



Invisible Disabilities

Disabled Student Program and Services

(Adapted from The University of Missouri-Kansas City-OSSD)

Learning Disabilities

Learning disabilities are neurologically based conditions that interfere with the acquisition, storage, organization, and use of skills and knowledge. They are identified by deficits in academic functioning and in processing memory, auditory, visual, and linguistic information. The diagnosis of a learning disability in an adult requires documentation of at least average intellectual functioning along with a deficit in one or more of the following areas:

- auditory processing
- visual processing
- information processing speed
- abstract and general reasoning
- memory (long-term, short-term, visual, auditory)
- spoken and written language skills
- reading, decoding and comprehension skills
- math calculation skills and word problems
- visual spatial skills
- fine and gross motor skills
- executive functioning (planning & time management)

FIVE CRITERIA FOR A DIAGNOSIS OF A SPECIFIC LEARNING DISABILITY

1. **PRIOR AND EXCLUSIONARY CONDITION**-- A specific learning disability is a presumed central nervous system dysfunction which does not result from a sensory disability such as visual, auditory, or tactile loss or impairment. Learning disabilities may exist as secondary disabilities to an unrelated primary disability such as a spinal cord injury, closed head injury, brain damage from substance abuse, cerebral palsy, multiple sclerosis, etc. The presence of the learning disability must be established prior to the onset of learning problems resulting from depression or alcohol/drug abuse, or the consequences of economic disadvantage.
2. **COGNITIVE POTENTIAL**-- The range of intellectual function is an IQ of 85 and above on either the Verbal, Performance or Full Scale IQ score.
3. **POTENTIAL VS. PERFORMANCE DISCREPANCIES**-- Two types of discrepancies are used in these evaluations: aptitude-achievement and intra-achievement. An aptitude-achievement discrepancy reflects disparity between certain intellectual capabilities of an individual and his or her actual academic performance. An intra-achievement discrepancy is present within individuals who have specific achievement deficits, such as inadequate reading comprehension or spelling skills.
4. **EVIDENCE OF ONE OR MORE PROCESSING DEFICITS**-- Testing discrepancies will be evident in the use of auditory, visual, motor, memory, language, executive processing or reasoning skills required to take in, process, retrieve, or demonstrate acquired knowledge.
5. **CHRONICITY**-- The problems should have existed throughout the developmental stages of learning.

Some Considerations:

- A learning disability is not a disorder that a student outgrows. It is a permanent disorder affecting how students with normal or above-average intelligence process incoming information, outgoing information, and/or categorization of information in memory.
- Learning disabilities are often inconsistently manifested in a limited number of specific academic areas, such as math or foreign languages. There might have been problems in grade school, none in high school, and problems again in college. Instructional design and presentation, workload, test or evaluation format often determine the manifestations.
- Learning disabilities should not be equated with retardation or emotional disorders, although learning disabilities can coexist with other conditions.
- Common accommodations for students with learning disabilities include alternative print formats, taped lectures, peer notetakers, alternative plans to complete assignments, time extensions for assignments and exams, and consultations regarding study skills and strategies.

Instructional Strategies

- Include a disability access statement in the course syllabus such as:
"To obtain disability related accommodations and/or auxiliary aids, students with disabilities must contact DSPS as soon as possible."
- Keep instructions as brief and uncomplicated as possible. Repeat exactly without paraphrasing.
- Assist the student in finding effective peer notetakers from the class.
- Allow the student to tape record lectures.
- Clearly define course requirements, exam dates, and assignment due dates. Provide advance notice of any changes.
- Present lecture information in a visual format (e.g. chalkboard, overheads, PowerPoint slides, handouts, etc.).
- Use more than one way to demonstrate or explain information.
- Have copies of the syllabus ready no less than six weeks prior to the beginning of the semester so textbooks can be transcribed to tape in a timely manner.
- When teaching, state objectives, review previous lessons and summarize periodically.
- Allow time for clarification of directions and essential information.
- Provide study guides or review sheets for exams.
- Provide alternative ways for the students to do tasks (e.g., substituting oral for written work).
- Provide assistance with proofreading written work or refer student to writing lab/tutor where available.
- Stress organization and ideas rather than mechanics when grading in-class writing assignments.
- Allow the use of spell-check and grammar assistive devices when appropriate to the course.
- When in doubt about how to assist the student, ask him or her as privately as possible without drawing attention to the student or the disability.

Attention Deficit Hyperactivity Disorder (ADHD)

Current opinion is that these conditions are caused by insufficient activity of the neurotransmitter which maintains synaptic connections and which focuses and sustains attention. For example, norepinephrine is associated with focused attention and maintenance of mental arousal, and a deficiency causes attention to wander involuntarily. Similarly, acetylcholine is associated with voluntary and involuntary motor activity, and a deficiency of that chemical causes involuntary muscular movement. When these chemicals are insufficient, voluntary effort to pay attention and to suppress activity is not possible. Increased effort to organize is unproductive. Stimulants may be used medically to increase the synaptic connections. For nonprescriptive assistance, informally, individuals may turn to caffeine and other stimulants.

THE ACADEMIC MANIFESTATIONS OF ADHD INCLUDE:

- ❑ Distractibility in class and while doing homework, impulsive and unplanned reactions to environmental stimuli.
- ❑ Inability to maintain regular schedules of any type, and the habit of procrastination until urgency helps to focus attention. When a singular work assignment is being procrastinated, the technique often has moderate success. When work assignments are long and complex, last minute efforts cannot be compressed into the available remaining time.
- ❑ Because of the inability to correctly perceive the passage of time, the following behaviors are frequently manifested: poor nutrition, insufficient rest and sleep, as well as the development of communicable infections.
- ❑ The student may experience a reasonable uncertainty about due dates being met, causing anxiety about performance quality to occur.
- ❑ The individual often becomes discouraged and expresses emotional detachment. ADHD may serve to undermine mental health, especially after individuals with these disabilities have made exhaustive efforts over a period of time to produce quality work without success.

Instructional Strategies

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities for students ADHD.

- ❑ Include a disability access statement in the course syllabus such as:
"To obtain disability related accommodations and/or auxiliary aids, students with disabilities must contact DSPS as soon as possible."
- ❑ Keep instructions as brief and uncomplicated as possible. Repeat exactly without paraphrasing.
- ❑ Assist the student in finding effective peer notetakers from the class.
- ❑ Allow the student to tape record lectures.
- ❑ Clearly define course requirements, exam dates, and assignment due dates.
- ❑ Provide advance notice of any changes.
- ❑ Present lecture information in a visual format (e.g. chalkboard, overheads, PowerPoint slides, handouts, etc.).
- ❑ Use more than one way to demonstrate or explain information.
- ❑ Have copies of the syllabus ready no less than six weeks prior to the beginning of the semester so textbooks can be transcribed to tape in a timely manner.
- ❑ When teaching, state objectives, review previous lessons and summarize periodically.
- ❑ Allow time for clarification of directions and essential information.
- ❑ Provide study guides or review sheets for exams.
- ❑ Provide alternative ways for the students to do tasks (e.g., substituting oral for written work).
- ❑ Refer the student to the Writing Lab for help in proofreading written work.
- ❑ Stress organization and ideas rather than mechanics when grading in-class writing assignments.
- ❑ Allow the use of spell-check and grammar-assistive devices when appropriate to the course.
- ❑ When in doubt about how to assist the student, ask him or her as privately as possible without drawing attention to the student or the disability.

Psychiatric Disabilities

Students with psychiatric disabilities experience significant emotional difficulty that may or may not have required treatment in a hospital. With appropriate treatment, often combining medications, psychotherapy, and support, the majority of psychiatric disorders are cured or controlled. The National Institute of Mental Health estimates that one in five people in the United States has some form of psychiatric disorder. However, only one in five persons with a diagnosable psychiatric disorder ever seeks treatment due to the strong stigmatization involved. It is important to note that not all psychiatric disorders identified in the DSM-IV are "disabilities" as defined by the ADA and Section 504. Some common psychiatric disabilities are depression, bipolar disorder (manic depression), anxiety disorders, and schizophrenia.

Some Considerations:

- Trauma is not the sole cause of psychiatric disabilities; genetics may play a role.
- Psychiatric disabilities affect people of any age, gender, income group, and intellectual level.
- Most people with psychiatric disabilities do not exhibit disruptive behavior.
- Eighty to ninety percent of people with depression experience relief from symptoms through medication, therapy, or a combination of the two.
- Depression is a variable condition that may fluctuate during a person's lifetime.
- Common accommodations for students with psychiatric disabilities are: alternate methods to complete assignments time extensions for assignments and exams, taped lectures, provision of advance copies of syllabi, and consultations for study skills and strategies.

Instructional Strategies

- Include a disability access statement in the course syllabus such as:
"To obtain disability related accommodations and/or auxiliary aids, students with disabilities must contact DSPS as soon as possible."
- Spend extra time with the student, when necessary, and assist the student in planning assignment sub-phases and in time management by scheduling follow-up meetings or lessons at specified intervals.
- Be flexible with deadlines. A written agreement specifying the accommodative extension is helpful in most cases.
- Allow the student to tape record lectures.
- Assist the student in finding effective peer notetakers from the class.
- Clearly define course requirements, the exam dates, and assignment due dates.
- Provide advance notice of changes.
- When in doubt about how to assist the student, ask him or her as privately as possible without drawing attention to the student or the disability.

Traumatic or Acquired Brain Injury (TBI or ABI)

Often invisible and sometimes seemingly minor, TBI is complex. It can cause physical, cognitive, social, and vocational changes that affect an individual permanently. Depending on the extent and location of the injury, symptoms caused by a brain injury vary widely. Some common results are seizures, loss of balance and coordination, difficulty with speech, limited concentration, memory loss, fatigue and loss of organizational and reasoning skills. Typical manifestations are a limited ability to assess situational details, make plans and follow through. Class attendance may be irregular.

General considerations:

- ❑ A neuropsychological test battery is generally an accurate assessment of cognitive recovery after TBI.
- ❑ Conversely, a traditional intelligence test is not an accurate assessment of cognitive recovery following TBI.
- ❑ Students with brain injuries might perform well on brief, structured, one and two step tasks but have significant deficits in learning, memory, and executive functions.
- ❑ Often long term memory of information learned before the trauma remains intact.
- ❑ Recovery from TBI can be inconsistent, and a "plateau" is not evidence that functional improvement has ended.
- ❑ TBI can substantially alter self-perception.
- ❑ The person may recall abilities and personal management skills prior to the injury but be experientially unaware that these abilities and skills are no longer the same.
- ❑ When current performance fails to meet pre-disability performance expectations, depression often ensues.
- ❑ Common accommodations for students with TBI may include time extensions on assignments and exams, taped lectures, instructions presented in more than one way, alternative plans to complete assignments, peer notetakers, course substitutions, priority registration, consultations regarding study skills and strategies, and alternative print formats.

Instructional Strategies:

- ❑ Include a disability access statement in the course syllabus such as:
"To obtain disability related accommodations and/or auxiliary aids, students with disabilities must contact DSPS as soon as possible."
- ❑ Keep instructions as brief and uncomplicated as possible. Repeat exactly without paraphrasing.
- ❑ Assist the student in finding effective peer notetakers from the class.
- ❑ Allow the student to tape record lectures.
- ❑ Clearly define course requirements, the exam dates, and assignment due dates.
- ❑ Provide advance notice of any changes.
- ❑ Present lecture information in a visual format (e.g. chalkboard, overheads, PowerPoint slides, handouts, etc.).
- ❑ Use more than one way to demonstrate or explain information.
- ❑ Have copies of the syllabus ready no less than six weeks prior to the beginning of the semester so textbooks can be transcribed to tape in a timely manner.
- ❑ When teaching, state objectives, review previous lessons and summarize periodically.
- ❑ Allow time for clarification of directions and essential information.
- ❑ Provide study guides or review sheets for exams.
- ❑ Provide alternative ways for students to perform tasks (e.g., substituting oral for written work).
- ❑ Provide assistance with proofreading written work.
- ❑ Stress organization and ideas rather than mechanics when grading in-class writing assignments.
- ❑ Allow the use of spell-check and grammar-assistive devices when appropriate to the course.
- ❑ When in doubt about how to assist the student, ask him or her as privately as possible without drawing attention to the student or the disability.