Determinants of Students’ Problems
http://smhp.psych.ucla.edu/pdfdocs/determinants.pdf

We find it useful for schools generally to adopt a developmentally-oriented, transactional paradigm of the determinants of student behavior. Such a model stresses that student problems can be grouped along a continuum. At one end are those for whom internal factors are the primary determinants of the behavior; at the other end are those for whom environmental factors are the primary determinants; and at each point along the continuum, there are those for whom some degree of transaction between internal and environmental factors determine the problem behavior.

As illustrated in the Exhibit, problems originating from environmentally caused factors are designated at one end of the continuum. At the other end are those stemming primarily from factors within the person. In the middle are problems arising from a relatively equal contribution of environmental and person sources. It is yet to be empirically determined how many fall into each of these groups. However, generalizing from the literature on psychopathology, it seems likely that only a small percentage of problems are caused primarily by internal factors within a person. Thus, for a significant group, problems arise primarily from factors outside the person. Such factors always should be considered in hypothesizing and assessing what initially caused a given person's behavior. By first ruling out environmental causes, hypotheses about internal factors become more viable. The majority of learning, behavior, and emotional problems probably reflect varying degrees of environment-person transactions. 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. Toward one end of the continuum, environmental factors play a bigger role (shown as E<–> p). Toward the other end, person variables account for more of the problem (thus e<–> P).

Clearly, a simple continuum cannot do justice to the complexities of differentiating and labeling human behavior and designing interventions that fit specific needs. This conceptual scheme does, however, suggest the value of starting with a broad model of cause. In particular, it helps counter tendencies to jump prematurely to the conclusion that an individual’s problem is caused by internal deficiencies or pathology. It also helps highlight the notion that improving the environment may be sufficient to prevent many problems.
### Exhibit

**A Continuum of Problems Reflecting a Transactional View of the Locus of Primary Instigating Factors**

**Primary Locus of Cause**

<table>
<thead>
<tr>
<th>Problems caused by factors in the environment (E)</th>
<th>Problems caused Caused equally by environment and person(E,P)</th>
<th>Problems caused by factors in the person (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E (\text{E} \leftrightarrow \text{p})</td>
<td>E (\leftrightarrow \text{P})</td>
<td>(\text{e} \leftrightarrow \text{P})</td>
</tr>
</tbody>
</table>

- >caused primarily by environments and systems that are deficient and/or hostile
- >problems are mild to moderately severe and narrow to moderately pervasive

**Example:**

A neighborhood where families are impoverished and cannot afford quality child day care, preschool costs, and supports when a child has problems.

- >caused primarily by a significant mismatch between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology)
- >problems are mild to moderately severe and pervasive

**Example:**

A youngster who is not doing well academically and who then gravitates to peers who also are not doing well and who are involved in negative activities.

>caused primarily by person factors of a pathological nature

>problems are moderate to profoundly severe and moderate to broadly pervasive

**Example:**

A youngster who is genetically susceptible to mental and physical pathology.

In this conceptual scheme, the emphasis in each case is on problems that are beyond the early stage of onset.