

CHAPTER 2

The Dynamics of Disabilities

INTRODUCTION

This chapter provides information on in-school and out-of-school youth with disabilities and on how school enrollment status and age relate to definitions of disability and determinations of access to services. The chapter also discusses means of identifying specific disabilities, including hidden or non-apparent disabilities, and strategies for using accommodations to support and assist young people with disabilities in various assessment, classroom, and work settings. An example of a screening tool is provided.

YOUTH WITH DISABILITIES IN PUBLIC SCHOOLS

The process for identifying and defining disabling conditions is different for every student. Language, philosophy, and legislative disparities obscure the practical and functional aspects of living with a disability, and youth often are caught in difficult positions because of the complex dynamics of service systems. Definitions of disability also vary across

special education, vocational rehabilitation, and other community service agency programs.

Perhaps the best place to start a discussion of disabilities is in the public school setting, where federal, state, and local regulations require compliance in describing disabling conditions and determining who is eligible for special services related to these conditions. Most infants, children, and adolescents with disabilities receive special services funded through the Individuals with Disabilities Education Act (IDEA). Once youth graduate from or otherwise leave the public school system, they are no longer covered by IDEA. (Some youth leave or drop out before graduation; this may not preclude them from returning to school or accessing certain services depending on the circumstance.) However, entitlement for special education services is also guided by age-specific criteria. In most states, special education eligibility continues to age 21.

To be eligible for IDEA-funded services, two criteria must be met: (a) the presence of a disability and (b) a need for special educational services based on the

disability. There are currently thirteen disability categories defined by IDEA:

1. **Autism:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined below.
2. **Deafness:** A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.
3. **Deaf-blindness:** A combination of hearing and visual impairments causing such severe communication, developmental, and educational problems that the child cannot be accommodated in either a program specifically for the deaf or a program specifically for the blind.
4. **Emotional Disturbance (ED) (formerly Severe Emotional Disturbance or SED):** A condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree, that adversely affects a child's educational performance:
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors
 - An inability to build or maintain satisfactory interpersonal relationships with peers or teachers
 - Inappropriate types of behavior or feelings under normal circumstances,
 - A general pervasive mood of unhappiness or depression
 - A tendency to develop physical symptoms or fears associated with personal or school problems
5. **ED includes schizophrenia, but does not include students who are socially maladjusted, unless they have a serious emotional disturbance.**
5. **Hearing impairment:** An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness as listed above.
6. **Mental retardation:** Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period that adversely affects a child's educational performance.
7. **Multiple disabilities:** A combination of impairments (such as mental retardation-blindness, or mental retardation-physical disabilities) that causes such severe educational problems that the child cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.
8. **Orthopedic impairment:** A severe orthopedic impairment that adversely affects educational performance. The term includes impairments such as amputation, absence of a limb, cerebral palsy, poliomyelitis, and bone tuberculosis.
9. **Other health impairment:** Having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, rheumatic fever, asthma, hemophilia, and leukemia which adversely affect educational performance. Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are included in this category.
10. **Specific Learning Disability (SLD):** A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural or economic disadvantage.

11. **Speech or language impairment:** A communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child’s educational performance.
12. **Traumatic Brain Injury (TBI):** An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.
13. **Visual impairment, including blindness:** An impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

In public schools, states and school districts have some limited latitude in determining eligibility and providing services, but eligible students are entitled to request and receive services that are prescribed in an Individualized Education Program (IEP) that is written or updated at least yearly. Transition planning and related assessments are to be included in the IEP beginning when a student reaches age sixteen. When disputes or disagreements arise related to eligibility or provision of services, school districts must have in place mediation or due process policies that allow for resolution of such issues. School districts also should have formal policies about assessment practices and a system for providing them, including collaborative relationships with consultants and outside experts when needed.

Students with disabilities who do not need special services under IDEA (for instance, an individual who uses a wheelchair but has no educational limitations) may be eligible for certain services related to accommodations under Section 504 of the 1973 Rehabilitation Act or the Americans with Disabilities Act (ADA). While there are no special provisions for assessment under these two acts, these laws do provide for non-discriminatory assessment practices.

OUT OF SCHOOL YOUTH WITH DISABILITIES

Once a young person leaves the public school system, and eligibility for special education services ends, eligibility for and access to adult community services dramatically change. Definitions of disability and descriptions of specific disabilities vary from law to law, program to program, state to state, and local area to local area. The Rehabilitation Act and the Workforce Investment Act (WIA) each have specific provisions related to serving youth with disabilities, but states are given latitude to determine who is eligible to receive Vocational Rehabilitation (VR) services and how WIA Title I-funded services are prioritized.

In the VR system, individuals with the most severe disabilities have, by law, priority for services. Many states have “order of selection” rules that determine eligibility for individuals with the most severe disabilities and put others on waiting lists or deny them services altogether. Individuals who do not or cannot receive VR services may apply for WIA Title I services. VR services for individuals include assessment, education, counseling, and training for finding and keeping employment and for maintaining independence. These services may be intensive and include adaptive equipment, funds for accommodations, and funds for personal services.

WIA-funded One-Stop centers and Title I service providers are required to make services available to eligible participants who are eighteen and over. Some eligible adults can receive intensive services and job training. Youth services (for participants aged 14 to 21) are available depending on factors that prioritize services for youth with dependent children, who are poor or at-risk, who are in the juvenile justice system, or who have disabilities. These priority decisions vary based on federal regulations and Workforce Investment Board and Youth Council policies set at the state and local levels. During intake at One-Stop offices, youth receive information about eligibility criteria for WIA services. Some youth may be eligible for both adult and youth services.

Youth services are based on the individual youth’s needs and may include tutoring and study skills training (including for GED); summer employment

opportunities; paid and unpaid work experiences; occupational skills training; leadership development opportunities; supportive services; adult mentoring; follow-up services; and guidance and counseling services. Table 1.2 in Chapter One details services provided by IDEA, WIA, and VR.

IDENTIFYING DISABILITIES OUTSIDE OF THE SCHOOL SETTING

Some youth have obvious disabilities (usually sensory or physical disabilities such as visual impairments, hearing loss, or physical impairments). Other youth have somewhat less obvious but still recognizable cognitive disabilities (such as mental retardation or autism). The majority of these youth have had concrete interventions in school to alleviate the effects of the disability. Parents of these youth often develop a good understanding of the dynamics of their child's disability, and chances are good that transition plans include documentation of accommodations and supports needed for academic and career development. The identification of a youth as a person with a disability usually follows him or her out of school and into postsecondary training or employment. A high percentage of these youth are eligible for VR services.

Other youth have hidden or non-apparent disabilities. Hidden disabilities include Specific Learning Disabilities (SLD), Attention Deficit/Hyperactivity Disorder (AD/HD), Attention Deficit Disorder (ADD), mental health or emotional problems (such as depression, anxiety disorders, or conduct disorders), and Traumatic Brain Injuries (TBI). Occasionally, young people with mental retardation can be considered to have a hidden disability. Because of a high level of functioning, their disability may not be apparent, and their condition can be misidentified as SLD.

Because of the nature of hidden disabilities, identification and the assignment of needed interventions and supports are more difficult. Parents, as well as professionals, often have an inadequate understanding of the nature of hidden disabilities or of useful accommodations. Most importantly, youth with hidden disabilities are less likely than others to disclose their disability because they wish to avoid

being stigmatized or labeled. This means that youth with these disabilities may enroll and enter educational, training, and employment programs without communicating their disability and needs for accommodations and special assistance.

Whether or not to disclose a disability to prospective employers, teachers, or others is an important decision and can have both short and long term ramifications. To help individuals understand the complex issues involved, NCWD/Youth has published *The 411 on Disability Disclosure*, available at http://www.ncwd-youth.info/resources_&_Publications/411.html. This workbook helps young people and the adults who work with them make informed decisions about disclosure and shows how these decisions can impact their education, employment, and social lives.

SERVING YOUTH WITH HIDDEN DISABILITIES

To effectively help youth with hidden disabilities, youth service practitioners must have an understanding of how hidden disabilities affect youth and how best they can provide support.

When in-school youth with hidden disabilities begin transition planning, a helpful strategy is to formally connect them with WIA-funded programs and services. With WIA services accessed early, smoother transition from school is more likely, decision-making is more collaborative, and access to needed community resources is more available.

What follows are basic descriptions of common hidden disabling conditions with some suggestions of ways to help individuals. In the section on mental health and emotional disorders, there is also a brief discussion of chemical abuse and dependency which may accompany hidden disabilities.

Specific Learning Disabilities

The following section is adapted from the booklet *Learning Disabilities* (National Institutes of Health, 2003):

Specific Learning Disabilities (SLD) affect people's ability to interpret what they see and hear or to link information from different parts of the brain. These differences can show up in many ways, as specific

difficulties with spoken and written language, coordination, self-control, or attention. Such difficulties affect schoolwork and can impede learning to read, write, or do math.

SLDs can be lifelong conditions that, in some cases, affect many parts of a person's life: school or work, daily routines, family life, and sometimes even friendships and play. In some people, many overlapping learning disabilities may be apparent. Other people may have a single, isolated learning problem that has little impact on other areas of their lives. *It is important to note that having an SLD does not indicate a deficit in intelligence. Many people with very high IQs have SLDs.*

SLD is a broad term that covers a pool of possible causes, symptoms, treatments, and outcomes. Partly because learning disabilities can show up in so many forms, it is difficult to diagnose or to pinpoint the causes. Not all learning problems are necessarily SLDs; many children are simply slower in developing certain skills. Because children show natural differences in their rate of development, sometimes what seems to be a learning disability may simply be a delay in maturation or brain development. To be diagnosed as a learning disability, specific criteria must be met. Information on identifying SLDs is provided below.

Developmental Speech and Language Disorders

Speech and language problems are often the earliest indicators of a learning disability. People with developmental speech and language disorders have difficulty producing speech sounds, using spoken language to communicate, or understanding what other people say.

Academic Skills Disorders Students with academic skills disorders are often years behind their classmates in developing reading, writing, or math skills. The diagnoses in this category include:

Developmental Reading Disorder This type of disorder, also known as dyslexia, is quite widespread. In fact, reading disabilities affect two to eight percent of elementary school children. A person with a developmental reading disorder can have problems in any of the tasks involved in reading. However, scientists have found that a

significant number of people with dyslexia share an inability to distinguish or separate the sounds in spoken words.

Developmental Writing Disorder Writing, too, involves several brain areas and functions. A developmental writing disorder may result from problems in the brain networks for vocabulary, grammar, hand movement, or memory.

Developmental Arithmetic Disorder Arithmetic involves recognizing numbers and symbols, memorizing facts such as the multiplication table, aligning numbers, and understanding concepts like place value and fractions. Any of these may be difficult for children with developmental arithmetic disorders. Problems with numbers or basic concepts are likely to show up early. Disabilities that appear in the later grades are more often tied to problems in reasoning.

Many aspects of speaking, listening, reading, writing, and arithmetic overlap and build on the same brain capabilities. So it's not surprising that people can be diagnosed as having more than one area of learning disability. For example, the ability to understand language underlies learning to speak. Therefore, any disorder that hinders the ability to understand language will also interfere with the development of speech, which in turn hinders learning to read and write. A single gap in the brain's operation can disrupt many types of activity.

Other SLDs SLDs also include motor skills disorders and specific developmental disorders not otherwise specified. These diagnoses include delays in acquiring language, academic, and motor skills that can affect the ability to learn but do not meet the criteria for other specific learning disabilities. Also included are coordination disorders that can lead to poor penmanship, as well as certain spelling and memory disorders.

Identifying or Diagnosing Specific Learning

Disabilities Many young people make it to adolescence or adulthood without discovering they have a specific learning disability. Youth who are "low performers" or "under-achievers" are sometimes difficult to distinguish from individuals who have an

SLD. These young people can go undiagnosed and subsequently do not receive appropriate assistance and support.

Until the reauthorization of IDEA in 2004, schools used the concept of “a severe discrepancy between aptitude and achievement” as the basis on which to identify a student with an SLD. However, IDEA allowed states, and states often allowed the local districts, to determine how this discrepancy is measured. This sometimes created problems for students who transfer to other school districts or other states. Many states use or used standardized test scores, cognitive discrepancies, and/or grade level deviation as a determinant (Ahearn, 2003).

IDEA now allows schools to move away from such approaches because the reasons for the discrepancies may be related to other factors (culture, environment, language, etc.) that may not respond to interventions for SLDs. In place of the discrepancy model, IDEA allows using a more clinical approach in identifying and alleviating the effects of SLDs; this approach is called Response to Intervention (RTI). Ahearn describes RTI as a multi-tiered method of identifying and helping students who are experiencing learning difficulties before they are “diagnosed.” Only students who do not respond to valid interventions are referred for more evaluation. This is intended to limit and make more precise the identification of students “who have a disability for whom special education is needed” (Ahearn, 2003).

If a young person with an identified SLD chooses to attend college, most postsecondary institutions have resources and accommodations to assist students. Contacting the college’s office for students with disabilities and recent documentation of a disability are usually required to access these services.

Out-of-school youth with SLDs are often in a much more difficult situation. In fact, very high percentages of high school dropouts, prison inmates, and welfare recipients either have diagnosed SLDs or have similar histories of significant difficulties in school. The workforce development system has a mandate to serve out-of-school youth, and practitioners should be prepared to assist program participants who have observable problems with reading, writing, or

mathematics that can severely limit opportunities in the work world and greatly impact independent living. Helping people with sensitivity and understanding can go a long way in maximizing outcomes.

Helping Young People with Specific Learning

Disabilities Because SLDs are often hidden, screening, testing, and identifying youth with SLDs takes insight and persistence. Collaborating with professionals who specialize in SLDs is valuable. The collaboration should have a process for youth service practitioners to screen for possible SLDs that may lead to referral for further services. Specialists may include psychologists and others who are licensed to make disability determinations. Exhibit 2.1 is a sample screening tool that has been used in the state of Washington.

Determining whether an English Language Learner has a learning disability can be challenging, particularly since it is extremely difficult to validate screening tools. An excellent source of information on this subject, *LD and the English Language Learner*, can be found at http://ldlink.coe.utk.edu/esl_ld.htm.

Keep in mind that all persons with SLDs can learn; efforts must be made to find methods of teaching that work with each individual. If an SLD is identified, the person can enter adult or alternative education programs, enroll in a postsecondary education program, or seek out specialized tutoring. Education programs that lead to General Educational Development (GED) testing can be motivational for youth who have dropped out of high school. In career planning, identification of a SLD can lead to refocusing career plans based on the individual’s skills and aptitudes while incorporating accommodations to alleviate the effects of the SLD. When interviewing for jobs, individuals may or may not disclose the SLD to prospective employers. If hired, an individual may choose to disclose the SLD in order to ensure the employer can tailor training or job requirements to fit individual needs.

For more information about Specific Learning Disabilities, visit the Learning Disabilities of America Web site (<http://www.lidaamerica.us/>) or access the Maryland State Department of Education’s guide, *Identifying Specific Learning Disabilities* (<http://www.msde.state.md.us/specialeducation/>).

Attention Deficit Hyperactivity and Attention Deficit Disorders

According to the National Institutes of Mental Health (2003), Attention Deficit/Hyperactivity Disorder (AD/HD) refers to a family of related chronic neurobiological disorders that interfere with an individual's capacity to regulate activity level (hyperactivity), inhibit behavior (impulsivity), and attend to tasks (inattention) in developmentally appropriate ways. The core symptoms of AD/HD include an inability to sustain attention and concentration, developmentally inappropriate levels of activity, distractibility, and impulsivity. Children with AD/HD have functional impairment across multiple settings including home, school, and peer relationships. AD/HD has also been shown to have long-term adverse effects on some individuals' academic performance, vocational success, and social-emotional development.

Many educators and physicians also use the term Attention Deficit Disorder (ADD) without the hyperactivity component. Some people who may be diagnosed with ADD are affected by inattention when engaging in tasks at home, school, or work. According to the National Dissemination Center for Children with Disabilities (2000), inattention means individuals do not pay close attention to details; cannot stay focused, organized or finish tasks; and may be forgetful and lose track of things.

Many formal assessments are available for diagnosing AD/HD; these must be administered by appropriately trained psychologists or other licensed professionals. When supporting youth with AD/HD, it is important to consider whether the youth also have a learning disability, depression, or other type of related mental health problem. Medications are available that may help with symptoms of AD/HD. Other physical or psychological therapies and behavior modification strategies can also be used to alleviate the effects of AD/HD. Formal testing for AD/HD should include academic aptitude testing and achievement testing within the context of behavioral assessment and observation. (James Madison University, 2003).

For more information about AD/HD, visit the Web site of the National Resource Center on AD/HD (<http://www.help4adhd.org/>).

Traumatic Brain Injury

According to the National Institute of Neurological Disorders and Stroke (2003), Traumatic Brain Injury (TBI) is a "sudden physical assault on the head that causes damage to the brain." This injury may be closed or penetrating, and the range of "severity of a TBI can [run] from a mild concussion to the extremes of coma or even death." TBI is also called Acquired Brain Injury in some settings. Long-term effects of TBI can include chronic confusion or other cognitive problems; changes in personality; depression, irritability, or other emotional and behavioral problems; seizures; and vision or hearing loss.

Persons with moderate to severe long-term effects face difficulty in education or work settings. Impulsive or irrational behavior and inconsistent cognitive skills are often misunderstood or misinterpreted by those working with individuals with a TBI. Assessing skills and developing long-term career plans takes time and patience. Many larger cities have dedicated agencies that specialize in training persons with TBI. Unlike many other hidden disabilities, persons with TBI are often eligible for VR services.

For more information about TBI, visit the Brain Injury Association of America's Web site (<http://www.biausa.org/Pages/splash.html>).

Mental Health or Emotional Disorders

Identifying a mental health or emotional disorder and supporting a person who has one can be difficult, especially if it is a secondary disability or a response to another primary diagnosis such as a physical disability or a learning disability. Additionally, some youth may be unable or unwilling to disclose a mental health or emotional disorder because of the stigma attached to these disabilities. Youth who are experiencing depression, anxiety, or other mental health issues may become truant and avoid school or have attendance problems at work. Some may need psychiatric medication and therapy. Others may need additional emotional or psychological support to treat the problem prior to any academic or career planning.

Because of the medical nature of these disorders, appropriate diagnosis and treatment by licensed psychologists, social workers, and other medical professionals is essential. Youth service practitioners

must be able to screen and refer for mental health disorders when appropriate. Responsibly helping youth with mental health disorders is a primary reason for having effective collaborative services in place.

The most common mental health problems faced by youth involve depression, anxiety, and maladaptive behaviors. Other more serious mental health problems, such as schizophrenia, psychosis, and bi-polar disorder, are less common but may be present in youth who seek services in the workforce system. When working with youth with these more severe mental health problems, immediate assistance from qualified professionals should be sought. For the others, the information below should be considered before beginning services.

Chemical health problems, while not always disabling, are often present in youth with disabilities; screening for chemical dependency might be a consideration when working with transition age youth.

Depressive Disorders Young people with clinical depression (defined as depression lasting more than a few weeks) often have multiple symptoms including a depressed mood or irritability, difficulty enjoying normally pleasurable activities, overeating or lack of appetite, difficulty sleeping at night or wanting to sleep during the daytime, low energy, physical slowness or agitation, low self esteem, difficulty concentrating, and recurrent thoughts of death or suicide. Fortunately, depression is one of the most treatable of all medical illnesses. According to the National Mental Health Association (2003), more than 80 percent of people with clinical depression can be treated successfully with medication, psychotherapy or a combination of both.

Like many mental health problems, untreated depression can make education or career planning difficult. Only a qualified health professional can determine if someone has clinical depression, and as with many illnesses, early treatment increases the likelihood of preventing serious recurrences.

Anxiety Disorders There are a number of anxiety disorders that interfere with school performance or attendance and with job training or work. According to the National Mental Health Association (2003), "Generalized Anxiety Disorder (GAD) is characterized by six months or more of chronic, exaggerated worry and tension that is unfounded or much more severe

than the normal anxiety most people experience." People with GAD are often pessimistic and worry excessively, even though there may be no specific signs of trouble. These anxieties may translate into physical symptoms including insomnia, eating problems, and headaches. Young people with GAD may have social anxieties about speaking in public or working in public areas. Because anxiety disorders are medical conditions, diagnosis and treatment should be performed by licensed psychologists or medical personnel. Screening and referral by youth service practitioners should be part of appropriate career planning.

Conduct Disorders The American Academy of Child and Adolescent Psychiatry (AACAP) (2000) defines conduct disorders as a "complicated group of behavioral and emotional problems" in youth manifested by a "great difficulty following rules and behaving in a socially acceptable way. [These youth] are often viewed by other children, adults and social agencies as bad or delinquent, rather than mentally ill."

Children or adolescents with conduct disorders may exhibit some of the following behaviors: aggression to people and animals, destruction of property, deceitfulness, lying, stealing, or other serious violations of rules.

Many youth with a conduct disorder have other conditions affecting mental health, and self-medication (through illicit drugs and alcohol) is very common. Early and comprehensive treatment is usually necessary to avoid ongoing problems that impede academic growth or vocational planning. "Without treatment, many youngsters with conduct disorder are unable to adapt to the demands of adulthood and continue to have problems with relationships and holding a job. They often break laws or behave in an antisocial manner" (AACAP, 2000). For more information about mental health and emotional disorders, visit the National Mental Health Association Web site (<http://www.nmha.org/>).

Chemical Dependency Although not always considered a disability, chemical dependency is relatively common among youth with hidden disabilities and can cause serious problems. Self-medicating with drugs or alcohol may make a youth feel better temporarily but

often leads to physical problems, accidents, decreased intellectual functioning, or addiction. Chemical dependency is defined as “the use of any chemical substance, legal or illegal, that creates behavioral or health problems, or both, resulting in operational impairment. This term includes alcoholism, drug dependency, or both” (State of Montana, 2003). Youth who use alcohol or drugs while undergoing assessment often end up with poor or invalid results. Youth service practitioners who suspect chemical dependency problems can arrange for professional assessment but only within a standard protocol, as described below.

Chemical dependency assessments usually start with an interview with a trained and licensed counselor, during which an individual’s chemical use is reviewed and the impact on his or her life is documented. The assessment may also include “an individual diagnostic test, review of relevant medical, legal, mental health and previous treatment records, a physical screening and assessment for detoxification, and interviews with other people in that individual’s life” (Minnesota Department of Human Services, 2003). Youth should be made aware of employer expectations about chemical use. New employees in many industries are required to be screened for drugs prior to beginning employment.

For more information about chemical dependency, visit the National Institute on Chemical Dependency’s Web site (<http://www.ni-cor.com/>).

Additional Considerations Youth service practitioners must take extra care when working with young people who may have mental or chemical health problems. Because many mental health problems such as depression go undiagnosed, and other problems such as conduct disorders can be over-diagnosed, it can be helpful to partner with local mental health providers to develop screening protocols to determine when to make a referral.

The Columbia TeenScreen® Program is a research-based mental health and suicide risk screening program for youth that provides free consultation, training, screening tools, and technical assistance to communities that implement the TeenScreen model. Three screening tools are available, based on a community’s needs:

- Diagnostic Predictive Scales (DPS-8), a general purpose screen for mental health disorders
- Columbia Depression Scale (CDS), a screen for adolescent depression
- Columbia Health Screen (CHS) a screen for risk factors of suicide

Communities that successfully complete the TeenScreen site development process and agree to abide by its implementation standards offer a five part, voluntary screening process that may result in a recommendation for a full mental health evaluation for youth whose scores and interviews indicate a potential mental health need. Complete information on the Columbia TeenScreen Program is available at <http://www.teenscreen.org> for schools, clinics, shelters and other youth-serving organizations who wish to offer these services.

Questions to youth about drug and alcohol use should be carefully framed, and answers must be kept confidential. Under employment law, employers may not ask about drug or alcohol usage, or accuse someone of being under the influence. They may only ask questions about behavior or observed physical conditions in relation to fulfilling the requirements of a job or for safety reasons. Under WIA, questions in intake conversations regarding drug or alcohol use are for the purpose of establishing eligibility for services and must be asked of everyone. This is also true of questions relating to disability.

Treatment of young people with mental health and/or chemical dependency conditions can be complex and challenging. Treatment can be provided in a variety of different settings, depending on the severity of the conditions. Usually medication, therapy, or a combination is advised, and treatment may take many years to complete. Adding to the challenge of treatment can be a youth’s uncooperative attitude, fear and distrust of adults, and skepticism of the value of treatment or even the presence of a problem. Parental attitudes and involvement are also key components of treatment in these cases and should not be overlooked.

In many cases, academic programs and career or vocational planning can be therapeutic, but forced participation in such programs can be a barrier to achieving mental or chemical health. When used in

concert with treatment by mental or chemical health professionals, school, work, or training can help individuals gain self-esteem, provide constructive activities, and move forward with their lives.

Youth with Chronic Illness Another group that should be considered here are youth who have chronic illnesses or conditions. Like hidden disabilities, chronic illnesses or conditions may not be apparent or disclosed. Only a small percentage of individuals with a chronic illness will be eligible for special education and/or vocational rehabilitation services, however, their conditions can limit their ability to perform certain work functions, and care must be taken to consider these issues when career planning is being done. Such chronic illnesses or conditions include asthma, diabetes, juvenile rheumatoid arthritis, cystic fibrosis, spina bifida, Crohn's disease/colitis, seizure disorders, cerebral palsy, cancer, HIV AIDS, forms of anemia, and Lupus.

PROVIDING ACCOMMODATIONS

Accommodations, for the purpose of this guide, are changes made in a classroom, work site, or assessment procedure that help people with disabilities learn, work, or receive services. Accommodations are designed not to lower expectations for performance in school or work but to alleviate the effects of a disability. Common accommodations include allowing a student with a learning disability extra time to complete an assignment or a test, providing amplification equipment for a student with a hearing impairment in a classroom, or providing a special keyboard in a work place for someone with dexterity problems.

Federal laws require that accommodations be provided to people with disabilities who need them in the classroom, at work sites and in most public places. The ADA mandates equal opportunity for people with disabilities in employment, education, state and local government services, public accommodations, and transportation. Similarly, IDEA ensures the right of youth with disabilities to a free and appropriate public education that meets their unique learning needs. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with disabilities under federal grants and programs. These laws are designed to ensure equal opportunity for people with disabilities in employment, education, government services,

public accommodations, and transportation.

In addition to Section 504, ADA, and IDEA, Section 188 of the Workforce Investment Act prohibits discrimination on the basis of disability (and other factors) by programs or activities funded or financially assisted under WIA. The Office of Disability Employment Policy in the U.S. Department of Labor has developed a Section 188 Disability Checklist to assist service providers, One Stop centers, and other funded entities with compliance. See "When a Youth Enters a Program" in Chapter One for more information.

Testing Accommodations Provisions of ADA and IDEA promote the use of testing accommodations for youth with disabilities for the purpose of increasing access and participation to public education and employment. Accommodations are of particular concern when using criterion-referenced or norm-referenced instruments. The goal should be to change the way that a test is taken without changing the validity of the test results.

Criterion-referenced tests measure whether an individual has learned specific information or can perform certain activities. These tests do not compare one person's results to another's. Drivers' tests are a good example of criterion-referenced tests. Norm-referenced tests are tests in which a person's score is compared to others in a specific reference group. Achievement and IQ tests are examples of norm-referenced tests.

When a question arises about the reliability or validity of certain tests when accommodations are used, the test publisher should be contacted for clarification. At no point should an individual be penalized or denied services because of unreliable or invalid test results. If a particular assessment cannot be conducted in a way that assures validity, other methods of assessment should be used. Chapter Three describes reliability and validity in more detail.

Testing accommodations come in four classes according to Thurlow, House, Boys, Scott, and Ysseldyke (2000):

- *Presentation format*: changes in how tests are presented including accommodations like providing Braille versions of the tests or orally reading the directions to students;

- *Response format*: changes in the manner in which students give their responses including accommodations such as having a student point to a response or use a computer for responding;
- *Setting of the test*: home, or in small groups; and finally,
- *Timing of the test*: including extending the time allowed, or providing more breaks during testing.

Youth service practitioners need to understand how specific accommodations affect the validity or fairness of individual tests. They must also be familiar with local practice since states, local agencies, and school districts all have subjective guidelines, and inconsistencies are widespread.

The Council for Chief State School Officers (CCSSO) has published a guide to help interested parties in the use of accommodations in school settings focusing on

large-scale assessments and related instruction—*Accommodations Manual: How to Select, Administer, and Evaluate Use of Accommodation for Instruction and Assessment of Students with Disabilities*.

[The manual] presents a five-step process for Individualized Educational Program (IEP) teams, 504 plan committees, general and special education teachers, administrators, and district level assessment staff to use in the selection, administration, and evaluation of the effectiveness of the use of instructional and assessment accommodations by students with disabilities. (Thompson, Morse, Sharpe, and Hall, 2005)

It also has many practical tools and checklists that can be used with individual students. Sections are categorized by types of disabling conditions. The manual can be found at http://www.ccsso.org/projects/scass/Projects/Assessing_Special_Education_Students/.

TABLE 2.1: COMMON ACCOMMODATIONS IN CLASSROOMS, ASSESSMENT SETTINGS, AND WORKPLACES

Presentation Accommodations	Information read aloud
	Sign language
	Braille
	Large print
	Directions clarified
	Assistance from another person
Presentation Equipment Accommodations	Magnification
	Amplification
	Noise buffer
	Templates
	Audio/video cassettes
	Lighting/acoustics
Response Accommodations	Computer or other machinery
	Communication device (symbol boards, talking boards)
	Computer or other machinery
	Spell checker
	Braille
	Tape recorder
Scheduling Accommodations	Calculator
	Extended time
	Extra breaks
	Multiple sessions
Setting Accommodations	Time beneficial to individual (such as around medication schedule)
	Number (individual may work better alone or in small groups)
	Place (individual may work better at home or off-site setting)
	Proximity (individual may need to be closer to instructor, blackboard, restrooms, etc.)

Adapted from Thurlow, House, Boys, Scott, and Ysseldyke (2000).

Despite the legal requirements regarding reasonable accommodations, many published tests have not been standardized or normed for people with disabilities. Additionally, states and local agencies have their own interpretation of what individual accommodations do to the validity of formal tests. Most state boards of education have specific information about accommodations for tests that are given on a statewide basis. Contact the individual state's department of education for more information.

Postsecondary and Workplace Accommodations

Assessment can aid planning for accommodations needed by youth with disabilities in postsecondary academic or employment settings. Youth service practitioners can enhance career-building opportunities for youth by working closely with local postsecondary institutions. Many vocational-technical colleges, community colleges, and four-year colleges and universities employ disability specialists who support postsecondary students. These experts offer customized support for curricular adjustments, ideas for adjusting teaching or learning methods, tutoring, counseling, or other accommodations that aid students in completing academic classes or degree programs. (Visit <http://www.ahead.org> and <http://www.heath.gwu.edu> for more information.)

The level of assistance available in postsecondary settings varies widely. Some independent postsecondary schools and other providers of training or education (such as trade schools or craft apprenticeships) typically do not have staff familiar with accommodations and may have limited success in helping young people with disabilities. Section 504 of the Rehabilitation Act and the ADA provide the basis for these services in postsecondary programs if the student has recent documentation of a disability. Regardless of the setting, postsecondary students have a greater level of responsibility for initiating the provision of accommodations and modifications than they may have had in secondary settings.

Vocational assessments may lead to practical ideas for job accommodations with training programs and employers. An effective vocational assessment should examine potential needs for accommodations that will enable a youth to perform the essential functions of a chosen job. On-site and off-site accommodations that

might improve the job placement success of youth with disabilities include modifications to a job, restructuring of tasks, use of job coaches to assist with training, or use of American Sign Language interpreters.

The Job Accommodation Network (JAN) is a free consulting service that provides information about workplace accommodations, the ADA, and the employability of people with disabilities. JAN has information for employers and people with disabilities. A major feature of the network is the Searchable Online Accommodation Resource found on their Web site (<http://janweb.icdi.wvu.edu/>).

Accommodations and Advising Advisors should consider what environmental factors might help a youth succeed in a challenging setting. For example, youth who have learning disabilities can often succeed in college and other postsecondary education or training options with appropriate learning accommodations; youth with behavioral disorders may succeed in competitive employment when carefully screened for selected jobs; and youth with mental health disabilities may be able to manage employment requiring high levels of responsibility or skills when well-defined job support services are in place.

Employers may be willing to make environmental work site changes or task accommodations so a youth with complex physical disabilities can perform the essential functions of a desired job. Co-workers can be trained as peer mentors to prompt or coach a youth with an intellectual disability or AD/HD. Youth who are considered vulnerable to exploitation may be successfully placed into safe and nurturing competitive job settings with adequate levels of job supervision. To test the viability of some vocational options, agencies need to be willing to work with youth to help address issues of access and accommodation. It should be noted that most workplace accommodations are inexpensive and not difficult to put into place.

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EXHIBIT 2.1: LEARNING NEEDS SCREENING TOOL

Points to Consider

As a case manager, social worker, counselor or employment and training specialist working in a One-Stop center, the subject of screening for learning disabilities is frequently a topic of conversation. While there is a great amount of debate as to whether screening for learning disabilities should occur, there is also a significant amount of discussion around the definition of screening as well as its purpose.

“Screening” is an often over-used word with multiple meanings. Webster’s dictionary defines the word “screening” as a system for grouping people or a method to select, consider or group by examining systematically. Medical references further define screening as a preliminary procedure, such as a brief test or examination, to detect the most characteristic sign or signs of a disorder that may require further investigation (Urdang, 1983). There are two key factors within these definitions. The first is the reference to a preliminary procedure and the second refers to a system or systematic procedure. The definition further implies that those screening know the characteristic signs to look for as well as the next steps for further investigation. Simply stated then, screening for learning disabilities is a preliminary part of a whole assessment procedure that is systematically implemented to look for specific characteristics of the disability and to decide whether further investigation or assessment is warranted. Neil Sturomski of Sturomski & Associates states in *Supporting Adults with Learning Disabilities and Other Special Learning Needs* (1997) that “assessment refers to the gathering of relevant information which can be used to help an adult make decisions, and provides a means for assisting an adult to live more fully.” He goes on to state that “The first stage of assessment is usually screening. Screening methods use abbreviated, informal methods to determine if an individual is at-risk for a learning disability.” Examples of informal methods include, but are not limited to, an interview; reviews of medical, school or employment histories; written answers to a few questions; or a brief test. Sturomski goes on to state, “It is important to understand, however, that being screened for a

learning disability is different from completing a thorough assessment.”

Given Sturomski’s description of screening, it is important to identify screening factors. These factors make up the framework for identification of services, resources, and referrals:

- Factor 1. Vision acuity and developmental functions
- Factor 2. Hearing acuity
- Factor 3. Medical and health related conditions
- Factor 4. Substance abuse and treatment
- Factor 5. Extreme attention difficulties
- Factor 6. Performance levels in school, training and/or employment
- Factor 7. Participation level in current activities
- Factor 8. Communication and social difficulties
- Factor 9. Time management and organization
- Factor 10. Behaviors and psychological manifestations

Each of these factors can be the result of a learning disability, be co-existent with a learning disability, or be mistaken for a learning disability. Thus, the person conducting the screening must know *something about each factor* and *have well-developed observation and interviewing skills*. That requires a commitment to training and development.

All too often one hears the myth that if you screen using a “researched tool with a referenced baseline score,” you can by-pass the diagnostic phase and go directly to providing accommodations. That is far from the truth. Recalling that screening is a *preliminary systematic procedure to reveal major characteristic signs and identify the next steps for further investigation*, it is safe to assume accommodations cannot be provided until a more intensive assessment process occurs. When accommodations are identified and provided, many times the implication or assumption is that the individual receiving the accommodations has a diagnosed disability. If the goal of screening is to provide accommodations, how can that be accomplished without an in-depth evaluation of the individual’s potential compared to his or her knowledge, skills, and present functioning abilities?

Screening is the beginning step in the “whole” of assessment. Screening is not diagnostic, but a crucial step to making recommendations for effective and efficient use of resources. Screening requires time as well as a system that frames the process. The attachment provides a list of questions which, when answered, can assist in providing a sturdy framework for screening and subsequent services to occur.

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LEARNING NEEDS SCREENING TOOL

Background & Development

The Learning Need Screening Tool is a brief, oral interview developed through an intensive authentic research project for the State of Washington Division of Employment and Social Services Learning Disabilities Initiative (November 1994-June 1997) under contract with Nancie Payne, MS, Senior Consultant, Payne & Associates, Inc., Olympia, Washington.

Funded by federal and state resources, the research as well as the Learning Needs Screening Tool are in the public domain and can be accessed by anyone who wishes. However, prior to implementation or use in a program or system, several facts must be noted:

- The research was conducted with a welfare clientele; thus, the tool may not be valid with other populations. Use with other populations not having the same or similar characteristics as the research study could lead to misinterpretation of information and put the client screened by the Tool at risk as well as the entity using the Tool.
- The Learning Needs Screening Tool has not been validated and **is not** an appropriate tool to use in its present form with populations who have limited English proficiency (LEP).
- Criteria for implementation and use must be explored and clearly established in order to minimize discrimination or perceived bias when providing services. A set of standards for services should be established to ensure protection of the client and the entity using the Tool.
- All individuals should be screened for health-related needs (physical, vision, hearing, etc.) as well as other impacts (mental and emotional health) that may manifest as learning disabilities. This may mean adopting a more intensive interview protocol as a next step after initial screening. Simply screening for a condition does not allow the user to make the assumption that the individual has the condition for which he/she is being screened.
- Appropriate referrals and resources must be put into place prior to implementation. An organization or program cannot simply screen individuals without having the next steps in place. The Tool has been validated through the research and in using the Tool; the user accepts the responsibility associated with using a valid screening tool.
- Protocols for confidentiality and disclosure of information must be established.
- The organization or system's capacity to serve individuals with learning disabilities and other cognitive disorders must be evaluated.
- The Tool is most effective when proper training, implementation, and evaluation protocols are put into place.
- **The Learning Needs Screening Tool is not a diagnostic tool and should not be used to determine the existence of a disability.**

LEARNING NEEDS SCREENING

Interviewer Name: _____

Interview Date: _____

Client Name: _____

Date of Birth: _____

Social Security #: _____

Gender: Male Female

How many years of schooling have you had? _____

Check ALL earned: High School Diploma GED Technical/Vocational Certificate
 AA Degree Other (specify): _____

What kind of job would you like to get? _____

Do you have experience in this area? Yes No

What makes it hard for you to get or keep this kind of job? _____

What would help? _____

BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

The following questions are about your school and life experiences. We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

See final page for directions and scoring.

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

Section A	
1. Did you have any problems learning in middle school or junior high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any family members have learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have difficulty working with numbers in columns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have trouble judging distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have problems working from a test booklet to an answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of “Yeses” for Section A X 1 =	
Section B	
6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you have any problems learning in elementary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of “Yeses” for Section B X 2 =	
Section C	
8. Do you have difficulty remembering how to spell simple words you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you (or do you) experience difficulty memorizing numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of “Yeses” for Section C X 3 =	
Section D	
11. Do you have trouble adding and subtracting small numbers in your head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have difficulty or experience problems taking notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Were you ever in a special program or given extra help in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of “Yeses” for Section D X 4 =	
Total “Yeses” multiplied by factor indicated for A, B, C, D	

See next page for directions and scoring.

14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so, by whom and when?

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

LEARNING NEEDS SCREENING DIRECTIONS

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yeses" obtained in Section C by 3.
5. Record the number obtained for each section after the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from Sections A, B, C, and D.

If the Total from Sections A, B, C, and D is 12 or more, refer for further assessment. *It is recommended interviewers ask an additional set of medical/health-based questions to gather more complete background information.*

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

ADDITIONAL QUESTIONS THAT MAY BE ASKED:

GLASSES:

- Does the client need or wear glasses? Yes No
Last examination was within two years? Yes No

HEARING:

- Does the client need or wear a hearing aid? Yes No

MEDICAL/PHYSICAL:

Has the client experienced any of the following?:

- Multiple, chronic ear infections Yes No
- Multiple, chronic sinus problems Yes No
- Serious accidents resulting in head trauma Yes No
- Prolonged, high fevers Yes No
- Diabetes Yes No
- Severe allergies Yes No
- Frequent headaches Yes No
- Concussion or head injury Yes No
- Convulsions or seizures Yes No
- Long-term substance abuse problems Yes No
- Serious health problems Yes No

Is the client taking any medications that would affect the way he/she is functioning? Yes No

If yes, what is the client taking? _____

How often? _____

Does the client need medical or follow-up services? Yes No

Referrals needed/made: _____

The Learning Needs Screening was developed for the Washington State Division of Employment and Social Services Learning Disabilities Initiative (November 1994 to June 1997) under contract by Nancie Payne, senior Consultant, Payne & Associates, Olympia, Washington.