

A DIFFICULT PUZZLE TO SOLVE: ADULT ESOL STUDENTS WITH LEARNING DISABILITIES

Robin L. Schwarz

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Case Example: Helene, a 44 year-old student in an adult learning center in Massachusetts, has been trying most of her life to learn to write and spell so that she could take the GED. Helene attended school for three years in Haiti, and then was sent to live with relatives in the U.S. She did not go back to school until she was in her late teens, when she attended night school for three years. Helene, whose mother tongue is Creole and who started her education in French, speaks English quite fluently and grammatically. Though her decoding skills are not strong, she has passed her citizenship test, obtained her driver's license and become a certified nursing assistant, for which she passed a rather difficult test after failing it once and then preparing with the help of a friend. She has been working as a CNA for 10 years and is highly rated by her supervisor. The mother of two children, Helene is proud that her older child has nearly finished college, and the younger is doing well in elementary school.

Helene's teacher, who has taught ESOL for three years after switching from teaching literacy classes, learned about LD in several of the many workshops provided by his learning center. Despite this exposure, he felt it was Helene's low level of literacy (i.e. brief formal education) that was preventing her from learning to write and spell. When she was placed in a low ESOL class for the third year because of her weak writing and spelling, Helene herself was quite discouraged. Even after intensive training in the Wilson Reading System (1995), and exposure to various handwriting materials, she could barely write words from dictation, and her homework was illegible.

Once he realized in yet another workshop that the discrepancies in Helene's skills were typical of many people with LD, her teacher finally referred her for testing through the local vocational and rehabilitation office. Though her scores placed her in the mildly retarded range, the diagnostician noted that seemed odd, given her high level of functioning. Nowhere in the report was it indicated that Helene's scant formal education and language background were taken into account in the testing, nor was the writing problem directly addressed.

In fact, the diagnostician stated that given her scores, Helene would never pass the GED and should receive tutoring only for employment-related needs. However, tutoring revealed that Helene was, in fact, severely dysgraphic, being unable to remember HOW to form letters or even to copy them. Two months of appropriate intervention has resulted in Helene's being able to write the entire alphabet in cursive, though she cannot write spontaneously as yet. In the meantime, her school has arranged for her receive accommodations in her pre-GED classes so she can proceed towards her goal. (This is a true case. The name and some details have been changed to ensure privacy of the student)

Lessons learned from Helene's Case: The ESOL population

Helene's case illustrates many of the challenges that the adult education system in the US faces as it tries to serve a huge and rapidly swelling population of ESOL learners in a system not originally conceived for them. The combination of the size of the ESOL population and the already inherent problems of the adult education system makes the puzzle of serving students like Helene who have learning problems a difficult one indeed.

Recent figures from the US government indicate that there are now nearly two million adult ESOL students in programs receiving federal funding of some type, an increase of almost 500% since 1980 (Burt & Keenan, 1998; US Department of Education, n.d.). Add those in other types of programs and those who would like to be in ESOL classes but cannot get in, and the figure is at least four million (Florez, 1997). While the implications of this huge ESOL population for adult education are endless, at least three are pertinent here. First, the sheer size of this population means that adult education has had to shift its focus from literacy education for American-born students to ESOL education and even literacy education for many of these ESOL students. Second, the resources for adult education, already stretched thin, are being stretched thinner as communities try to accommodate all those who want classes, leaving little money for anything else. And third, though there are hardly any official estimates of the number of adults ESOL students with LD, a very conservative estimate of 10% of the population having serious learning problems means that at least 200,000 students among the adult ESOL learners in federally funded programs face learning difficulties. It is safe to say that hardly more than a handful of those students is being recognized and served by specially trained teachers.

Characteristics of the adult ESOL student and identification confusion

While the size of the ESOL population is one part of the puzzle, another part can be seen in Helene's background. She is somewhat typical of one part of the incredibly diverse adult ESOL population in that she had both a limited and interrupted education. Her teacher's puzzlement reflects difficulties teachers face in determining when and how low levels of literacy or interrupted education affect later attempts to learn. Not wanting to err on the side of inappropriate referral for testing—and knowing that testing is hard to come by—teachers may err on the side of caution and continue to explain away enduring problems as being the result of the student's inadequate education, as Helene's teacher did. On the other hand, when students have a lot of education in their first language, teachers may attribute problems to second language learning or interference of the first language. Similarly, teachers try to be sensitive to problems caused by trauma, cultural differences, the effects of culture shock, economic problems, or stress from long workdays as well as the tendency of many foreign-born adults to stay within their language communities, thereby depriving themselves of opportunity to practice English.

These many real causes of adult ESOL students' poor learning make teachers who are not specially trained understandably wary of concluding that a student's problems are instead caused by LD.

In not requesting special help for her writing problem, Helene is again typical. ESOL students often come from cultures where slow or ineffective learning is equated with stupidity or laziness and the notion of a specific learning problem is not recognized. Consequently, few adult ESOL students who have problems learning are likely to request testing or self-identify, nor are they easily convinced to accept a diagnosis that in fact confirms that they do not learn as others do, or one that sounds as if they had an illness. Inadequate teacher training, professional development and materials

Just as the adult ESOL students are unaware of LD, their teachers, too, may be uninformed. Despite an unusual amount of professional development, Helene's teacher did not think her problems were likely to be the result of LD because she was able to read well enough to pass certain tests. This confusion may well result from the fact that in LD awareness training that adult education teachers receive, very little is said about LD in ESOL students. Moreover, the LD training often focuses heavily, if not exclusively, on reading problems, while other problems, such as Helene's dysgraphia, are rarely addressed. In much of adult education, lack of professional development is seen as a problem and funding for it is very scarce (Burt & Keenan, 1998). It is not difficult to realize then, that the average teacher of adult ESOL knows little about LD.

Even more basic than the lack of professional development is the problem of qualifications of many adult ESOL educators. The overwhelming majority of jobs in the field are part-time, and education and training opportunities in methods and theory of adult education, or more specifically, adult ESOL, are still rare (Burt & Kennan, 1998, Florez, 1997), with the result that programs cannot require that teachers have relevant credentials of any kind. Even experience is not yet a uniform requirement (Florez, 1997). It is still not uncommon to hear of teachers such as Helene's, who had no ESOL training yet was asked to switch from adult literacy to ESOL because of the demand for ESOL classes.

The scarcity of materials specifically designed for adult ESOL students with LD further adds to the puzzle. Most ESOL texts are not suitable for LD learners because of complex visual design, insufficient practice exercises, and the amount of information presented per page or chapter. On the other hand, LD materials for English speakers present many grammar and vocabulary challenges for the ESOL student. ESOL literacy materials are helpful for those with dyslexia, but are necessarily extremely limited in language. Therefore, teachers having student with LD must adapt existing materials or develop their own individualized ones.

Diagnostic quandaries

Helene's case is especially typical of the difficulties programs and learners face in obtaining an accurate and appropriate diagnosis of LD. Because the cost of diagnosis by private practitioners is so high, testing must often be arranged through some agency that serves adults. Furthermore, diagnosticians who are familiar with another language and the process of second language acquisition, or of the impact of cultural differences on the testing process are rare. Moreover, few, if any of the usual diagnostic tests have been normed on adult non-native speakers of English and the diagnostic instruments are often culturally bound or linguistically challenging, resulting in highly questionable and unreliable scores. This means the learner is unlikely to receive a fair diagnosis, and, as we saw with Helene, this can have a devastating result. Thus, those programs and teachers who are well-informed enough to recognize that a student may have LD find themselves in the difficult position of having to refer a student for an inappropriate diagnosis in order to obtain the documentation necessary for the student to receive legal accommodations on the GED or in other educational settings. The risk is that as they did for Helene, the unsuitable tests and unformed diagnostician may result in a damaging diagnosis rather than a finding that would support the student's learning.

A Few Suggestions

What can be done to begin to solve this complex puzzle of identifying and effectively accommodating and instructing adult ESOL students with LD?

Improve informal identification: Given the realities of the adult ESOL population, three approaches to the problem of identifying those who may have LD seem worth exploring. One is to begin identifying LD by focusing on change as measured in growth curves. In 1994, Shaywitz and Shaywitz noted "...using growth curve models already has demonstrated utility in addressing some of the most pressing questions relating to the definition, conceptualization and assessment of intervention for learning disability. (1994, p.67). This approach presents a far more realistic measurement for adults with such varied backgrounds than the discrepancy model does. Another approach is to improve methods of gathering qualitative data as a basis for informal identification by refining observation guidelines or questionnaires to focus on key issues and by training teachers in how to gather such information reliably. Diagnostic teaching, or dynamic assessment, to learn about a student's functioning in real learning situations and about his or her actual strengths and weaknesses is a third possible approach to more reliable identification. To do this, a trained teacher notices a student's problems in a given task, analyzes the task to determine which skills are missing or weak and causing the errors observed, and targets that lack of knowledge or weak skill to see if the student can learn and can build on previous learning (See for example, Schneider and Ganschow, 2000).

Besides using qualitative information to identify LD students, there is the possibility of using language-free testing and other testing that has been shown to supersede language constraints, such as the Rapid

Automatized Naming Test (RAN) (Wolf, 2001), or Geva's (2001) approach of testing the most basic phonological skills in English. Such testing could possibly answer the need to try to identify students much sooner in their educational journey than qualitative methods permit.

Improve teacher training and job standards: As highlighted above, better teacher training in adult education, in adult ESOL and in awareness about LD in the adult ESOL population is sorely needed. But better training will happen only if it is required in jobs. Therefore, adult education funding needs strong policies which specifically address teacher qualifications. Some states such as Maryland and Massachusetts are creating standards for adult education that include minimum education requirements for teachers, and TESOL, the professional organization of ESOL teachers, has published a set of standards for the field of adult ESOL. Unfortunately, most programs cannot pay professionally prepared teachers sufficiently.

Along with teacher training, there is an acute need for research-based best practices for working with adult ESOL learners, and especially with those with LD. Now, methods deemed suitable for English-speaking LD adults are applied to the ESOL students, but often the fit is not good and there is little accumulated evidence that such methods work without adaptation to the needs of this population.

Develop suitable materials: Without materials better suited to ESOL learners with LD and guidance in how to use existing materials more realistically, even well intentioned and well-trained teachers will be hard pressed to be effective in the long term. Perhaps as the number of ESOL students identified with LD grows, there will be more incentives for authors and publishers to create appropriate materials, as has happened in the field of non-ESOL adult LD.

Increase awareness: Finally, increased awareness about LD in the ESOL population must happen on many levels. The changes needed to institute stricter teacher qualifications, better qualified diagnosticians, and appropriate teaching methods and materials will happen only when everyone concerned realizes that adult ESOL comprises the same spectrum of learners that adult education in general has. Acceptance of the fact of large numbers of persons with LD in the English-speaking population has brought much needed change in adult education. If this acceptance can be broadened to include the ESOL population, then perhaps some of the pieces of this challenging puzzle can begin to be put into place.

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