



FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

HIDDEN DISABILITIES

... of approximately six million children in special education programs in the United States, almost one-half, or 2.9 million, have learning disabilities.

People with non-apparent disabilities are the largest number of individuals with disabilities. It is important for youth service practitioners to have a basic understanding of how to (a) identify; (b) screen; (c) connect to formal diagnosis, if necessary; (d) provide appropriate accommodations; and (e) guarantee that support services are accessed in order to assist youth in the career preparation process.

According to the US Department of Education, of the approximately six million children in special education programs in the United States, almost one half, or 2.9 million, have learning disabilities. Further, there are several studies that suggest workforce development programs, and particularly those focused on literacy, may include a substantial proportion of participants (ranging from 50% to 80%) with learning disabilities.

Based on the high prevalence of youth with learning disabilities and the fact that the well being of youth with mental health needs are of increasing national concern, it is important for workforce development programs to learn how to serve individuals with non-apparent or hidden disabilities.

Understanding the Range of Hidden Disabilities

The range of hidden disabilities is large, and classification systems are not totally uniform. Yet the general description that follows can guide the work of youth service practitioners. For more specific definitions of learning disabilities, [consult the National Collaborative on Workforce and Disability for Youth's Career Planning Begins with Assessment Guide](#).

Mental Health or Emotional Disorders

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.

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. Like many mental health problems, untreated depression can make education or career planning difficult. Fortunately, depression is one of the most treatable of all medical illnesses.

Anxiety Disorders

There are a number of anxiety disorders that interfere with school performance or attendance and with job training or work. Generalized Anxiety Disorder (GAD) is characterized by six months or more of chronic, exaggerated worry and tension that is either 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.

Conduct Disorders

Conduct disorders are a complicated group of behavioral and emotional problems in youth manifested by a great difficulty following rules and behaving in a socially acceptable way.

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. They are often viewed by other children, adults, and social agencies as bad or delinquent, rather than mentally ill.

Many youth with a conduct disorder have other conditions affecting mental health, and self-medication (through illicit drugs and alcohol) is 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.

Chemical Dependency

Although not always considered a disability, chemical dependency is relatively common among youth with hidden disabilities, and can cause serious problems. 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. Youth who use alcohol or drugs while undergoing assessment often end up with poor or invalid results.

Specific Learning Disabilities

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 as specific difficulties with spoken and written language, coordination, self-control, or attention. Such difficulties may impact a young person's learning to read, write, or do math. 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 deficits 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. SLDs may include developmental speech and language disorders, academic skills disorders, motor skill disorders, and other specific developmental disorders. It is important to note that not all learning problems are necessarily SLDs; many children are simply slower in developing certain skills.

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 consequently do not receive appropriate assistance and support.

The newly reauthorized IDEA adds language clarifying that schools are not limited to using the IQ-achievement discrepancy model when determining the existence of a learning disability. More specifically, the new law says that “...a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation, or mathematical reasoning.” It goes on to say that “in determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based interventions” as a part of the required evaluation procedures. Administrators must use new approaches to prevent over-identification or misidentification of students with disabilities.

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 requires 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. Keep in mind that all persons with SLDs can learn; efforts must be made to find methods of teaching that work with each individual.

Attention Deficit Hyperactivity and Attention Deficit Disorders

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, and developmentally inappropriate levels of activity, distractibility, and impulsivity.

Many professionals also use the term Attention Deficit Disorder (ADD), without the hyperactivity component. Individuals with ADD may experience problems paying attention to details, staying focused, and organizing and finishing tasks.

Acquired and Traumatic Brain Injuries (TBI)

The Brain Injury Association distinguishes between acquired and traumatic brain injuries. A traumatic brain injury is an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force. Long-term effects of brain injuries, depending upon severity, can result in mild, moderate, or severe impairments in one or more areas, including cognition, speech-language communication, memory, attention and concentration, reasoning, abstract thinking, physical function, psychosocial behavior, and information processing.

Screening and Diagnosis

A two-stage process, screening and diagnosis, is often needed to determine the existence of a hidden disability.

Screening

This is a preliminary yet systematic process for the purpose of finding characteristic signs to look for as well as the next steps for further investigation. Screening methods use abbreviated, informal methods to determine if an individual is at-risk for a learning disability. Informal methods include interviews; reviews of medical, school, or employment histories; written answers to questions; or a brief test.

Diagnosis

This is the second part of the equation. The safest operating rule is that programs should only use professionals with appropriate credentials to conduct formal diagnostic assessments, especially to determine eligibility in some programs such as special education, Vocational Rehabilitation, disability income support programs, mental health service, and others. All workforce development organizations need to have a set of partnerships with organizations and professionals who can help in this area.

For more information on screening and diagnosis, including a list of assessment instruments, see Career Planning Begins with Assessment, available online at <http://www.ncwd-youth.info>.

Providing Accommodations and Support Services

Accommodations 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. 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 table below identifies many of the most common accommodations.

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 or video cassettes
- Lighting and acoustics
- Computer or other machinery

Response Accommodations

- Communication device (e.g. symbol boards or talking boards)
- Computer or other machinery
- Spell checker
- Braille
- Tape recorder
- Calculator

Scheduling Accommodations

- Extended time
- Extra breaks
- Multiple sessions
- Time beneficial to individual (e.g. around medication schedule)

Setting Accommodations

- Number (e.g. individual may work better alone or in small groups)
- Place (e.g. individual may work better at home or off-site setting)
- Proximity (e.g. individual may need to be closer to instructor, blackboard, restrooms, etc.)

Adapted from Thurlow, House, Boys, Scott, and Ysseldyke (2000) and appears in [NCWD/Youth's Guide: Career Planning Begins with Assessment](#).

References

US Department of Labor. 1991. The learning disabled in employment and training programs. Washington, DC: Employment and Training Administration. Available online at http://wdr.doleta.gov/research/rlib_doc.cfm?docn=107.

US Department of Education. 2004. Special education annual report to Congress. Washington, DC: Office of Special Education.

National Collaborative on Workforce and Disabilities. 2004. Career planning begins with assessment. Washington, DC: Institute for Educational Leadership.

Resources

Learning Disabilities

National Center for Learning Disabilities (<http://www.nclld.org>) provides background information, resources, and referral services for people with learning disabilities.

Learning Disabilities Association of America (<http://www.ldanatl.org>) is an organization for people with learning disabilities that produces fact sheets, resources, and legislative information, and provides contact information for state learning disability organizations.

LD Online (<http://www.ldonline.org>) is a service that provides background information, publications, and bulletin boards to exchange ideas.

International Dyslexia (<http://www.interdys.org>) is a source for publication, product, and referral information as well as legislative and research data.

National Resource Center on AD/HD (<http://www.help4adhd.org/>) is a national clearinghouse of information and resources to answer questions concerning Attention Deficit Hyperactive Disorder; it can also direct visitors to other reliable sources online.

Emotional, Behavioral, and Mental Disabilities

National Mental Health Association (<http://www.nmha.org>) is a national public education, training, and technical assistance resource for information on mental illness treatments, and includes a resource center for referrals to local Mental Health Associations.

American Psychiatric Association (<http://www.psych.org>) is an organization that provides publications, fact sheets, and general information on psychiatry including information on psychiatric disorders and medications.

The Center for Mental Health Services (CMHS) (<http://www.mentalhealth.org>) is the primary information resource for federal mental health programs and topical publications, and includes a telephone information center.

Internet Mental Health (<http://www.mentalhealth.com>) is a free internet-based encyclopedia of mental health information.

American Psychological Association (<http://www.apa.org>) provides publications, fact sheets, and general information on psychology, including a consumer help center and public education resources.

National Alliance for Mentally Ill (<http://www.nami.org>) is a nonprofit self-help, support, and advocacy organization of consumers, families, and friends of people with severe mental illnesses.

Traumatic Brain Injury

Traumatic Brain Injury Survival Guide (<http://www.tbiguide.com>) explains head injury in understandable language and is intended to assist individuals and their families.

National Resource Center for Traumatic Brain Injury (<http://www.neuro.pmr.vcu.edu>) provides practical information for professionals, persons with brain injury, and family members.

Traumatic Brain Injury National Data Center (and Models Systems) (<http://www.tbinc.org>) contains a registry of centers that specialize in traumatic brain injury as well as research and publications.

Substance Abuse

Council on Prevention and Education: Substances, Inc. (<http://www.copes.org/include/clfc.htm>) provides consultation, education, and training services on substance abuse prevention.

Just Facts.org (<http://www.justfacts.org>) is a youth-focused website containing information on alcohol and drug use.

Center for Substance Abuse Research (CESAR) (<http://www.cesar.umd.edu/cesar/about.asp>)

provides information to

policymakers, practitioners, and the general public about substance abuse, including its prevention and treatment and its relation to other problems.

Miscellaneous Sites

National Dissemination Center for Children with Disabilities (<http://www.nichcy.org>)

provides publications, information, referrals, and listings of disability-related organizations and professional associations at the state and local level.

Accommodations

Job Accommodation Network (JAN) (<http://www.jan.wvu.edu>) is a consulting

service that provides information about job accommodation, ADA, and the employability of people with disabilities.

Funded under a grant supported by the Office of Disability Employment Policy of the US Department of Labor, grant # E-9-4-1-0070. The opinions contained in this publication are those of the grantee/contractor and do not necessarily reflect those of the US Department of Labor. Individuals may produce any part of this document. Please credit the source and support of federal funds. To obtain this publication in an alternate format contact the Collaborative.

The National Collaborative on Workforce and Disability for Youth (NCWD/Youth) is composed of partners with expertise in disability, education, employment, and workforce development issues. NCWD/Youth is housed at the Institute for Educational Leadership in Washington, DC. The Collaborative is charged with assisting state and local workforce development systems to integrate youth with disabilities into their service strategies.

At the time of printing, every possible effort was made to compile accurate and up-to-date website information. Internet information changes frequently.

NCWD/Youth

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