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# Behavior characteristics of the learning disabled adolescent

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**BEHAVIOR CHARACTERISTICS OF THE  
LEARNING DISABLED ADOLESCENT**

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by

**Marlene Zebrasky**

**A RESEARCH PAPER  
SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS IN EDUCATION  
(EDUCATION OF LEARNING DISABLED CHILDREN)  
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**Milwaukee, Wisconsin**

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This research paper has been  
approved for the Graduate Committee  
of Cardinal Stritch College by

Sister Joanne Marie Kishka  
(Advisor)

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## CHAPTER I

### INTRODUCTION

#### Purpose

The present day is the most affluent era in our history and our handicapped children are entitled to share in this affluence. Society has the means available to train students with disabilities and provide jobs for them. To do so, however, a program must be employed to accurately diagnose and program for learning disabled youngsters. Only upon reaching this goal will society be adequately servicing the handicapped. For as Shakespeare eloquently stated so long ago: "In nature there is no blemish but the mind, None may be called deformed but the unkind."<sup>1</sup>

Every learner has a unique style of learning. In fact, a learning style can be described as an individual's characteristic pattern of behavior when confronted with a learning problem. The purpose of this paper was to explore the characteristics of behavior found in learning disabled adolescents. A concern for the education of

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<sup>1</sup>Robert H. Bradfield, Helping the Adolescent with the Hidden Handicap, ed. Lauriel Anderson (San Rafael, California: Academic Therapy, 1970).

children with learning handicaps has increased rapidly in recent years necessitating early diagnosis and treatment of suspected cases. Children with learning handicaps are characterized by underachievement and an observable resistance to conventional instruction. Distinct behavioral characteristics are evident and need specific attention to adequately diagnose and program for each youngster individually.

At the Junior High level, an overlay related to the learning disability has confused the picture of the learning disabled adolescent. At the Junior High level it becomes more difficult to discriminate between the child with a learning disability and the child who is emotionally disturbed or a behavior problem who is acting out. Learning difficulties may have resulted in anxiety and use of defense mechanisms so that the child referred for diagnosis may look like a very neurotic child.<sup>1</sup>

#### Limitations

It is the hope of this writer that in presenting the research data in this paper, those involved in the educational planning and programming for learning disabled adolescents will have gained a clearer view of how difficult

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<sup>1</sup>Charles Strother, Rosa Hagen, Mary Giffin, Laura Lehtinen-Rogan, Educator's Enigma: The Adolescent with Learning Disabilities (San Rafael, California: Academic Therapy Publications).

precise diagnosis remains. In these children oftentimes a combination of symptoms is clearly exhibited.

The behavior characteristics explored fall into an arbitrary grouping. The categories of observable behavior herein described include: (1) perception; (2) attention; and, (3) emotionality.

In order to clearly present the problem of characteristics it becomes imperative to introduce a list of terms. A full description or definition of these terms will be further developed in the following chapters.

#### List of Characteristics

Hyperactivity--In the adolescent it is the urge for constant movement which is restricted to tapping (pencils, fingers, or feet), grimacing or tics.

Disinhibition--Response which is not appropriate to the situation.

Disorders of attention--Short attention span, distractability, perseveration, attentive ability.

Impulsivity--Overreacting, overexcitable, unpredictable.

Disorders of memory and thinking--Poor ability for abstract thinking, thinking generally disorganized, poor short term and long term memory; frequent thought perseveration.

Specific language disorders--Areas of reading, writing, spelling.

General coordination deficits--Fine: handwriting, drawing;  
Gross: hopping, throwing, batting.



Perceptual-motor-impairments--Impaired discrimination of size, right-left, space, distance, time, reversals.

Overall educational lag--Depressed areas of math, reading and/or spelling.

Emotional lability--Impulsive, explosive, reckless and inhibited, variable in mood.

The learning disabled adolescent will exhibit one or more of these behavior characteristics. The result is often a reduction of social and educational opportunities.

#### Summary

In view of modern day educational opportunities for the student with exceptional education needs, it becomes apparent that possibilities exist today that were the goal of exceptional education programs decades ago. It now becomes the responsibility of modern day educators to make these opportunities become a reality for the learning disabled.

Students at the secondary level will exhibit characteristics that are found in the elementary student, however, in a different manner and more often to a different degree.

The symptoms most often identified in the learning disabled adolescent include the categories of: (1) perception; (2) attention; and, (3) emotionality.

The ten characteristics used to describe these symptoms include: hyperactivity; disinhibition; disorders of attention; impulsivity; disorders of memory and thinking;

specific language disorders; general coordination deficits; perceptual motor impairment; overall educational lag; and, emotional lability.

An accurate diagnosis of the learning disabled student becomes a necessity in order to implement an appropriate educational plan.

It is this writer's hope that in some way this review of pertinent present day literature will aid in describing the learning disabled adolescent.

## CHAPTER II

### REVIEW OF LITERATURE

#### Identification

The adolescent who, in spite of apparently adequate intelligence, is exhibiting difficulties in learning within a teaching program that proves effective for most students, will most likely be a candidate for closer scrutiny by his teacher and those involved with his programming. There are many kinds of learning insufficiencies that appear during the adolescent years. Although they are quite different from those exhibited by the younger child, they are still of either developmental origin or directly traceable to slight dysfunctions that occur in perception, processing, organizing, or expression of information.<sup>1</sup>

Students with learning disabilities come to the attention of secondary school personnel for a variety of reasons. Regardless of the reason, if the learning disabled student is not identified and programmed for specifically,

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<sup>1</sup>Helen Ginandes Weiss and Martin S. Weiss, A Survival Manual, Case Studies and Suggestions for the Learning Disabled Teenager (Great Barrington, Mass: Treehouse Assoc.).

the chances are he will become one more "dropout" from secondary education. Of the 750,000 adolescents who drop out of school each year, it is estimated that one-third end up on relief rolls or in institutions.<sup>1</sup> It is likely that a large proportion of these young people are learning disabled. With our growing knowledge of the ways in which youngsters learn, the goal of educators must be to turn many of these "potential dropouts" into learners and achievers.

In order to identify and program for the learning disabled youngster, it becomes necessary to seek federal funding for programs along with professional staff members to implement these programs.

The Bureau for the Education of the Handicapped was set up by Congressional action. The Congress also established an Advisory Committee on the Education of the Handicapped. This Committee then formulated a definition of learning disabled to accommodate the allocation of federal funds for learning disabled programs. The definition from the Office of Education reads as follows:

Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or

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<sup>1</sup>Lauriel E. Anderson, Helping the Adolescent with the Hidden Handicap (Los Angeles: California Association for Neurologically Handicapped Children, 1970).

written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injuries, minimal brain dysfunction, dyslexia, developmental aphasia. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.<sup>1</sup>

The student at the junior high and senior high school level due to the long duration of his learning disability and the experiences he has had because of his disability may show signs that his motivation, his interest in school, his attendance record, and his desire to attempt to learn have been affected. He may even appear as "resistant to learning". He may have adopted a number of compensatory or reactive acting-out behaviors that in turn only confuse the picture. Thus, it becomes more difficult to identify the primary learning disabled student at the junior and senior high school level than at the elementary or pre-school level.<sup>2</sup>

In order to attempt to identify these students it is necessary to learn to accommodate to the different styles of learning. The less than adequate performer in

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<sup>1</sup>Charles Strother, Rosa Hagan, Mary Giffin, Laura Lehtinen-Rogan, Educators' Enigma: The Adolescent with Learning Disabilities (San Rafael, California: Academic Therapy Publications).

<sup>2</sup>Carl L. Kline, M.D., C.R.C.P. (C), Adolescents with Learning Problems: How Long Must They Wait?" Journal of Learning Disabilities 5 (May 1972):262-84.

academic areas may be a superior performer in other areas. Another problem exists in the identification of learning disabled students and that is the student who is regarded by most of his teachers and peer group as the "behavior problem". Most professionals who work with behavior-disordered students or students with learning disabilities agree that considerable overlap exists between the two conditions.

#### Definitions

By definition, children with specific learning disabilities have control processing dysfunctions which interfere directly with certain types of learning. On the other hand, children with behavior disorders may or may not have central processing dysfunctions and it is not necessarily a fact that the dysfunctions are related to the learning problem.<sup>1</sup>

Another definition in the field of learning disabilities is that of Kirk. His definition goes somewhat further suggesting that a learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing or arithmetic resulting from a possible cerebral dysfunction

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<sup>1</sup>Loyd S. Wright, ed. "Conduct Problem or Learning Disability?" Journal of Special Education 8 (Winter 1974): 331-336.

and/or emotional or behavioral disturbance and not from mental retardation, sensory deprivation, cultural or instructional factors.<sup>1</sup>

The Massachusetts Association for Learning Disabled Children uses the following definition:

A perceptually handicapped or learning disabled child is one whose intelligence is often average or better but whose learning is impaired because his method of learning some things is different from that of the majority of children. Dyslexia and aphasia are but two commonly known examples of specific learning disabilities. Prognosis for most learning disabled children is excellent if they are given the education tools they need to help themselves.<sup>2</sup>

A final reference is the definition given by Bateman, an educator and author in the field of learning disabilities.

Her definition states:

Children who have learning disorders are those who manifest an educationally significant discrepancy between their estimated intellectual potential and the actual level of performance related to basic disorders in the learning processes which may or may not be accompanied by demonstrable central nervous system dysfunction, and which are not secondary to generalized disturbance or sensory loss.<sup>3</sup>

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<sup>1</sup>Samuel A. Kirk, Educating Exceptional Children (Boston: Houghton-Mifflin Company, 1962), p. 261.

<sup>2</sup>The Specific Learning Disability Gazette (Framingham, Massachusetts), p. 1.

<sup>3</sup>Barbara Bateman, "An Educator's view of a Diagnostic Approach to Learning Disorders," Learning Disorders 1 (1965): 220.

Although a definition of learning disability is helpful in the early screening of learning disabled candidates, there still remains special problems in identifying these children at the secondary level.

### Characteristics

Some of the primary symptoms of learning disabilities tend to disappear at puberty. In the area of hyperactivity, the teen-aged learning disabled student does not engage in the frantic purposeless motor activity of the five or six year old. His movements now are restricted to tapping (fingers, pencils or feet), grimacing, or tics. If he has learned to control these earlier impulses he may now be rigidly tense in his whole body.<sup>1</sup>

Disinhibition is described as responding to a situation in a manner which is not appropriate. Students who exhibit this type of behavior have been described as having "bizarre" behavior. A reported case describes a girl who decided that when her gym class was the next to the last class it was sensible not to get dressed but to go to her final class in her gym suit. Oftentimes she would say the right thing at the wrong time or vice versa. This same student would also reveal many of her secrets and

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<sup>1</sup>Lauriel E. Anderson, Helping the Adolescent with the Hidden Handicap (Los Angeles: California Association for Neurologically Handicapped Children, 1970).



personal matters to the student body along with answering rhetorical questions, much to the annoyance of her teachers.<sup>1</sup>

Another characteristic that is found in elementary school age learning disabled students that persists up to the adolescent age is in the area of poor attentive ability. Fortunately, the attention span lengthens with maturity. Unfortunately, it is not long enough for the lecture halls and foreign language classes. At this level students having problems in this area divide into two areas: (1) the ones who cannot pay attention and distract others, and (2) the anxiety ridden student (who just freezes and cannot concentrate for long).<sup>2</sup>

The long duration of his learning disability will undoubtedly affect the motivation of the learning disabled student. This is a "hard fact" to most teachers of the learning disabled.<sup>3</sup> Often these children have developed the capacity to focus attention for short periods of time but cannot sustain it. They stop listening in class,

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<sup>1</sup>Robert E. Weber, ed. Handbook on Learning Disabilities (Englewood Cliffs, New Jersey: Prentice Hall, 1974).

<sup>2</sup>Evangeline Wilcox, Helping the Adolescent with the Hidden Handicap ed. Lauriel Anderson (San Rafael, California: Academic Therapy Publications, 1970).

<sup>3</sup>Robert P. Ward, Phillip Trembley, "Learning Disability as a Problem of Motivation," Academic Therapy 7 (Summer 1972):453-458.

perhaps to daydream or perhaps simply because their mechanism shuts off--they have had enough. After a rest period they will be ready to go again, but right at this point they cannot take in or process anymore. This is a handicap to the student both in group instruction and in independent work as well.

In observing the behavior of a suspected learning disabled student, the regular classroom teacher should be aware of the attentive or listening skills the student displays. He usually has a short attention span and is unable to concentrate on one task for very long; he loses interest when abstract material is presented; but he may show good attentive ability when his interest is aroused.<sup>1</sup>

The learning disabled student almost always lacks motivation for doing anything. This is especially true at the junior and senior high school. He may find it difficult to concentrate on anything, even if it interests him, if there is too much auditory or visual stimulation within the classroom.

A characteristic that not only is a deterrent to the learning disabled student but also to those around him is found in his inability to control his reactions. He

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<sup>1</sup>Audrey Rodman, Getting On Track (San Rafael, California: Academic Therapy Publications, 1973), pp. 11-12.

appears to be overexcitable and unpredictable. This generally describes his impulsivity.

The learning disabled adolescent has developed some ability to delay responses in an appropriate manner. He does, however, continue to overreact to stimuli, which is usually observed in the youngster who claps the loudest, the uncontrolled sneezer, and in the one with the loudest laughter. Parents are most concerned with the unpredictable character of this boy or girl. More is at stake now as they begin driving, dating and babysitting. How much restraint can be exercised without producing anger and rebellion?<sup>1</sup>

Children with learning disabilities were found to be impulsive when impulsivity was defined as the opposite of reflectivity. This may indicate weaknesses in the scanning aspect of attention. Another description of the characteristic would infer that he may be highly impulsive at times and have difficulty<sup>in</sup> keeping his hands off of objects and people. He may speak without checking himself and may even say insulting things without realizing it.<sup>2</sup>

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<sup>1</sup>Evangeline Wilcox, Helping the Adolescent with the Hidden Handicap, ed. Lauriel Anderson (San Raphael, California: Academic Therapy, 1970).

<sup>2</sup>Audrey Rodman, Getting On Track (San Raphael: California: Academic Therapy Publications, 1973).

Also in the area of impulsivity we again find the overlapping of symptoms in learning disabled and behaviorally disabled adolescents. In the diagnosis it is important to make a distinction between the impulsive and disinhibited behavior exhibited by some children with learning disabilities and the acting-out and aggressive behavior sometimes exhibited by children with behavioral problems. The value of the differential diagnosis lies in the assignment of remedial measures.<sup>1</sup>

Frostig in her writings conceives the treatment of learning disturbances as a four-fold task, one of which involves amelioration of global and pervasive disturbances, such as impulsivity and distractability, principally through techniques of classroom management and aiding the child's social adjustment and emotional development.<sup>2</sup> The present day "hippie society" is composed of many of our rebellious students who are truly learning disabled. The management techniques described for use in the classroom (behavior modification techniques) might well be applied to out-of-school activities as well.

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<sup>1</sup>James T. McCarthy, Joan F. McCarthy, Learning Disabilities (Boston: Allyn and Bacon, Inc., 1969), pp. 21-22.

<sup>2</sup>Marianne Frostig and David Horne, The Frostig Program for the Development of Visual Perception (Chicago: Follett Publishing Company, 1964).

The next category of disability to be explored is in the area of memory and thinking and the disorders that are apparent. This category of disabilities is most marked and recognizable at the secondary level. The student does not have the ability to think things through to completion. His school week is not organized for the report due on Thursday or the book to be read by the following Monday. Time and sequence are his greatest enemies. He does not know how to arrange his study routine, so he does not study. His books are tossed on the table and remain there until the next morning. He lacks the inner direction to organize. He should have a special study routine and a memory training course at the secondary level. He is definitely aware of his poor memory and complains bitterly that he has no method for remembering. This appears to be in part due to the fact that he is still learning to read and not reading to learn. He is so caught up in the technique of reading that he cannot comprehend and remember all that he reads. Tape recorders are good as memory reinforcers--the student learns that he can "jack up his memory" with the taping of a lecture.<sup>1</sup>

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<sup>1</sup>Evangeline Wilcox, "Identifying Characteristics of the N H Adolescent," in Helping the Adolescent with the Hidden Handicap, ed. Lauriel Anderson (San Rafael, California: Academic Therapy, 1970).

The learning disabled student with disorders of memory and thinking will show poor ability for abstract thinking; thinking is generally disorganized; poor short-term and long-term memory and will also exhibit frequent thought perseveration.

Memory or learning are much more than merely a collection of pieces of information. Under our present thinking, memory and learning are dynamic processes as a result of which all future activities of the organism are modified.

Short-term or long-term memory skills are useless if the elements of understanding and usefulness are not present. Facts and figures committed to memory are generally isolated bits of information and serve no purpose unless they are integrated with and serve the general area of information. The learning disabled teenager is well aware of his memory skills which are generally poor and he avoids or refuses to do work assignments that require this particular skill, and understandably so.

It has been noted that the learning disabled student continues to present articulation problems in adolescence. Speech is generally fair but several areas of articulation and speech production are generally impaired. A mild learning loss may be responsible for the slurring of

middle syllables and the omission of final consonants. Poor spelling usually reflects an equally poor speech pattern. The learning disabled student does not hear it, say it, or see it, so he cannot write it. This continues in the adolescent with learning disabilities. Again, in the field of auditory figure-ground, noise can inhibit learning. Impaired auditory discrimination does not totally disappear with maturity.<sup>1</sup>

Language disability can cover several areas of language development. One grouping of a remedial language class might contain a number of students who are having difficulty with spoken language production. Instruction, practice, and training in oral grammar can be the best starting point for this group.

Other language problems are noted in students who may have solved the decoding problem (oral reading) but may be having difficulty with spelling, or with composition, or with a second language.<sup>2</sup>

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<sup>1</sup>Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," from Helping the Adolescent with the Hidden Handicap (San Rafael, California: Academic Therapy Publications, 1970).

<sup>2</sup>Russell G. Stauffer, The Language Experience Approach to the Teaching of Reading (New York: Harper and Row, 1970).

Orton's study of language problems in students began with reading disability and extended to special writing disability, developmental word deafness, motor speech delay, abnormal clumsiness, childhood stuttering, and combinations of these syndromes. He held that no general formula can be given for the treatment of any one syndrome because each case is an individual problem and an individualized program must be set up for each child.<sup>1</sup>

The language impaired teenager will often be at the mercy of his peer group. If his language is impaired, yet if he continues to verbalize in a peer setting, his language sets him off from the group. He sometimes uses his inadequate speech as a device to entertain or win recognition. All too often, however, his inadequate speech and/or language forces him to turn inward and withdraw from group participation or even individual participation.

His language skills are usually below expectations for his age and grade. His immature speech patterns will be obvious by their ineffectiveness. He may display many ineffective speech and/or language patterns. This symptom by itself will call for further investigation and diagnostic procedures.

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<sup>1</sup>James J. McCarthy and Joan F. McCarthy, Learning Disabilities (Boston: Allyn and Bacon, 1969).



Many learning disabled students are capable of understanding incoming language concepts well above their average range, however, the expressive language level is below average for their age. Most often there is a marked discrepancy in mental age in comparing the receptive and expressive language scores. Following along this line, we find the student's verbal performance and consequently his written performance lagging behind his ability to understand conceptual language. Oftentimes a slight speech problem has interfered with his rate of language development, causing him to feel less confident and secure in his ability to express himself.<sup>1</sup>

General coordination deficits are apparent in the learning disabled adolescent. Some students seem to need the catalyst of the body in action before they are able to integrate the other stimuli coming in. Others seem to require absolute quiet of the body structure so they may concentrate all awareness on the main stimuli.<sup>2</sup>

Both fine and gross motor coordination improve as the learning disabled youngster matures. Poor handwriting remains to show the difficulties involved in the demands for

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<sup>1</sup>Helen Ginandes Weiss and Martin S. Weiss, A Survival Manual, Case Studies and Suggestions for the Learning Disabled Teenager (Great Barrington, Mass: Treehouse Associates, 1974).

<sup>2</sup>Patricia A. Clinger, Robert M. Van Osdol, "Remediation of Learning Disabilities--Methods and Techniques," Teaching Exceptional Children (Summer 1974):192-196.

fast note taking. Cramping and poor spacing as well as illegibility (a means to cover up spelling errors) occur frequently. Typing is most difficult for some. The learning disabled student tends to blame his inability to type on the noise in the typing room. At the same time, typing is an invaluable asset to a learning disabled adolescent, and new ways to teach it must be found.<sup>1</sup>

Poor handwriting performance is often criticized as "careless, disorganized, poor sentence structure, spelling and difficult to read, etc." He exhibits the same sense of failure at being able to verbally express things he clearly knows and understands but is unable to express himself in writing.

In conjunction with the deficit in motor skills (writing), we may see difficulties in directional sense, spatial orientation, fine motor control, visual perception, form constancy, visual recall of sequences of letters, low level of motivation to write.<sup>2</sup>

The learning disabled adolescent is frequently observed as being awkward or clumsy.<sup>3</sup>

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<sup>1</sup>Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," from Helping the Adolescent with the Hidden Handicap (San Rafael, California: Academic Therapy, 1970).

<sup>2</sup>Helen Ginandes Weiss and Martin S. Weiss, A Survival Manual, Case Studies and Suggestions for the Learning Disabled Teenager (Great Barrington, Mass.: Treehouse Assoc., 1974).

<sup>3</sup>Audrey Rodman, Getting on Track (San Rafael, California: Academic Therapy Publications, 1973).

Students exhibiting a degree of poor general coordination are generally unskillful with either hand. They often are the youngsters who were late in learning to walk, run, skate, dance, ride a bicycle, etc., and in using their hands, feeding themselves, dressing themselves or in playing games or performing other motor activities. Although they may be good at their studies, they are often embarrassed by their clumsiness and withdraw from group activities.<sup>1</sup>

A characteristic that is easily distinguishable through observation along with formal testing is that of perceptual disturbances. Perceptual disorders must be distinguished from sensory defects such as blindness or deafness. Perceptive disorders may be described as poor visual decoding, auditory decoding, kinesthetic decoding. Inadequate reproduction of geometric forms, figure-ground confusions, or letter inversions, reversals or rotations are accepted as evidence of a possible perceptual problem. Inability to differentiate between sounds may result from auditory misperception. Students with perceptive difficulty frequently exhibit symptoms of more than one type of perceptual problem, though they may have a problem in one area and not in the others.<sup>2</sup>

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<sup>1</sup>James J. McCarthy and Joan F. McCarthy, Learning Disabilities (Boston: Allyn and Bacon, Inc., 1969).

<sup>2</sup>Patricia I. Myers and Donald Hammill, Methods for Learning Disorders (New York: John Wiley and Sons, Inc., 1969).

Informal testing or observation should note impaired discrimination of size, right-left, space, distance, time and reversal patterns. A word of caution in this area--it is difficult to recognize the manifestations of this group of very important features. The learning disabled adolescent may have learned to use some compensatory method to minimize or eliminate the obvious characteristic of his disability in time sense, size differentiation and distance. Many inappropriate conclusions are drawn by school personnel and peer groups because of the lack of understanding of the learning disabled student's perceptual problems.<sup>1</sup>

Turning to the academic profile of the learning disabled adolescent, a picture of success and failure becomes apparent. The area most often represented in the area of failure is in the area of reading. Many learning disabled students, young and old alike, are labeled as exhibiting "chronic dyslexia". The reading performance is generally from two to five years behind grade placement and age expectations. These students almost always come from family lines that show similar patterns of late or poor language development.<sup>2</sup>

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<sup>1</sup>Evangeline Wilcox, "Identifying Characteristics of The N H Adolescent," in Helping the Adolescent with the Hidden Handicap (San Rafael, California: Academic Therapy Publications, 1970).

<sup>2</sup>Charles Drake, James J. A. Cavanaugh, "Teaching the High School Dyslexic," from Helping the Adolescent with the Hidden Handicap, ed. Lauriel E. Anderson (San Rafael: Academic Therapy Publications, 1970).

Reading is only one area of academic underachievement. There are currently many adolescents who have learned quite adequate decoding skills. They are still failing in school because they cannot either spell or write. Total language skill is lacking.

An indication of a spelling deficiency would be difficulty in the recall of visual stimuli especially when directionality or sequencing is required. Visual memory appears weak as well as spatial relationships and directionality. The student will oftentimes rotate as well as reverse letters or forms. Transposing is likewise present in some cases.<sup>1</sup>

The content area of mathematics can be affected in learning disabled adolescents. Math skills will generally be two to five years below grade placement for those students who are experiencing math difficulties. These students will have difficulties with comprehension of number structure and arithmetic operations as a whole. They may also exhibit difficulty with spatial orientation. In planning a program for these students, it is advisable to include traditional rather than modern math concepts. The emphasis in modern math is on teaching the why as well as the how of mathematics. The mathematics program leads pupils to knowledge through the process of discovery and exploration, the program emphasizes the comprehension, formulation, and practical application

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<sup>1</sup>Robert M. Tonra, M. A., "Learning Options: Will Students Use Them?" Journal of Learning Disabilities 7 (May 1974).

of new concepts and skills. These goals appear to be desirable ones for the learning disabled student; however, research (which is limited) indicates that the numbers of children who have failed after exposure to the modern mathematics curriculum seem equal to those who failed in the old mathematics program.<sup>1</sup>

An overall view of the learning disabled student in the academic areas will indicate insufficient achievement in the areas of reading, writing, spelling, arithmetic and specific language ability. All of these areas might be affected or any combination thereof.

Along with the learning disabled student's academic profile, we must also be concerned with his emotional profile. The learning disabled adolescent has developed some ability to respond in an appropriate manner. However, he continues to overreact to stimuli. He appears to be less aggressive, less restless, less variable in mood than the younger learning disabled student; but he still is demanding, still unaware of his impact on others, and still not able to exercise the degree of social judgment necessary to soften his contacts with others.<sup>2</sup>

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<sup>1</sup>Catherine Stern, Structural Arithmetic Program (Boston: Houghton-Mifflin Company, 1952).

<sup>2</sup>Evangeline Wilcox, "Identifying Characteristics of the NH Adolescent," from Helping the Adolescent with the Hidden Handicap, ed. Lauriel E. Anderson (San Rafael, California: Academic Therapy Publications, 1970).

Most teenagers are moody, impulsive and volatile; however, the youngster with a learning insufficiency is often more exaggerated in his changes of mood. He cannot anticipate how others react to his moods and often does not use mature social judgment about what others expect of him. The learning disabled adolescent is sometimes short-tempered because of his frustrations. No matter what he tries to do, he continues to fail; thus frustration enters the picture. A short temper can open the door to violence. The learning disabled student will frequently exhibit impaired self-direction, which reduces responsibility, dependability, and task completion. He also is a victim of low self-esteem which includes a giving up and what-difference-does-it-make attitude. A degree of short sightedness which renders only the present important is also noted in this type student. A final reference is to his poor social skills which make friendships shallow and not-lasting on one hand and provoke antagonism and ostracism on the other.<sup>1</sup>

#### Summary

These ten specific characteristics are most often mentioned by teachers who work in the field of the learning

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<sup>1</sup>Alice Thompson, "Moving Toward Adulthood," from Helping the Adolescent with the Hidden Handicap, ed Lauriel E. Anderson (San Rafael, California: Academic Therapy Publications, 1970).

disabled adolescent. They were herein defined and described in the hope that this information will help sensitize the reader to some of the neurological handicaps exhibited by the learning disabled adolescent.



## CHAPTER III

### THE NEXT DECADE

The next decade presents a real challenge to teachers of the learning disabled. However, challenge is not new to teachers; there are just new challenges.<sup>1</sup>

Many issues and areas in learning disabilities are still unexplored and undefined. One of these areas is (1) the process of integrating intersensory information. Other areas that are in need of investigation are (2) the role of structure, whether it be environmental, spatial, programmatic or in relationship to teaching materials; (3) the role of early stimulation and nutrition in perceptual development; (4) the unknowns of medication during pregnancy; (5) biochemical imbalances; (6) the need for a highly trained core of college professors with the capacity to inspire teachers in this field; (7) the need to prepare psychologists to understand the perceptual dynamics of behavior; the need to prepare administrators to understand the developmental and psychopathological problems of

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<sup>1</sup>Charles Strother, Rosa Hagen, Mary Giffin, Laura Lehtinen-Rogan, Educator's Engima: The Adolescent with Learning Disabilities (San Rafael, California: Academic Therapy Publications, 1971).

learning disabled children; and, (8) the need for continuing research into specific effects of medication.

Some other areas of concern are of prevention rather than a fatalistic approach; genetic correlates; hyperactivity and chemicals, the effect of nutritional deprivation; the role of protein in human development and ecological sources of learning problems. Indeed, this list of unexplored topics could occupy researchers for at least a decade.<sup>1</sup>

The need for balance has many facets. The following list mentions some considerations of balance:

1. balance between early identification and long term planning;
2. balance between strengths and weaknesses;
3. balance between skills and subject matter;
4. balance between academic, social and vocational skills;
5. balance between general and special education which will keep laws sufficiently flexible;
6. balance between severe and mild;
7. balance between research and practice;
8. balance between efficient and inefficient learners.

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<sup>1</sup>Frances K. McGlannan, "Learning Disabilities: The Decade Ahead," Journal of Learning Disabilities 8 (February 1975):113-116.

The problems of the learning disabled adolescent are forcing us to look at learners in new ways. Neuro-radiology makes diagnosis and prognosis easier in the handicapped child. Neuroradiology adds to the understanding of specific disturbances in perception and learning, and it gives a true meaning to the concept "brain-injury". Neuroradiology is a look to the future for educators of the learning disabled.<sup>1</sup>

Despite the achievements of the '60s in learning disabilities, there still remains the problem of the child who has inconsistent learning patterns who is not universally accepted. There are those who still claim that the student is "not trying hard enough" or that "he or she is lazy" or who view remediation as a short term goal. An area that is desperately in need of research is that of the study of causal factors. More precise information in this area will help in the development of more efficient teaching strategies.

The adolescent who is intellectually capable, but who nonetheless is still struggling with the acquisition of language skills--reading, writing, and spelling--cannot be ignored. He represents an educational frontier, which

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<sup>1</sup>Ibid..

must receive coordinated, vigorous action. By evaluating present conditions, the future for these students can be affected.<sup>1</sup>

Some of the problems of the learning disabled adolescent require attention now. The following is a list and short explanation of these problems.

1. Definition--a clearcut definition of the learning disabled student has been proposed at the federal level.

2. Funding--adequate funding of programs so that students who are desperately in need of the promised specialized assistance are helped to the degree that they should be.

3. Screening--techniques should be initiated and carried out on a schoolwide annual basis.

4. Interpretation--a detailed analysis, with recommendations for specific types of activities, must be a part of the whole intake procedure.

5. Total programming--more imaginative programming for secondary school students must take place. Individual needs should be met in a group setting.

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<sup>1</sup>John Arena, "A Hand on the Present with an Eye to the Future," from Helping the Adolescent with the Hidden Handicap (San Raphael, California: Academic Therapy Publications, 1970).

6. Materials and Equipment--these should meet the social, psychological, environmental, and learning needs of the student.

7. Parents--must be included in the plans being made for their children.

8. Vocational Training--realistic vocational training, testing, and placement should be an active ingredient in all secondary programs for the learning disabled adolescent.

9. Teachers--should be specifically trained in learning disabilities.

10. Evaluation--ongoing diagnostic teaching is a must to determine progress and a change of program for the student.<sup>1</sup>

Even if the learning disabled adolescent does not become a dropout, there is a strong likelihood that he will need continued assistance following graduation. Agencies and counselors should be available through the community to assist in special schooling for the acquisition of a job. If the student does leave school, he should not have to become a dropout statistic. He is still a community responsibility and provisions should be made so that the programming initiated for him at the school level does not abruptly terminate.

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<sup>1</sup>Ibid..

## CHAPTER IV

### SUMMARY

In this paper the writer has attempted to cover the latest research involving the learning disabled adolescent. The field of the learning disabled teenager has long been neglected and is in need of attention and on-going research.

The learning disabled adolescent needs to be identified and given an appropriate program. The needs of the adolescent must also be understood, especially at this stage of development. Among the more basic ones we would all recognize are the following:

1. The need for self-acceptance.
2. The need for acceptance and love from others.
3. The need for recognition and achievement.
4. The need for independence.
5. The ability to face reality.<sup>1</sup>

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<sup>1</sup>"The Adolescent: His Search for Understanding," The Pastoral Psychology Series, Number 3, ed. William C. Bier, S. J. (New York: Fordham University Press).

The teacher must be constantly aware of the emotional impact of failure, anxiety, underachievement and frustration on a student's development. There is a need for early diagnosis of learning disabilities, but oftentimes a student because of his skill at compensating has been able to reach junior high school without being accurately diagnosed or programmed. It is at this point a student must be evaluated using a different set of characteristics.<sup>1</sup> Included in this list of characteristics are:

1. hyperactivity
2. disinhibition
3. disorders of attention
4. impulsivity
5. disorders of memory and thinking
6. specific language disorders
7. general coordination deficits
8. perceptual motor impairments
9. overall educational lag
10. emotional lability

Some of the recent research in the area of learning disabilities includes the field of neuroradiology and its implication to specific disturbances in perception and learning. The learning disabilities program still has

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<sup>1</sup>Mark N. Ozer, M.D. and H. Burt Richardson, Jr., M.D., "The Diagnostic Evaluation of Children with Learning Problems: A Communication Process," Childhood Education 48 (February 1972):244-247.

problems including a definition, funding, screening, interpretation, total programming, materials and equipment, involvement of parents, vocational training, training of teachers, and evaluation.

The areas in need of further research in the hope of better diagnosing, programming and remediation include:

1. integrating intersensory information
2. role of structure
3. early stimulation and nutrition
4. medication during pregnancy
5. biochemical imbalance
6. college professors to teach
7. preparation of psychologists and administrators to understand the learning disabled child
8. research in effects of medication.

It is the hope of this writer that the information regarding characteristics will help to more easily and accurately identify the learning disabled adolescent.

It is also the hope of this writer that in summarizing the problems of the learning disabled student and the learning disabilities program that some effort will be made to improve this situation.

The future research indicated, if pursued, should help to bring about a more useful definition, procedure of



diagnosis and programming and a more beneficial program of remediation for all learning disabled students--the adolescent included.

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