DISABILITIES IN THE WRITING CENTER

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Introduction

Since writing centers serve communities of teachers and learners, they will inevitably serve people with disabilities. Ever since the 1980s, writing center workers have explored the issue of tutoring students with disabilities, people who may require different learning environments and may have learning needs that interact in complex ways with standard tutoring practices. In order to make accessing this scholarship easier, I have read and analyzed as many of the available articles in the literature as I could find. This article presents summaries in tabular form of both the research methods and tutoring suggestions contained in these sources. I also discuss and analyze these methods and go into detail on those studies that use empirical methods. My goal is not to rank the usefulness of studies based on methods used but simply to point out that studies based on empirical methods may assist tutors and practitioners in achieving Evidence-Based Practice (Babcock and Thonus). Another analysis that emerges from this research are the types of disabilities portrayed in the literature, and I make suggestions based on a comparison with the disabilities actually disclosed by college students.

Discussion of Methods

I have included studies with various methods in this review; empirical research appears in the charts side-by-side with lore and anecdote. However, I have chosen to offer detailed descriptions of only those articles that used highly organized data-driven naturalistic and survey-based research methods. Scholars have argued compellingly that writing center practice should be guided by evidence gathered through systematic research. In *Researching the Writing Center*, Terese Thonus and I argue that writing center practice should be based on evidence gathered through systematic research rather than lore or anecdote. Other scholars have investigated the possibilities for RAD research as opposed to anecdote or lore (Driscoll and Perdue).

Lore and anecdote are based on remembering events with no documentation or guiding questions up front. With no evidence (videorecording, audiorecording, transcripts, detailed notes) memories

may be faulty and even construct a rosier picture than what really happened. Of course if practitioners are going in to a tutoring session with a reflective attitude and questions to be answered, and then write in a log or journal about their experiences, they are already doing teacher-research. Their results are no longer anecdotes, but research findings. I am not advocating a strict adherence to Evidence-Based studies however. That is why I include all studies in the table analysis. Of course articles based on personal experience are valuable and offer practitioners crucial information about tutees of difference. I have chosen to go into detail about the handful of empirical studies that have been conducted simply to further the project of evidence-based practice, considering as *evidence* only those studies that contain systematic collection and analysis of data. Serving students with disabilities provides a challenge and an opportunity for people working in writing centers.

As for the methods represented by these studies, the most common is the *anecdote*, a remembered personal experience. This method consists of the reporting of past tutoring sessions but does not include systematic data gathering or research questions. One reviewer of this article asked why anecdote as evidence seems so popular in the literature. There are two reasons. As humans we seek to make sense of our experience through telling stories. Tutors often tell stories to each other to debrief after a strange or difficult tutoring session, or even to tell of successes. The YouTube video series *The Breakroom* illustrates this. The book *Stories from the Center* also explains the value of narrative in making sense of our experiences in writing centers and in life. The darker reason for anecdote being so popular is that it's easier and quicker to tell an anecdote than to gather data systematically based on prior research questions. Anecdote does not require IRB approval, nor does it require systematic observation using audio and videorecording and notetaking. Interestingly, some articles I reviewed do not specify any methods at all, but rather proceed through an omniscient third-person narrator with no reference to past published scholarship nor to personal experience. Those articles that rely on years of experience tutoring the group in question rather than a few isolated tutorials I have

classified as *personal experience*. *First person account* refers to a person who has the disability in question and reports on it. Other less common—and self-explanatory-- methods are bibliography and internet and library research. I consider qualitative and quantitative studies as the most trustworthy as to application and generalization of suggestions. Other types of studies (personal experience, anecdote) may give conclusions but may be vague about how those conclusions were reached. Qualitative and quantitative studies' data gathering and analysis are more systematic and fit in with the new movement in writing center studies known as *evidence-based practice.* Properly constructed studies' conclusions are directly linked through methods, evidence and analysis. For more on categorizing types of writing center research, see Liggett, Jordan, and Price.

Table I, which immediately follows the essay's conclusion, lists the studies by method and disability. Articles that mentioned more than one disability are categorized as "various disabilities" while articles referring to individuals with more than one disability are classified as "multiple disabilities." The synopses of the suggestions are necessarily brief. The point of this article is not to summarize or synthesize all sources but to present a quick ready resource of tutoring techniques for practitioners and scholars alike. Those who would like more details are encouraged to read the original articles.

Types of Disability

According to a 2008 report from the United States Government Accountability Office, the most commonly reported type of disability among US college students was mental, emotional, or psychiatric illness or depression (24%). The second most common was Attention Deficit Disorder (19%), with mobility impairment coming in third (15%). When we compare the types of disabilities actually reported by students to the types of articles being written, we see a discrepancy. The two most common disabilities discussed in the writing center literature are deafness and learning disability. But these disabilities accounted for only 6% (Hearing Impairment, which includes deaf and hard-of-hearing people), and 9% for learning disabilities, including dyslexia[2] in the 2008 report. Types of disability reported do not remain static, however. In the 2000 and 2004 reports, mobility impairment was the most common disability reported among college students, with mental illnesses coming in second both years, and "health impairment or problem" coming in third. In any case, the types of

articles written do not reflect the types of disabilities writing center workers are statistically most likely encounter. Out of the articles in this analysis, 37% deal with Learning Disability and 21% deal with deafness, while less than 2% (one article each) deal with mental illness or physical disability specifically. The material on mobility impairment is a paragraph from a textbook that is 25 years old. I could find no articles that made mention of ADD/ADHD[3], the second most commonly reported disability among college students for the last year that we have data. I would like to call for more research on the disabilities that tutors will most likely encounter in their daily work.

Tutoring Suggestions in Detail, Based on Research Studies

Table II, which follows Table I, categorizes the suggestions by disability. The suggestions found in Table II are a mixture of methods. Below I enumerate in detail the suggestions based on qualitative and quantitative studies. These discussions are limited to the research available. For instance, I do not discuss hard-of-hearing tutees in the section on deafness, simply because studies of this population have yet to be conducted.

Deafness.

Rebecca Babcock studied D/deaf[4] students in the writing center ("Research-Based"; "Interpreted"; *Tell*) using a grounded-theory approach including qualitative methods of observation and interview. All the tutoring sessions with D/deaf tutees she observed took place through an interpreter, and she found that attention to this dynamic is important.[5] The tutor should address the tutee, not the interpreter, and the tutee should be consulted about the ideal seating arrangements. In other words, ask the tutee where she prefers everyone to sit. The results of this research also show that D/deaf tutees may need more help with reading, paraphrasing and summarizing than hearing tutees. Also, Deaf culture finds indirectness rude**,** and some Deaf people may be confused or frustrated by indirect tutoring techniques. Although it may seem obvious, there is no need to read aloud with D/deaf tutees. If you want to read together, read the paper with a pencil in your hand and develop signals to point out errors, confusing parts, etc. If you want to tell the tutee something while you are reading, direct her attention to the interpreter before you begin speaking. She can't read and "hear" at the same time, since she does both with her eyes. If you are interested in Deaf culture, get a book on the topic such as *Inside Deaf Culture* by Carol A. Padden and Tom L.

Humphries or *Introduction to American Deaf Culture* by Thomas K. Holcomb rather than wasting the tutee's tutoring time with questions about deafness. Attend to grammatical concerns to the extent that the tutee is interested. The difference between D/deaf and hearing students in this regard is that D/deaf students may work more on the type of descriptive grammar usage—things like verb tense and article use—for which hearing students have native speaker intuition.

Dyslexia.
Jennifer Wewers conducted a qualitative study at Oberlin College where she surveyed an unspecified number of writing tutors and five dyslexic students. She was an undergraduate peer tutor at the time. She asked the tutors what they knew about dyslexia and asked the dyslexic students how tutors could best help them. Wewers found that tutors knew little about dyslexia except for folk knowledge gleaned from the media, most of it stereotypical and unscientific such as dyslexics switch letters around when reading. In fact, dyslexic tutees may have trouble decoding words and be more reliant on context when reading. When writing they may have trouble both at the mechanical and discourse levels. Based on the interviews with dyslexic students, she suggested that tutors be flexible: "certain assumptions about how we expect a tutoring session to be conducted may need to be revised" (233). For instance, tutors reading the paper aloud to dyslexic writers may not work since they may have listening comprehension issues. In addition these writers may need more time to answer questions and tutors should rephrase their explanations if the tutee does not seem to understand. Tutors may also need to deal with dyslexic students' lateness or disorganization. The dyslexic writers suggested that tutors meet their problems head on—but with tact. If a writer was comfortable talking about ideas, the tutor could take notes for the student as ideas emerged. Tutors could also point out specific places where the paper seemed disorganized or incoherent. Tutors could also analyze a model paper along with the tutee. As for grammar, spelling and mechanics, dyslexic students needed specific help. Tutors can ask if they would like specific errors pointed out and then give direct advice on how to correct them.

Learning Disability.
Kiedaish and Dinitz ("Learning") did a quantitative study of tutoring sessions and collected 376 post-conference surveys of tutors and tutees in their writing center. They found students with learning disabilities rated their sessions lower than any other group. The writers wished that they had more time in each session; the tutors of students who didn't disclose their disabilities reported feeling frustrated, while their tutees reported the need for more precise assistance, such as, "pointing out more specifically the structure changes needed" (91-92). From this study, we learn the importance for students with learning disabilities to disclose their conditions. Kiedaish and Dinitz advocated more training to allow tutors to identify these individuals and to that end invited a panel of LD writers to speak to their tutor-training classes and recommended that other writing centers do the same.

Pragmatic Impairment.
Babcock ("When") studied a tutoring session in which the tutee appeared to have pragmatic impairment.[6] People with pragmatic impairment tend to not understand the unwritten rules of conversation, such as if a tutor asks about a story the tutee has read, the reason is to generate ideas for the paper, not because the tutor is interested in the story. PI is not a disability in itself, but is found in association with various conditions and disabilities including, but not limited to, Asperger's syndrome, autism, learning disability, traumatic brain injury and attention deficit hyperactivity disorders. Tutors can be on the lookout for pragmatic impairment by observing if tutees take statements and questions extremely literally or use words in ways that seem wrong or strange from a semantic or syntactic standpoint. An impaired person may appear sassy or give odd answers to questions or may even frustrate a tutor unaccustomed to such difference in communication styles. It's important to remember that the person is not trying to be difficult or resistant but simply has difficulties communicating. With an impaired person, you need to be more direct in your explanations of *what* you want the tutee to do and *why* you are asking particular questions. Some people with PI have trouble with retrieving words, or sometimes they use an incorrect word or use a correct word incorrectly. In this case the tutor should offer up the word the tutee is looking for or reformulate the utterance correctly. You can also try using an Illocutionary Force Indicating Device (IFID; a type of metadiscourse). If you are offering a suggestion, say, "This is just a suggestion." If you are asking questions to help the tutee revise the paper, say, "I am asking you these questions to help you think of ideas of what to put in your paper." This may seem obvious, but to a learner with PI it is not.

General Comments
I invite the reader to consult the tables I have concocted for specific advice and practices. Here are

some general comments, gleaned from both types of studies, the empirical and anecdotal.

- Due to mobility and accessibility issues, disabled students may be late for tutoring sessions or may need more time. Try to be flexible.
- Disability is not a secret or a shame. You can talk about it freely and comfortably while maintaining appropriate confidentiality.
- Ask all tutees if they have any special learning or communication needs or preferences.
- For LD and dyslexic students, lack of information and disclosure appear to result in frustration for both tutor and tutee.

Needed Research

As can be seen from the above tables and commentary, there is a true need for more research on disabilities in the writing center. I could find no published studies on the third most common disability among college students (ADD), and articles on the two most common disabilities (mental illness and physical impairment) are scant and far between. Empirical research needs to be done in the writing center context with all these populations, but specifically with mentally ill students, blind students, or autistic students, just to name a few. And while it's important to study tutees, there are no published studies whatsoever about tutors or directors with disabilities. As for research methods, true case study and teacher-research or action research are most suited to the writing center context (see Babcock "Examining"). I encourage members of the field to take what I've found and use it as leverage to propel ourselves forward into this crucial topic.

Table 1: Articles by disability, methods and suggestions.[1]

Article	Disability	Methods	Suggestions
Ameter & Dahl, 1990	Hearing Loss	Anecdote	Team approach, Use of ESL materials, use of kinesthetic techniques
Faerm, 1992	Deafness	Case Study	Maintain eye contact
Marron, 1993	Deafness	Anecdote	Use of visual techniques
Wood, 1995	Deafness	Anecdote	Use of computers
Weaver, 1996	Deafness	Case Study[1]	Cultural sensitivity
Nash, 2008	Deafness	Personal Experience	Use of interpreter, review steps in the writing process, consistency of tutor relationship, ask questions, use visual and spatial images, learn students' literacy history
Babcock, 2009	Deafness	Qualitative Study	Discuss students' goals, use visual techniques, attend to reading comprehension, use direct but open-ended questions, use interpreter, tailor grammatical explanations, study deaf culture
Schmidt et al, 2009	Deafness	Interview, anecdote, unclear	Use of visual techniques, focus on writing, consult with the deaf person re: communication needs
Babcock, 2010	Deafness	Qualitative Study	Use visual techniques, cultural and linguistic sensitivity, use more directive techniques, don't read aloud, pay attention to reading comprehension
Corrigain, 1997	Dyslexia	First-Person Account	Break assignments down, work step-by-step, talk out ideas, offer encouragement
Dillingham, 1998	Dyslexia	Personal Experience	Use of tape recorder, use of detailed outline; frequent appointments
Hout, 1988	Epilepsy	Anecdote	Modeling, provide structure, take dictation, have realistic expectations

Article	Disability	Methods	Suggestions
Crump, 1993	Learning Disability	Online Discussion	Diagnosis and disclosure, use of computers, patience
Lauby, 1985	Learning Disability	Observation	Extra help in proofreading, sensitivity, use of word processing, communication, education, be open-minded
Scanlon, 1985	Learning Disability	Personal Experience	Enhanced training, more directive tutoring, enhance calmness and confidence, use of computers, individualized assistance
Gills, 1989	Learning Disability	Bibliography w/ commentary	Only problems are specified
Gills, 1990	Learning Disability	None specified	Use learning inventories, provide structure, supervise computer instruction, pace students, concentrate on process over product, allow mistakes, use student's own writing as examples, model effective procedures, be patient and flexible
Schramm, 1991	Learning Disability	Anecdote	Use of tape recorder
Kiedaish & Dinitz, 1991	Learning Disability	Quantitative Study	Students should report disabilities to tutors, LD writers should speak at tutor-training sessions, tutors should offer more precise assistance
Konstant, 1992	Learning Disability	Anecdote	Multisensory approach
Brainard, 1993	Learning Disability	Personal Experience	Use of questions, encouragement, patience, sensitivity
Baker, 1994	Learning Disability	Bibliography	Read the resources
Mullin, 1994	Learning Disability	Program Self-Assessment	Use manipulatives, allow more time, team approach
Neff, 1994	Learning Disability	Library Research, Observation	Direct conversation and behavior, take dictation, use visual techniques, hands-on editing, time management, be flexible with rules and policies, be encouraging

Article	Disability	Methods	Suggestions
Addison, 1995	Learning Disability	Personal Observation	Use of computers; Ask about past writing experiences
Sherwood, 1996	Head Injury, Learning Disability	Anecdote	Patience
Wewers, 1999	Learning Disability	Qualitative Study	Be flexible, offer specific help, leave more time to answer questions, rephrase when necessary
Mullin, 2002	Learning Disability	None specified	Team approach, break down tasks, hire tutor w/LD, use visual techniques, attend workshops
Murray, 2005	Mental Illness	Internet Research & Anecdote	Have a code word to alert other tutors, adopt a soft tone of voice, put one's own emotions aside and respond in a helpful, not judgmental way, and refer the client to the director.
Grimm, 1999	Multiple Disabilities	Anecdote	Extra time, team approach, building relationships
Meyer & Smith, 1987	Physical Disabilities	None Specified	Use of computers
Babcock, 2011	Pragmatic Impairment	Qualitative Study	Explain the reasons behind questions, engage in meta-discourse about the tutoring session, offer up words or phrases when necessary
Berta, 1991	Unspecified	Annotated Bibliography	Read suggested texts
Deming & Valeri-Gold, 1986	Various Disabilities	None Specified	Use of special equipment, working "diligently", read to visually impaired, take notes for hearing impaired, assist "handicapped" with library research
Towns, 1989	Various Disabilities	Personal experience, library research	Tutor training, reading aloud, use of computers, other non-writing assistance
Berta, 1990	Various Disabilities	None specified	Use of computers with special hardware and software, more physical space for access

Article	Disability	Methods	Suggestions
Mills, 1980	Various Disabilities	Personal Experience	Use of special learning programs
Mills, 1982	Various Disabilities	None Specified	Patience, remediation, guidance
Pemberton, 1998	Various Disabilities	Literature Review	Tutors should be well-informed
Thompson, 1999	Various Disabilities	Personal Experience, Input from Colleagues	Questioning techniques, use of checklists, use of computers, encourage metacognition,
Hawkes, 2006	Various Disabilities	Library & Internet Research	Provide more space with less cluttered pathways, provide more time for explanations, patience, use of technology, make websites accessible
Keidaisch & Dinitz, 2007	Various Disabilities	Qualitative, Application and Analysis	Use of Universal Design
Sisk, 2001	Visual Impairment	Anecdote	Use of technology, reading aloud to student and making changes on document, bringing student to writing center during orientation, work together with Disabilities Services Coordinator

Table II: Suggestions categorized by disability

	Deafness	LD/dyslexia	Epilepsy	Physical Disability	Visual Impairment	Mental Illness	Pragmatic Impairment	Various/ Multiple
(Cultural) Sensitivity	O	O				O		
Build relationships	O	O						O
Directive tutoring	O	O					O	
Enhance physical access				O				O
Extra time/ Time management		O						O
Hands-on editing and proofreading	O	O						
Kinesthetic techniques	O	O						
Metadiscourse/ metacognition	O						O	O
Modeling		O	O					
Patience/ Flexibility/ Encouragement		O						
Provide structure		O	O					
Questioning Techniques	O	O						
Read aloud					O			O

	Deafness	LD/dyslexia	Epilepsy	Physical Disability	Visual Impairment	Mental Illness	Pragmatic Impairment	Various/ Multiple
Rephrase when necessary		O					O	
Take dictation	O	O	O					
Team Approach	O	O			O	O		
Tutor training		O						O
Use checklists/ inventories		O						O
Use of Computers/ Technology	O	O		O	O			
Visual Techniques	O	O						

Notes

1. Faerm and Weaver both call their method "case study" but these do not actually qualify as formal case studies since they did not begin their investigations with specific research questions. They are more accurately classified as anecdote.

2. Dyslexia is one sub-type of learning disability, as are similar disorders of writing, math and "learning disorder not otherwise specified." All these are now categorized under Specific Learning Disorders rather than learning disability in the DSM-5 ("Highlights").

3. Please note that according to the DSM-5, ADD is no longer a diagnosis. AD/HD is classed in a new category called "Neurodevelopmental Disorders" ("Highlights").

4. In the literature, deaf is used to represent auditory deafness and Deaf to represent cultural deafness. D/deaf is used to include both, and here I choose to use deaf as a neutral term. Although many scholars and Deaf people see the Deaf as a cultural and social minority rather than a disabled group, they are covered under the ADA.

5. Since no sessions in the study were conducted without an interpreter I am not able to comment on this practice; it is an open avenue for future researchers.

6. The student was not diagnosed with pragmatic impairment but rather with a learning disability that "…In the DSM-5…is called 'social (pragmatic) communication disorder'" ("Highlights").

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