as those without retardation, just at a slower pace.

Learners with mental retardation often have problems with attention, perception, memory, problem solving, and logical thought. They find it harder to apply what they have learned to new situations or problems. They may also have a higher incidence of vision and hearing impairments (Hawkins-Shepard, 1994).

In the past, the ability to read and write was seen as too abstract for persons with cognitive disabilities. However, studies aimed at developing literacy in these individuals have shown that people with cognitive disabilities are capable of gaining some degree of literacy skill.

### Accommodations for Learners with Mental Retardation

The field of literacy and adults with developmental disabilities is in its infancy. There has been little research in this area and there is much to explore. The following techniques and tips are from the Center for Literacy and Disability Studies at the University of North Carolina at Chapel Hill (Erickson, K., Koppenhaver, D. & Yoder, D., 1994).

Purposeful, context-based use of literacy materials should be introduced to developmentally disabled adults well before they master individual skills such as learning the alphabet or speaking clearly. The Appendix of this Guidebook contains a Functional Literacy Checklist used by the Fresno County Library Literacy Program. The Checklist can assist staff and tutors in identifying functional reading, writing and numeracy tasks that could be used as a starting point for working with developmentally disabled learners.

Group instruction can be more effective with developmentally disabled adults rather than individual instruction due to the greater opportunity for incidental learning to occur. Whole language instructional strategies that are used with nondisabled learners can be beneficial for literacy instruction of developmentally disabled adults.

Instruction should build on the learners existing skills by teaching easier tasks before more complex tasks. Give opportunities for them to apply or transfer what they have learned by providing multiple examples and settings.

Pierce and Porter (1996) recommend using predictable books or stories related to the learner's own experience may aid understanding. Repeated readings of favorite stories encourage story recognition and retelling. Tutors should related what they read to the learner's real experience, use appropriate vocabulary and paraphrase the test as needed to meet the learner's language needs.

Other tips include:

- providing shorter and more frequent sessions
- breaking new or long tasks into small steps
- using hands-on materials rather than pictures
- providing demonstrations rather than verbal directions.  
(Hawkins-Shepard 1994)

A program that has integrated many of these strategies also provides direction and inspiration for materials that have been used successfully. The Literacy and Technology Hands-On (LATCH-ON) program at the University of Queensland in Australia worked to enhance the literacy development of six young adults with Down Syndrome (Moni and Jobling, 2000). Established in 1998, the initial two-year project was characterized by high expectations of the learners and belief that individuals with Down Syndrome do continue to learn beyond adolescence into adulthood. Although this program was still its preliminary phase, it has already produced some impressive results including a book of poems, several newsletters, and short stories.

Reading and writing activities at LATCH-ON have meaning and purpose for the learners and are centered around the learner's interests. The activities are kept short with ample repetition and practice in a variety of ways. Students read from a wide

range of texts including advertising material, magazines, reference books, web pages, popular novels, newspaper articles and student-developed texts. Writing activities included news articles, personal reflections, short stories and daily journals. Computer technology is a key feature of the program and students learn basic keyboarding, word processing, simple Internet searches and open electronic mail accounts.

In addition, specific teaching strategies include providing models and examples of texts, reading aloud to students, phonics instruction, demonstrations, using pre-, during, and postreading and writing guides. Prereading strategies such as accessing prior knowledge through talk, predicting the content of stories from titles or headlines and looking at illustrations were employed. During reading, guided questions were used. After reading a writing prompt was provided to help the learners reflect on their own experiences to talk about the text.

### Learners with Autism and Autism Spectrum Disorders

Autism Spectrum Disorders are a group of life-long developmental disabilities that include autism, Pervasive Development Disorder-Not Otherwise Specified (PDD-NOS), and Asperger's disorders. Autism Spectrum Disorders are neurological disorders that are presumed to be present from birth and are always apparent before the age of three. They affect a person's ability to communicate, understand, language and interact with others. According to the Centers for Disease Control and Prevention (1999), one person out of every 500, or about 500,000 people in the United States has autism or Autism Spectrum Disorder. It occurs in four times as many boys as girls (Dunlap & Funton-Pierce, 1999).

Autism is defined by evidence of abnormal behaviors in three categories, social interaction, communication, and restricted and repetitive interest and behaviors. Impairments of social interaction include failure to use eye contact, facial expression or gestures in social interactions and failure to develop relationships. Impairments seen in

communication include failure to use spoken language, difficulties in initiating or sustaining conversation and abnormal language such as repeating a question instead of answering it. Restricted and repetitive interests and behaviors include abnormally intense preoccupation with one subject or activity, repetitive movements such as hand flapping and rigidity in routines or rituals with no purpose.

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) is a term used to identify a person who exhibits characteristics in two, but not all three of the above areas. Asperger syndrome refers to individuals with autistic characteristics but relatively intact language abilities.

People with Autism Spectrum Disorder (ASD) vary widely in ability and personality. Individuals may have severe mental retardation or be extremely gifted. The general developmental pattern includes strengths in concrete thinking, rote memory, and understanding visual-spatial relationships. They tend to be weakest in abstract thinking, social cognition, and communication.

Spoken language, because it is rapid, transient and sequentially coded seems to be more difficult for people with autism to process. Visual language, in the form of writing or pictures is easier for them to code and also because it is nontransient can serve as a concrete reminder of the message. Temple Grandin, a recovered adult with autism, reports that she organizes her understanding and use of oral language through written language and learns abstract concepts by forming visual associations. She says that all of her thinking is visual and that she has almost no verbal thought (Quill, 1995).

### Accommodations for Learners with Autism Spectrum Disorders

It is widely agreed that people with autism respond better in structured context where clear guidelines regarding expectations are given. Provide tools, such as written or picture schedules to ensure the flow of activities are understandable and predictable.

It is important the learning environment provide activities and materials that are interesting and motivating. When learners have an opportunity to choose the activity, location or materials for a learning task, they are more likely to be engaged in the activity. Provide the learner with frequent and meaningful reinforcement to encourage motivation and persistence (Dunlap & Funton-Pierce, 1999).

### Resources

For more information contact these organizations:

American Association on Mental Retardation (AAMR)  
444 North Capitol Street NW, Suite 846  
Washington, DC 20001-1512  
Phone: (800)424-3688  
Fax: (202) 387-2193  
Internet: <http://www.aamr.org>  
E-mail: [info@aamr.org](mailto:info@aamr.org)

Center for Disability Information and Referral  
Institute for the Study of the Developmentally Disabled  
University of Indiana  
2853 East 10th Street  
Bloomington, IN 47408-2601  
Phone (Voice/TDD): (812) 8559396  
Internet: <http://www.isdd.indiana.edu/~cedir>  
E-mail: [Cedir@indiana.edu](mailto:Cedir@indiana.edu)

The Arc (formerly the Association for Retarded Citizens)  
500 East Border Street, Suite 300  
Arlington, TX 76010  
Phone: (800) 433-5255  
TDD: (817) 277-0553  
Fax: (817) 277-3491  
Internet: <http://thearc.org/welcome.html>  
E-mail: [thearc@metronet.com](mailto:thearc@metronet.com)

Center for Literacy and Disability Studies  
<http://www.gac.edu/>

Autism Resources on the Internet  
<http://web.syr.edu/~jmwobus/autism/#general>

## APPENDIX

### Functional Reading Checklist

#### Alphabet/Writing

1. Identify the letters of the alphabet.
2. Recite the alphabet in order.
3. Write the alphabet in order, or all the letters they know.
4. Write their first and last name.
5. Write address and phone number.

#### Environmental print

6. Ask learner to identify these words:

_____ pull	_____ wet floor	_____ don't walk
_____ push	_____ keep out	_____ walk
_____ restrooms	_____ phone	_____ library
_____ men	_____ beware of dog	_____ closed
_____ women	_____ no smoking	_____ open
_____ out of order	_____ watch your step	_____ poison
_____ name	_____ state	_____ last
_____ address	_____ zip code	_____ first
_____ number	_____ date	_____ male
_____ city	_____ birthday	_____ female

#### Numbers/counting

7. Can identify: \_\_\_\_\_ 1-10 \_\_\_\_\_ 10-20 \_\_\_\_\_ 20-50 \_\_\_\_\_ 50-100
8. Can count: \_\_\_\_\_ 1-10 \_\_\_\_\_ 10-20 \_\_\_\_\_ 20-50 \_\_\_\_\_ 50-100
9. Can count by: \_\_\_\_\_ 5's \_\_\_\_\_ 10's \_\_\_\_\_ 20's \_\_\_\_\_ 25's

#### Calendar/Time concepts

- 10.. Ask learner to identify:

_____ Days of the week	_____ Months of the year
_____ # of days in a week	_____ #. of days in the month
_____ # of days in a year	_____ # of months in a year

11. Knows time to the:

\_\_\_\_\_ hour    \_\_\_\_\_ half hour    \_\_\_\_\_ quarter hour    \_\_\_\_\_ minute

Math

12. Can do: \_\_\_\_\_ simple addition    \_\_\_\_\_ addition with carrying  
                  \_\_\_\_\_ simple subtraction    \_\_\_\_\_ subtraction with borrowing

Money

13. Knows coin names and values:

_____ penny	_____ 1 cent
_____ nickel	_____ 5 cents
_____ dime	_____ 10 cents
_____ quarter	_____ 25 cents
_____ half dollar	_____ 50 cents

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