

Why Students Have Problems

1

Many well-known adolescent difficulties are not intrinsic to the teenage years but are related to the mismatch between adolescents' developmental needs and the kinds of experiences most junior high and high schools provide.

—Linda Darling-Hammond (1997)

Consider the American penchant for ignoring the structural causes of problems. We prefer the simplicity and satisfaction of holding individuals responsible for whatever happens: crime, poverty, school failure, what have you. Thus, even when one high school crisis is followed by another, we concentrate on the particular people involved—their values, their character, their personal failings—rather than asking whether something about the system in which these students find themselves might also need to be addressed.

—Alfie Kohn (1999)

The Problem of Compelling Clues
 Errors in Logic
 Causes and Correlates
 Causal Models
 A Transactional Model
 The Transactional Model as a Comprehensive Framework
 Why Worry About Cause?
 Learning and Behavior Problems: Common Phenomena
 Barriers to Learning
 Addressing Barriers/Risks, Establishing
 Protective Buffers, and Promoting Full Development
 Risk Factors
 Protective Factors
 Promoting Full Development
 Concluding Comments

4 So You Want All Kids to Succeed at School

I failed every subject
but algebra.

That's not too surprising since
you didn't take algebra.



ORIENTING QUESTIONS

- ? Why must we be careful about compelling correlates?
- ? How can common learning and behavior problems be differentiated from learning disabilities and ADHD?
- ? How are barriers to learning grouped?

In the last analysis, we see only what we are ready to see. We eliminate and ignore everything that is not part of our prejudices.

—Charcot (1857)

What causes most learning and behavior problems? In this chapter, we look first at the difficulty of determining cause and effect and at general models that shape thinking about the causes of human behavior. Then, using a broad framework, we explore the causes for a full continuum of learning and behavior problems.

THE PROBLEM OF COMPELLING CLUES

At one time, there was a tribe of South Pacific natives who believed that lice were responsible for keeping a person healthy (Chase, 1956). They had noticed that almost all the healthy people in the tribe had lice, while those who were sick had no lice. Thus, it seemed reasonable to them that lice caused good health.

A teacher-in-training working with children with learning and/or behavior problems notices that most of them are easily distracted and more fidgety than students without such problems. They are also less likely to listen or to do assignments well, and they often flit from one thing

to another. The new teacher concludes that there is something physically wrong with these youngsters.

Every day we puzzle over our experiences and, in trying to make sense of them, arrive at conclusions about what caused them to happen. It is a very basic and useful part of human nature for people to try to understand cause and effect. Unfortunately, sometimes we are wrong. The South Pacific Islanders didn't know that sick people usually have a high fever, and since lice do not like the higher temperature, they jump off!

The teacher-in-training is right in thinking that some children with learning problems may have a biological condition that makes it hard for them to pay attention. However, with further training and experience, teachers learn that there are a significant number of students whose attention problems stem from a lack of interest or from the belief that they really can't do the work or from any number of other psychological factors.

Errors in Logic

Whenever I read the obituary column, I can never understand how people always seem to die in alphabetical order.

Because it is so compelling to look for causes, and because people so often make errors in doing so, logicians and scientists have spent a lot of time discussing the problem. For example, logicians have pointed out the fallacy of assuming (as the Islanders did) that one event (lice) caused another (good health) just because the first event preceded the second. We make this type of error every time we *presume* that a person's learning or behavior problems are due to a difficult birth, a divorce, poor nutrition, a dysfunctioning brain, or other factors that preceded the problem.

Another kind of logical error occurs when one event may affect another, but only in a minor way, as part of a much more complicated set of events. There is a tendency to think that people who behave nicely have been brought up well by their parents. We all know, however, of cases in which the parents' actions seem to have very little to do with the child's behavior. This can be especially true of teenagers, who are strongly influenced by their friends.

A third logical error can arise when two events repeatedly occur together. After a while, it can become impossible to tell whether one causes the other or whether both are caused by something else. For instance, frequently children with learning problems also have behavior problems. Did the learning problem cause the behavior problem? Did the behavior problem cause the learning problem? Did poor parenting or poor teaching or poor peer models cause both the learning and behavior problems? The longer these problems exist, the harder it is to know.

6 So You Want All Kids to Succeed at School

Causes and Correlates

In trying to understand learning and behavior problems, researchers and practitioners look for all sorts of clues, or *correlates*. When faced with compelling clues, it is important to understand the difference between causes and correlates. *Correlates* are simply events that have some relation to each other: lice and good health, no lice and sickness. A *cause* and its effect show a special type of correlation, one in which the nature of the relationship is known. Some events that occur together fit so well with “common sense” that we are quick to believe they are cause and effect. However, we may overlook other factors important in understanding the actual connection.

Some correlates are particularly compelling because they fit with current theories, attitudes, or policies. The more intuitively logical the connection, the harder it is to understand that they may not be causally related. They are compelling clues but may be misleading.

CAUSAL MODELS

Many factors shape thinking about human behavior and learning and the problems individuals experience. It helps to begin with a broad transactional view, such as currently prevails in scientific explanations of human behavior.

A Transactional Model

Before the 1920s, dominant thinking saw human behavior as determined primarily by factors within a person, especially inborn characteristics. As behaviorism gained influence, a strong competitive view arose. Behavior was seen as primarily shaped by environmental influences, with a particular emphasis on the reinforcers one encounters.

Times have changed. Now the prevailing model for understanding human functioning is a transactional view that emphasizes the interplay of person and environment. This view is sometimes referred to as reciprocal determinism (Bandura, 1978).

Let’s apply a transactional model to a learning situation. In teaching a lesson, the teacher will find that some students learn easily and some do not. And even a good student may appear distracted on a given day.

Why the Differences?

A commonsense answer suggests that each student brings something different to the situation and therefore experiences it differently. And that’s a pretty good answer—as far as it goes. What gets lost in this simple explanation is the reciprocal impact student and situation have on each other—resulting in continuous change in both.

To clarify the point: any student can be viewed as bringing to each situation *capacities, attitudes, and behaviors accumulated over time*, as well

as *current states of being and behaving*. These “person” variables transact with each other and also with the environment.

At the same time, the situation in which students are expected to function consists not only of *instructional processes and content* but also the *physical and social context* in which instruction takes place. Each part of the environment also transacts with the others.

Obviously, the transactions can vary considerably and can lead to a variety of positive and/or negative outcomes. In general, the types of outcomes can be described as

- *Enhancement of learning and positive behavior*. Capacities, attitudes, and behavior change and expand in desirable ways.
- *Delayed and arrested learning*. There is little change in capacities.
- *Disrupted functioning*. There is interference with learning and performance, an increase in dysfunctional behaving, and possibly a decrease in capacities.
- *Deviant functioning*. Capacities, attitudes, and behaviors change and expand but not in desirable ways.

The Transactional Model as a Comprehensive Framework

Professionals tend to use models that view the cause of an individual's problems as either within the person or coming from the environment. Actually, two “person-oriented” models are discussed widely: (1) the disordered or “ill” person model and (2) the slow maturation model. Those using an environment model emphasize inadequate and pathological environments.

In contrast, a transactional view encompasses the position that problems may be caused by person, environment, or both. This broad paradigm encourages a comprehensive perspective of cause and correction. A transactional view acknowledges that there are cases in which an individual's disabilities or disorders predispose him or her to problems even in highly accommodating settings. At the same time, such a view also accounts for instances in which the environment is so inadequate or hostile that individuals have problems despite having no disability. Finally, it recognizes problems caused by a combination of person and environment factors.

It might seem reasonable to continue to use person models and environment models and add the transactional model. However, a transactional view actually provides an umbrella encompassing the others and provides the kind of comprehensive perspective needed to differentiate among learning and behavior problems.

The value of a broad transactional perspective, then, is that it asks whether the *primary* instigating causes are to be found in

- *The individual* (e.g., a neurological dysfunction, cognitive skill and/or strategy deficits, developmental and/or motivational differences)

8 So You Want All Kids to Succeed at School

- *The environment* (e.g., the primary environment, such as poor instructional programs, parental neglect; the secondary environment, such as racially isolated schools and neighborhoods; or the tertiary environment, such as broad social, economic, political, and cultural influences)
- The *reciprocal interplay* of individual and environment

The need for a comprehensive perspective in labeling problems is illustrated by efforts to diagnose youngsters' learning, behavior, and emotional problems. Systems used in special education and by those who diagnose "mental disorders" tend to overemphasize symptoms (i.e., correlates) and focus on whether the symptoms reach criteria to qualify for one (or more) personal disorder categories. The result has been a bias that emphasizes person pathology and minimizes the role played by environmental factors.

The following conceptual example illustrates how a broad framework can offer a useful *starting* place for understanding behavioral, emotional, and learning problems. No simple typology can do justice to

Guide 1.1 Applying a Transactional View of the Primary Cause of Problems

| Problems primarily caused by factors in the environment (E) | Problems caused equally by environment and person | Problems primarily caused by factors in the person (P) |
|--|---|--|
| E | (E ↔ P) | (E ↔ P) |
| (E ↔ P) | (E ↔ P) | (e ↔ P) |
| P | | P |
| Type I Problems | Type II Problems | Type III Problems (e.g., LD, ADHD, other disorders) |
| <ul style="list-style-type: none"> • Caused primarily by environments and systems that are deficient and/or hostile • Problems may be mild to moderately severe and narrow to moderately pervasive | <ul style="list-style-type: none"> • Caused primarily by a significant <i>mismatch</i> between individual differences and vulnerabilities and the nature of that person's environment • Problems may be mild to moderately severe and pervasive | <ul style="list-style-type: none"> • Caused primarily by personal disabilities/disorders • Problems may be moderate to profoundly severe and moderate to broadly pervasive |

the complexities involved in classifying students' problems. However, even a simple framework based on a transactional view can be helpful in differentiating among problems (Adelman, 1995; Adelman & Taylor, 1994).

As indicated in Guide 1.1, problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both. Problems caused by the environment are placed at one end of the continuum and referred to as Type I problems. Many people grow up in impoverished and hostile environmental circumstances. Such conditions should be considered first in hypothesizing what *initially* caused an individual's behavioral, emotional, and learning problems. At the other end are problems caused primarily by personal disabilities and disorders; these are designated as Type III problems. The Type II group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems for individuals in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies.

The above way of thinking about learning, behavior, and emotional problems illustrates the value of starting with a broad model of cause. It can counter tendencies to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual. It can help combat practices that "blame the victim" (Ryan, 1971). It highlights the notion that improving the way the environment accommodates individual differences often can be a sufficient intervention strategy.

What's in a Name?

There is a tendency among the general public to refer to anyone with a learning problem as LD, and anyone with problems at school who manifests a high activity level often is seen as having ADHD. Diagnostic labels need to be used cautiously. Strong images are associated with such labels, and people act upon these notions. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help; sometimes they contribute to "blaming the victim," by making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem. In all cases, such labels can profoundly shape a person's future. Clearly, schools want to account for individual differences when they are important in preventing and correcting learning, behavior, and emotional problems. It's just not as easy to do as we would like.

"What's the use of *their* having names," the Gnat said, "if they won't answer to them?"

"No use to *them*," said Alice; "but it's useful to the people who name them, I suppose."

—Lewis Carroll,
Through the Looking-Glass

10 So You Want All Kids to Succeed at School

Response to Intervention as a Diagnostic Strategy

Available data suggest that minimally 95% of all children can be taught to read. Yet about 50% of those students designated as in need of special education were labeled as having LD. With specific respect to LD, direct instruction or “scientifically based reading instruction” is being advocated as the key to reducing the numbers labeled. The claim is that findings from early intervention and prevention studies suggest that “reading failure rates as high as 38–40 percent can be reduced to six percent or less” (Lyon, 1998). Thus, before a student is diagnosed, advocates want students provided with “well-designed and well-implemented early intervention.” This approach to the problem of diagnosis is dubbed *response to intervention* (RTI).

One controversy related to RTI stems from the emphasis on using the type of direct instruction described by the National Reading Panel sponsored by the National Institute of Child Health & Human Development (NICHD, 2000). Direct instruction is heavily oriented to development of specific skills, with the skills explicitly laid out in lesson plans for teachers in published reading programs and with frequent testing to identify what has and hasn't been learned.

On the other side of the controversy are critics who argue that the evidence base for direct instruction is so limited that no one can be confident that the approach will produce the type of reading interest and abilities that college-bound students must develop. These professionals are especially critical of the work of the National Reading Panel, which they argue was overloaded with proponents of direct instruction and inappropriately relied on correlational data to infer causation.

In sum, the continuum, generated by using a transactional model, encompasses a full range of learning and behavior problems—including learning disabilities (LD) and attention-deficit/hyperactivity disorder (ADHD). From this perspective, a transactional view provides a comprehensive framework for appreciating the full range of learning and behavior problems. A sample of specific instigating factors that can cause learning and behavior problems based on a transactional view is offered in Guide 1.2.

WHY WORRY ABOUT CAUSE?

Not all professionals are concerned about what originally instigated a learning or behavior problem. Many express the view that initial causes usually cannot be assessed; and even if they could, little can be done about the cause once the problem exists. Such practitioners tend to see appropriate corrective procedures as focused on (a) helping the individual acquire skills and strategies that should have been learned previously and (b) eliminating factors that *currently* are contributing to problems. Thus, they see little point in looking for initial causes.

All interveners are concerned about *current* factors that interfere with effective learning and performance. For example, poor study habits or the absence of particular social skills may be identified as causing poor attention to a task or failure to remember what apparently was learned earlier. In attempting to correct ongoing problems, the assumption sometimes is made that the inappropriate habits can be overcome and the missing skills can be learned.

Any of the factors indicated in Guide 1.2 may negatively affect current functioning. For example, a student may be a rather passive learner at school (e.g., not

Guide 1.2 Factors Instigating Learning, Behavior, and Emotional Problems*Environment (E) (Type I problems)*

1. *Insufficient stimuli* (e.g., prolonged periods in impoverished environments; deprivation of learning opportunities at home or school such as lack of play and practice situations and poor instruction; inadequate diet)
2. *Excessive stimuli* (e.g., overly demanding home, school, or work experiences, such as overwhelming pressure to achieve and contradictory expectations; overcrowding)
3. *Intrusive and hostile stimuli* (e.g., medical practices, especially at birth, leading to physiological impairment; contaminated environments; conflict in home, school, workplace; faulty child-rearing practices, such as long-standing abuse and rejection; dysfunctional family; migratory family; language used is a second language; social prejudices related to race, sex, age, physical characteristics, and behavior)

Person (P) (Type III problems)

1. *Physiological insult* (e.g., cerebral trauma, such as accident or stroke, endocrine dysfunctions and chemical imbalances; illness affecting brain or sensory functioning)
2. *Genetic anomaly* (e.g., genes that limit, slow down, or lead to any atypical development)
3. *Cognitive activity and affective states experienced by self as deviant* (e.g., lack of knowledge or skills such as basic cognitive strategies; lack of ability to cope effectively with emotions, such as low self-esteem)
4. *Physical characteristics shaping contact with environment and/or experienced by self as deviant* (e.g., visual, auditory, or motoric deficits; excessive or reduced sensitivity to stimuli; easily fatigued; factors such as race, sex, age, or unusual appearance that produce stereotypical responses)
5. *Deviant actions of the individual* (e.g., performance problems, such as excessive performance errors; high or low levels of activity)

Interactions and Transactions Between E and P (Type II problems)

1. *Severe to moderate personal vulnerabilities and environmental defects and differences* (e.g., person with extremely slow development in a highly demanding environment—all of which simultaneously and equally instigate the problem)
2. *Minor personal vulnerabilities not accommodated by the situation* (e.g., person with minimal disorders in auditory perceptual ability trying to do auditory-loaded tasks; very active person forced into situations at home, school, or work that do not tolerate this level of activity)
3. *Minor environmental defects and differences not accommodated by the individual* (e.g., person is in the minority racially or culturally and is not participating in many social activities because he or she thinks others may be unreceptive)

12 So You Want All Kids to Succeed at School

paying adequate attention) because of physical and emotional stress caused by inappropriate child-rearing practices, illness, poor nutrition, and so forth. Obviously, few will disagree that such factors should be assessed and corrected whenever feasible.

From an intervention viewpoint, the answer to *Why worry about cause?* is simple. Understanding cause can be the key to prevention and, in some cases, is the best guide to appropriate corrective strategies.

LEARNING AND BEHAVIOR PROBLEMS: COMMON PHENOMENA

Data from the National Center for Education Statistics (NCES, 2000) indicate that 37% of fourth graders cannot read at a basic level. Best estimates suggest that at least 20% of elementary students in the United States have significant reading problems. Among those from poor families and those with limited English language skills, the percentage shoots up to 60–70%. At the same time, best estimates suggest that minimally 95% of all children can be taught to read.

By the late 1990s, about 50% of those students designated as in need of special education were labeled LD. This translates into 2.8 million children. (The proportion of school-age children so labeled rose from 1.8% in 1976–1977 to 5.2% in 2001.) Reading and behavior problems were probably the largest source of the referrals that led to these students being so designated (Lyon, 2002). In testimony to Congress, federal officials have stressed that “of the children who will eventually drop out of school, over seventy-five percent will report difficulties in learning to read” (Pasternack, 2002). The disproportionate number of students diagnosed as LD have led to questions about whether many of these youngsters actually represent commonplace reading and related behavior problems.

Given that learning is a function of the transactions between the learner and the environment, it is understandable that certain groups would have higher rates of problems. One such group consists of those individuals living in poverty. However, keep in mind that poverty is a correlate, not the cause.

It is important to understand the factors that lead many who grow up in poverty to manifest learning and behavior problems. It is equally important, as we highlight later in the chapter, to understand what enables those who overcome the negative impact of such conditions.

For some time, official data have indicated that youngsters under age 18 were the age group with the greatest percentage (16.2%) living in poverty in the United States (U.S. Census Bureau, 2000). It is acknowledged widely that poverty is highly correlated with school failure, high school dropout, delinquency, teenage pregnancy, and other problems.

In comparison to students coming from middle or higher income families, many young children residing in poverty have less opportunity to

develop the initial capabilities and positive attitudes to learning that most elementary school programs require for success. Most poverty families simply do not have the resources to provide the same preparatory experiences for their children as those who are better off financially. Moreover, many reside in the type of hostile environment that can generate so much stress as to make school adjustment and learning excessively difficult.

It is no surprise, then, that so many youngsters from poor families enter kindergarten and over the years come to school each day less than ready to meet the demands made of them. The mismatch may be particularly bad for individuals who have recently migrated from a different culture, do not speak English, or both.

There is a poignant irony in all this. Children of poverty often have developed a range of other cultural, subcultural, and language abilities that middle-class-oriented schools are unprepared to accommodate, never mind capitalize upon. As a result, many of these youngsters struggle to survive without access to their strengths. It should surprise no one that a high percentage of these youngsters soon are seen as having learning and behavior problems and may end up diagnosed as having LD, ADHD, and/or other disorders.

Of course, a youngster does not have to live in poverty to be deprived of the opportunity to develop the initial capabilities and attitudes to succeed in elementary school programs. There are youngsters who in the preschool years develop a bit slower than their peers. Their learning potential in the long run need not be affected by this fact. However, if early school demands do not accommodate a wide range of differences, the youngsters are vulnerable. When a task demands a level of development they have not achieved, they cannot do it. For example, youngsters who have not yet developed to a level where they can visually discriminate between the letters *b* and *d* or make auditory discriminations between words such as *fan* and *man* are in trouble if the reading curriculum demands they do so. And months later, when their development catches up to that curriculum demand, the reading program relentlessly has moved on, leaving them farther behind. Given what we know about the normal range of developmental variations, it is no surprise that many of these youngsters end up having problems.

When students have trouble learning at school, they frequently manifest behavior problems. This is a common reaction to learning problems. And, of course, behavior problems can get in the way of learning. Furthermore, both sets of problems may appear simultaneously and stem from the same or separate causes. It is important to remember that an individual can have more than one problem. Given all this, it is not surprising that there is considerable confusion about the relationship between learning and behavior problems.

The strong relationship between learning and behavior problems makes it essential that practitioners, researchers, and policymakers strive

14 So You Want All Kids to Succeed at School



to understand this association. A transactional view of cause provides a framework for doing so.

BARRIERS TO LEARNING

Another way to discuss why children have problems at school is to think in terms of barriers to learning and what the role of schools should be in addressing such factors. Such a perspective blends well with a transactional view of the causes of human behavior because it emphasizes that for a great many students, *external* not *internal* factors often are the ones that should be the primary focus of attention.

Implicit in democratic ideals is the intent of ensuring that *all* students succeed at school and that “no child is left behind.” If all students came ready and able to profit from “high standards” curricula, then there would be little problem. But *all* encompasses those who are experiencing external and/or internal barriers that interfere with benefiting from what the teacher is offering. Providing all students an equal opportunity to succeed requires more than higher standards and greater accountability for instruction, better teaching, increased discipline, reduced school violence, and an end to social promotion. It also requires addressing barriers to development, learning, and teaching.

Based on a review of over 30 years of research, Hawkins and Catalano (1992) identify common risk factors that reliably predict such problems as youth delinquency, violence, substance abuse, teen pregnancy, and school dropout. These factors also are associated with such mental health concerns as school adjustment problems, relationship difficulties, physical and sexual abuse, neglect, and severe emotional disturbance. The majority of factors identified by Hawkins and Catalano are external barriers to healthy development and learning. Such factors are not excuses for anyone not doing his or her best; they are, however, rather obvious impediments, and ones to which no good parent would willingly submit his or her child. Following is our effort to synthesize various analyses of external and internal barriers:

Why Students Have Problems 15

| <i>External Factors*</i> | <i>Internal Factors (Biological and Psychological)</i> |
|---|---|
| <p><i>Community</i> Availability of drugs Availability of firearms Community laws and norms favorable toward drug use, firearms, and crime Media portrayals of violence Transitions and mobility Low neighborhood attachment and community disorganization Extreme economic deprivation</p> <p><i>Family</i> Family history of the problem behavior Family management problems Family conflict Favorable parental attitudes and involvement in the problem behavior</p> <p><i>School</i> Academic failure beginning in late elementary school</p> <p><i>Peer</i> Friends who engage in the problem behavior Favorable attitudes toward the problem behavior</p> | <p><i>Differences</i> (e.g., being further along toward one end or the other of a normal developmental curve; not fitting local "norms" in terms of looks and behavior)</p> <p><i>Vulnerabilities</i> (e.g., minor health/vision/hearing problems and other deficiencies/deficits that result in school absences and other needs for special accommodations; being the focus of racial, ethnic, or gender bias; economical disadvantage; youngster and/or parent lacks interest in youngster's schooling, is alienated, or rebellious; early manifestation of severe and pervasive problem/antisocial behavior)</p> <p><i>Disabilities</i> (e.g., true learning, behavior, and emotional disorders)</p> |

*Other examples of external factors include exposure to crisis events in the community, home, and school; lack of availability and access to good school readiness programs; lack of home involvement in schooling; lack of peer support, positive role models, and mentoring; lack of access and availability of good recreational opportunities; lack of access and availability to good community housing, health and social services, transportation, law enforcement, sanitation; lack of access and availability to good school support programs; sparsity of high-quality schools.

The terrible fact is that too many youngsters are growing up and going to school in situations that not only fail to promote healthy development but are antithetical to the process. Some also bring with them personal factors that make learning and performing difficult. At one time or another, most students bring problems with them to school that affect their learning and perhaps interfere with the teacher's efforts to teach. As a result, some youngsters at every grade level come to school unready to meet the setting's demands effectively. As long as school reforms fail to address such barriers in comprehensive and multifaceted ways, especially in schools where large proportions of students are not doing well, it is unlikely that achievement test score averages can be meaningfully raised.

16 So You Want All Kids to Succeed at School

ADDRESSING BARRIERS/RISKS, ESTABLISHING PROTECTIVE BUFFERS, AND PROMOTING FULL DEVELOPMENT

Schools tend to address barriers to learning as a last resort. This is not surprising, since their assigned mission is to educate, and school staff are under increasing pressure both to leave no child behind and avoid discussing matters that may sound like excuses for not doing so. The irony, of course, is that most school staff are painfully aware of barriers that must be addressed. Moreover, the widespread emphasis on high stakes testing not only underscores how many students are not performing well but also the degree to which such testing is adding another barrier that keeps some students from having an equal opportunity to succeed at school.

All this leads to concerns about what the role of schools is and should be in handling such problems. Critics point out that the tendency is for schools to be reactive—waiting until problems become severe and pervasive. At the same time, because schools have been accused of having a *deficit orientation* toward many youngsters, they have increasingly tried to avoid terms denoting risks and barriers or an overemphasis on remediation.

It is good that schools realize that a focus solely on fixing problems is too limited and may be counterproductive. Overemphasis on remediation can diminish efforts to promote healthy development, limit opportunity, and be motivationally debilitating to all involved. And undermining motivation works against resiliency in responding to adversity. One important outcome of the reaction to overemphasizing risks and problems is that increasing attention is being given to strengths, assets, resilience, and protective factors. Among the benefits of this focus is greater understanding of how some youngsters born into poverty overcome this potential barrier to success.

However, as Scales and Leffert (1999) indicate in their work on developmental assets, focusing just on enhancing assets is an insufficient approach.

Young people also need adequate food, shelter, clothing, caregivers who at the minimum are not abusive or neglectful, families with adequate incomes, schools where both children and teachers feel safe, and economically and culturally vibrant neighborhoods—not ones beset with drugs, violent crime, and infrastructural decay. For example, young people who are disadvantaged by living in poor neighborhoods are consistently more likely to engage in risky behavior at higher rates than their affluent peers, and they show consistently lower rates of positive outcomes (Brooks-Gunn & Duncan, 1997). Moreover, young people who live in abusive homes or in neighborhoods with high levels of violence are more likely to become both victims and perpetrators of violence. (Garbarino, 1995, p. 10)

As advocates have argued the merits of their respective positions about risks versus assets, and as terms such as *resilience* and *protective factors* are popularized, confusion and controversy have arisen. The following distinctions are offered in support of the position that the need is to address barriers, establish protective buffers, and promote full development.

Risk Factors

One way to think about risks is in terms of potential external and internal barriers to development and learning. Research indicates that the primary causes for most youngsters' learning, behavior, and emotional problems are external factors (related to neighborhood, family, school, and/or peers). For a few, problems stem from individual disorders and differences. An appreciation of the research on the role played by external and internal factors makes a focus on such matters a major part of any comprehensive, multifaceted approach for addressing barriers to learning, development, and teaching.

Protective Factors

Protective factors are conditions that *buffer* against the impact of barriers (risk factors). Such conditions may prevent or counter risk-producing conditions by promoting the development of neighborhood, family, school, peer, and individual strengths, assets, and coping mechanisms through special assistance and accommodations. The term *resilience* usually refers to an individual's ability to cope in ways that buffer. Research on protective buffers also guides efforts to address barriers.

Promoting Full Development

As often is stressed, being problem-free is not the same as being well developed. Efforts to reduce risks and enhance protection can help minimize problems but are insufficient for promoting full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development recognize the need for direct efforts to promote development and empowerment, including the mobilization of individuals for self-direction. In many cases, interventions to create buffers and promote full development are identical, and the payoff is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Efforts to promote full development represent ends that are valued in and of themselves and to which most of us aspire.

Considerable bodies of research and theory have identified major correlates that are useful guideposts in designing relevant interventions (see Guide 1.3). And as the examples illustrate, there is a significant overlap in conceptualizing the various factors. Some risk factors (barriers) and protective buffers are mirror images; others are distinct. Many protective

Guide 1.3 Examples of Barriers to Learning/Development, Protective Buffers, and Promoting Full Development*

| Environmental Conditions** | | Person-based Factors** | |
|--|---|--|---|
| 1. Barriers to Development and Learning (risk-producing conditions) | | | |
| Neighborhood | Family | School and Peers | Individual |
| <ul style="list-style-type: none"> • Extreme economic deprivation • Community disorganization, including high levels of mobility • Violence, drugs, etc. • Minority and/or immigrant status | <ul style="list-style-type: none"> • Chronic poverty • Conflict/disruptions/violence • Substance abuse • Models problem behavior • Abusive caretaking • Inadequate provision for quality child care | <ul style="list-style-type: none"> • Poor quality school • Negative encounters with teachers • Negative encounters with peers and/or inappropriate peer models | <ul style="list-style-type: none"> • Medical problems • Low birth weight/neurodevelopmental delay • Psychophysiological problems • Difficult temperament and adjustment problems |
| 2. Protective Buffers (conditions that prevent or counter risk-producing conditions, strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations) | | | |
| Neighborhood | Family | School and Peers | Individual |
| <ul style="list-style-type: none"> • Strong economic conditions/emerging economic opportunities • Safe and stable communities • Available and accessible services • Strong bond with positive other(s) • Appropriate expectations and standards • Opportunities to successfully participate, contribute, and be recognized | <ul style="list-style-type: none"> • Adequate financial resources • Nurturing supportive family members who are positive models • Safe and stable (organized and predictable) home environment • Family literacy • Provision of high-quality child care • Secure attachments, early and ongoing | <ul style="list-style-type: none"> • Success at school • Positive relationships with one or more teachers • Positive relationships with peers and appropriate peer models • Strong bond with positive other(s) | <ul style="list-style-type: none"> • Higher cognitive functioning • Psychophysiological health • Easy temperament, outgoing personality, and positive behavior • Strong abilities for involvement and problem solving • Sense of purpose and future • Gender (girls less apt to develop certain problems) |
| 3. Promoting Full Development (conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life) | | | |
| Neighborhood | Family | School and Peers | Individual |
| <ul style="list-style-type: none"> • Nurturing and supportive conditions • Policy and practice promote healthy development and sense of community | <ul style="list-style-type: none"> • Conditions that foster positive physical and mental health among all family members | <ul style="list-style-type: none"> • Nurturing and supportive climate schoolwide and in classrooms • Conditions that foster feelings of competence, self-determination, and connectedness | <ul style="list-style-type: none"> • Pursues opportunities for personal development and empowerment • Intrinsically motivated to pursue full development, well-being, and a value-based life |

*For more on these matters, see Adelman & Taylor (1994), Deci & Ryan (1985), Hawkins & Catalano (1992), Huffman, Mehlinger, & Kerivan (2000), and Strader, Collins, & Noe (2000).

**A transactional view of behavior recognizes the interplay of environment and person variables.

buffers are natural by-products of efforts to engender full development. From this perspective, addressing barriers to learning and development and promoting healthy development are two sides of the same coin. And the best way to engender resilient behavior, individual assets, and healthy behavior in children and adolescents probably is to focus intervention on both sides of the coin.

CONCLUDING COMMENTS

In this chapter, we have stressed that it is a mistake to jump too quickly from research that identifies compelling correlates to making assumptions about cause and effect. We underscored that this trend masks how many problems are caused by the environment and person-environment transactions. We also have explored the problem of mislabeling commonplace learning and behavior problems. And we stressed the value of understanding that behavior is reciprocally determined (i.e., is a function of person and environment transactions).

A comprehensive understanding of the barriers to student learning is essential to the integrity of efforts related to prevention, early intervention, and treatment, as well as training and research. The same is true with respect to protective buffers and positive development.

The implications of a transactional view for intervention are profound. As we discuss in Chapter 2, any school where large numbers of students manifest learning, behavior, and emotional problems needs to implement a comprehensive, multifaceted, and cohesive continuum of interventions. This continuum must address barriers (reducing risks, enhancing buffers) and promote full development. Policymakers and researchers must move beyond the narrow set of empirically supported programs to a research and development agenda that braids together systematic, comprehensive, multifaceted approaches. It is by moving in this direction that schools can increase their effectiveness in reengaging the many students who have become disengaged from classroom learning.

You gave the wrong answer.

Well, why do you think
I go to school?



20 So You Want All Kids to Succeed at School

REFLECTION AND STIMULUS FOR DISCUSSION

Key Insights About "Why Students Have Problems"



Based on what you learned so far,

Identify (and discuss)

1. The key factors that result in students experiencing learning and related behavior problems
2. How schools are affected by barriers to learning

If there is an opportunity for group discussion, you may find the following group process guidelines helpful:

- Start by identifying someone who will facilitate the group interchange.
- Take a few minutes to make a few individual notes on a worksheet.
- Be sure all major points are compiled for sharing with other groups.
- Ask someone else to watch the time so that the group doesn't bog down.

Here is what a student wrote in class one day.

I am 13 years old and learning disabled. I have had problems along time. People say I am smart but I lack ability and I am tired of trying. My parents tried to help me, but I don't deserve their support or concern, I am just not worth it. I do not get along with people anywhere and never have been able to. I am afraid of everyone and hate being told to wake up or come out of my dream world. I don't know how to deal with anything anywhere.

Make some notes about what you think should be done and then discuss your ideas with others.

Why Students Have Problems 21

If there is an opportunity for group discussion, you may find the following group process guidelines helpful:

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- Be sure all major points are compiled for sharing with other groups.
- Ask someone else to watch the time so that the group doesn't bog down.

22 So You Want All Kids to Succeed at School

ACTIVITY

Observe a classroom. Identify students who appear to be having difficulty. After observing for a while, write down your views about



1. Why the students are having difficulty
2. What was tried in an effort to help
3. What seemed to help and why
4. What didn't work and why
5. What new strategies you would add

It's funny and poignant.

In describing anatomy, one seventh grader wrote:

Anatomy is the human body made up of three parts, the head, the chest, and stummick. The head holds the skull and the brains if there is any. The chest holds the liver, and the stummick holds the vowels which are *a, e, i, o, u*, and sometimes *w* and *y*.

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24 So You Want All Kids to Succeed at School

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Chapter 14 contains a list of special resources related to the above matters available at no cost from the national Center for Mental Health in Schools, which is at UCLA and is directed by the authors of this book. Go to <http://smhp.psych.ucla.edu>.