Addressing Barriers

New ways to think . . .

Better ways to link

to Learning

The single most characteristic thing about human beings is that they learn.

Jerome Bruner

Revisiting Learning Problems and Learning Disabilities

Lack of success at school is one of the most common factors interfering with the current well-being and future opportunities of children and adolescents. Thus, those concerned about the mental health of young people must strive to enhance understanding of the nature of learning problems and the issues surrounding the concept of learning disabilities.

Since the early 1960's, our work has focused on youngsters who manifest a range of learning, behavior, and emotional problems. Along the way, we have written extensively about the problem of who should and who shouldn't be designated as having a learning disability (see attached references for examples). It was evident from the time the term was adopted into law that problems of over-identification would arise, and at some point, there would be a policy backlash. Over the last 30 years, the LD label has been assigned to a growing number of students. By 2001, over 50% of those designated as in need of special education were labeled LD (see Exhibit on page 3).

Inside

From the onset of the Individuals with Disabilities Education Act (IDEA) reauthorization process in 2002, the policy backlash toward the LD label was in full force. Fundamental questions were raised about who is and who isn't appropriately diagnosed as having a learning disability.

In revisiting the topic of learning disabilities, we begin by putting it into the broad context of learning problems. Moreover, we consider all learning problems in the context of basic ideas about learning and teaching. (To move forward in dealing with all learning problems requires a fundamental appreciation of how to foster learning among persons with and without internal disabilities.) And, because socio-political and economic factors have such a pervasive influence on learning and teaching, we conclude by highlighting the societal context.

Learning Problems as the Context for Understanding Learning Disabilities

Although reliable data do not exist, most would agree that at least 30 percent of the public school population in the United States are not doing well academically and could be described as having school learning problems. We approach the topic of learning disabilities with that large group in mind and apply the term *learning disabilities* to a subset found among the larger group.

There are many reasons for wanting to differentiate among individuals who have learning problems. One reason is that some learning problems can be prevented; another is that some learning problems are much easier to overcome than others.

Of course, differentiating among persons who have learning problems is not easy. Severity is the most common factor used to distinguish learning disabilities from other learning problems. However, there also is a tendency to rely heavily on how far behind an individual lags, not only in reading, but in other academic skills. Thus, besides severity, there is concern about how pervasive the problem is. Specific

criteria for judging severity and pervasiveness depend on prevailing age, gender, subculture, and social status expectations. Also important is how long the problem has persisted. Still, in the final analysis the case for LD as a special type of learning problem must be made by differentiating learning disabilities from commonplace learning problems.

The Federal Definition of Learning Disabilities

The definition of *learning disabilities* proposed in the 1960s by the National Advisory Committee on Handicapped Children was given official status when it was incorporated (with minor modifications) into federal legislation in 1969. As stated in the statute (U.S. Public Law 94-142 – the Education for all Handicapped Children Act of 1975), individuals with specific learning disabilities are those who have

"a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage." (Federal Register, 1977, p. 65, 083)

This definition has been controversial from the onset. In particular: (1) use of the term "children" was seen as inappropriately excluding adolescents and adults; (2) the phrase "basic psychological processes" was seen as too vague and became the focus of debates between advocates of direct instruction and those concerned with treating underlying processing disabilities; (3) the list of inclusive conditions (e.g., perceptual handicaps, minimal brain dysfunction) was seen as out-dated and ill-defined; and (4) the "exclusion" clause was seen as contributing to misconceptions (e.g., that LD cannot occur in conjunction with other handicapping conditions, environmental, cultural, or economic disadvantage).

Learning and Teaching as the Context for Understanding Learning Problems

Although learning is not limited to any one time or place, problems in learning are recognized most often in classroom settings. Why are there so many learning problems? What can we do to make things better? We need to understand the factors that lead to learning and those that interfere. One critical set of such factors has to do with teaching, both in and out of schools.

From the perspective of learning and teaching, another way to differentiate among learning problems is to identify those caused primarily because of the way schooling is conducted. Given that there are schooling-caused learning problems, they ought to be differentiated from those caused by central nervous system dysfunctioning (i.e., LD).

When we do this, it becomes clearer that the prevention of some learning problems requires changes in school practices. And, such a perspective suggests that those with learning disabilities may require something more in the way of help.

We hasten to add, however, that the fundamentals of good teaching apply in helping anyone with a learning problem. Moreover, quality teaching can be seen as providing a necessary context for approaching all learning problems. And, excellence in teaching is best understood in the context of how people learn.

As Jerome Bruner has stated: "The single most characteristic thing about human beings is that they learn." This is not to say that all learning is the result of direct teaching. High quality teaching encourages learning beyond that which can take place during any lesson.

In part because of the limitations of current assessment practices, there has been widespread failure to differentiate learning disabilities from other types of learning problems – particularly with respect to cause. The result of this failure has been that most programs and research samples include individuals ranging from those whose learning problems were caused primarily by environmental deficiencies to those whose problems stem from internal disabilities. This source of sample variability confounds efforts to compare findings from sample to sample, limits generalization of findings, and makes translations to practice tenuous.

Because of the classification problem, a large proportion of research purporting to deal with LD samples has more to say about learning *problems* in general than about learning *disabilities.* In this regard, failure to differentiate underachievement caused by neurological dysfunctioning from that caused by other factors has been cited specifically as a major deterrent to important lines of research and theory and threatens the integrity of the LD field.

With respect to intervention practice and research, failure to differentiate learning problems in terms of

Exhibit

Some Data and Some Controversy

Data from the National Center for Education Statistics (NCES, 2000) indicates that 37% of fourth graders cannot read at a basic level. Best estimates suggest that at least 20 percent of elementary students in the U.S. 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 has risen from 1.8% in 1976-77 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 (Lyons, 2002, Testimony before the Subcommittee on Educational Reform). Testifying before the U.S. Senate Subcommittee for Educational Reform in 2002, Robert Pasternack (Asst. Secretary for Special Education and Rehabilitative Services in the U.S. Dept. of Education) stated that 80-90% of those labeled as having a specific learning disability have their primary difficulties in learning to read, and "of the children who will eventually drop out of school, over seventy-five percent will report difficulties in learning to read."

It is these types of data that have become the nexus for questioning whether many of the youngsters designated as LD are mainly displaying commonplace reading and related behavior problems. And, the basis for many of these problems is widely attributed to the way the students are being taught.

While there is a trend to focus on inadequate teaching as a cause of many learning problems, particularly reading problems, there is considerable controversy about this, as well as about how to improve the situation. On one side are those who emphasize the instructional literature. They stress use of direct reading instruction focused on ensuring students, especially in the early grades, learn to distinguish phonemic sounds, connect letters with the sounds they represent (phonics), decode words, and eventually learn to read fluently and with comprehension (NICHD, 2000).[1] With specific respect to LD, such 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" (Lyons, 1998).[2] Thus, before a student is diagnosed, advocates argue that students should be provided with "well-designed and well-implemented early intervention"using the type of direct instruction described by the National Reading Panel sponsored by 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.

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[1] NICHD (2000) Report of the National Reading Panel: *Teaching Children to Read.*
http://www.nichd.nih.gov/publications/nrp/smallbook.htm

[2] G. Reid Lyons (1998). Reading: A research based approach. In California State Board of Education (Eds.). *Read all about it: Readings to inform the profession*. Sacramento, CA: Sacramento County Office of Education.

Center News

***SUMMIT FOR ADMINISTRATORS OF STUDENT SUPPORT PROGRAMS:

Initial feedback indicates great interest in holding a summit for district, school, and state administrators of student support focused on new directions, information exchange, and strategic problem solving.

One product will be a major document outlining summit recommendations, which will be circulated widely to key decision makers, school boards, and university faculty preparing student support personnel.

We will be announcing the proposed date and location shortly. If you have not responded to our previous inquiries and are interested or want us to contact someone you think should be included, send us an email or fax. For more information, see our *Center Special Announcement* on the *What's New* page of our website.

NEWLY REVISED AND UPDATED

UNDERSTANDING & MINIMIZING STAFF BURNOUT
Because burnout is such a significant concern in schools, this Introductory Packet is one of the most often visited resource documents on our website week after week. The Center staff has thoroughly updated the packet. It encompasses a research-based understanding of the topic and applies basic principles of motivation in discussing how to address the problem.

LEARNING PROBLEMS & LEARNING DISABILITIES

As the lead article in this newsletter indicates, it is time to revisit this topic. Therefore, we have done an extensive revision of this intro packet.

Download all our special resource materials from our website: http://smhp.psych.ucla.edu

Center Staff:
Howard Adelman, Co-Director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
. . . and a host of graduate and undergraduate students

A dilemma:
Health is academic,
But schools aren't
in the health
business!

Want resources?
Need technical assistance?

Contact us at:
E-mail: **smhp@ucla.edu**   Ph: **(310) 825-3634**
Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

Or use our website: **http://smhp.psych.ucla.edu**

If you're not receiving our monthly electronic newsletter (ENEWS), send an E-mail request to:
listserv@listserv.ucla.edu
leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-L**

FOR THOSE WITHOUT INTERNET ACCESS,
ALL RESOURCES ARE AVAILABLE
BY CONTACTING THE CENTER.

Exchange info on MH practices in school and network with colleagues across the country by joining the **Weekly Listserv for School MH Practitioners and the Center's Consultation Cadre**. Contact the Center to sign up – E-mail: smhp@ucla.edu

Also, if you want to submit comments and info for us to circulate, use the insert form in this newsletter or contact us directly by mail, phone, E-mail, or the Net Exchange on our website.

NEW QUICK TRAINING AIDS

>*SCHOOL STAFF BURNOUT*
>*BEHAVIOR PROBLEMS*

These specially developed aids are formatted for staff development presentations or individual self-tutorials. They contain brief overviews, fact sheets/practice notes, examples of model programs, and places to go for more resources and info. *Available online and in hard copy.*

DO YOU KNOW ABOUT . . .

Online brief article by our Center's co-directors in *Data Matters :*
"Aligning School Accountability, Outcomes, and Evidence-Based Practices"

NEW CATALOGUE OF SPECIAL RESOURCES – online or hard copy

To make it easier to find and access the many special materials the Center has put together, the materials have been reorganized in ways that reflect a broad perspective about what is involved in addressing barriers to learning. Our revised catalogue is organized around the following topics:*

Systemic Concerns

C *Policy Issues & Research Base*

>the concept of MH in schools
>addressing barriers to student learning
>MH in schools & school reform
 and restructuring
>research base
>rethinking student support
>integrating school and community
>issues related to working in rural, urban, and
 suburban areas

C *Developing Comprehensive, Multifaceted, and Integrated Approaches*

C *Systemic Changes & Enhancing and Sustaining Systems/Programs/Services*

>collaborative teams
>mapping and analyzing resources
>school-community-family connections
>restructuring student support programs
>financial strategies
>evaluation, quality control, and standards
>sustainability and scale-up
>reframing staff roles and functions
>involving stakeholders in decisions

C *Building System Capacity and Networking*

Program & Process Concerns

C *Program Areas*

>promoting healthy social-emotional development
 & resilience
>classroom enhancement & youth development
>support for transitions
>crisis/violence response and prevention(including
 safe schools)
>parent/home involvement
>community outreach (use of volunteers/trainees)
>student and family assistance
(screening/assessment,
 least intervention needed, prereferral interventions,
 triage & ref. processes, short-term student
 counseling, family counseling and support, case
 monitoring/management, confidentiality)

C *Processes to Develop Comprehensive Approaches & School-Community Connections*

>enabling component
>school-based clinics
>financing

C *Staff Development Tools*

>Staff capacity building & support
>Cultural competence
>Minimizing staff burnout

Psychosocial & Mental Health Concerns

>Drug/alcoh. abuse	>Pregnancy prevention/support	>Self-esteem
>Depression/suicide	>Eating problems (anorexia, bulim.)	>Relationship problems
>Grief	>Physical/Sexual Abuse	>Anxiety/fears/phobias
>Dropout prevention	>Neglect	>Sexual minority concerns
>Learning problems	>Violence, bullying, gangs	>Reactions to disabilities &
>Attention Problems	>Behavior problems	chronic illness
>School adjustment (including newcomer acculturation)		

*The catalogue also lists more than 100 "Quick Find" topics, all of which organize online center materials, clearinghouse materials, online reports, and resource centers for do-it- yourself technical assistance.

Download the new catalogue from the Center Materials Section of our website.
http://smhp.psych.ucla.edu

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cause contributes to widespread misdiagnosis and to prescription of unneeded specialized treatments (i.e., individuals who do not have disabilities end up being treated as if they do). In turn, this leads to profound misunderstanding of what interventions do and do not have unique promise for learning disabilities. In general, the scope of misdiagnoses and misprescriptions in the field has undermined prevention, remediation, research, and training and the policy decisions shaping such activity.

Given that the concept of LD is poorly defined and diagnosed, it is not surprising that there has been considerable misdiagnosis. And, given that those so diagnosed have become the largest percentage in special education programs, it is not surprising that the LD field has experienced a significant backlash in the form of criticism of current practice and policy.

Keeping LD in Proper Perspective

Because of the scope of misdiagnosis, it is obvious that assignment of the LD label is not a sufficient indication that an individual has an underlying dysfunction. Still, it remains scientifically valid to conceive of a subgroup (albeit a small subset) with neurologically based learning problems and to differentiate this subgroup from those with learning problems *caused* by other factors. A useful perspective for doing this is provided by a reciprocal determinist or transactional view of behavior. (Note that this view goes beyond taking an ecological perspective.)

A transactional perspective subsumes rather than replaces the idea that some learning problems stem from neurological dysfunction and differences. As Adelman and Taylor (e.g., Adelman, 1971; Adelman & Taylor, 1993) have elaborated over the years, a transactional view acknowledges that there are cases in which an individual's disabilities predispose him or her to learning problems even in highly accommodating settings. At the same time, however, such a view 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. The value of a broad transactional perspective, then, is that it shifts the focus from asking whether there is a neurological deficit causing the learning problem to asking whether the causes are to be found in one of the following as *primary* instigating factors:

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

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The whole art of teaching is only the art of awakening the natural curiosity of young minds for the purpose of satisfying it afterwards.

Anatole France (1890)

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Type I, II, and III Learning Problems

No simple typology can do justice to the complexities involved in classifying learning problems for purposes of research, practice, and policymaking. However, even a simple conceptual classification framework based on a transactional view can be helpful. For example, it is valuable to use such an approach to differentiate types of learning problems along a causal continuum.

In most cases, it is impossible to be certain what the cause of a specific individual's learning problem might be. Nevertheless, from a theoretical viewpoint, it makes sense to think of learning problems as caused by different factors (see Exhibit on next page). And, of course, a similar case can be made for a range of mental health and psychosocial concerns related to children and adolescents (Adelman, 1995; Adelman & Taylor, 1994).

Failure to differentiate learning disabilities from other types of learning problems has caused a great deal of confusion and controversy. Currently, almost any individual with a learning problem stands a good chance of being diagnosed as having learning disabilities. As a result, many who do not have disabilities are treated as if the cause of their problems was some form of personal pathology. This leads to prescriptions of unneeded treatments for nonexistent or misidentified internal dysfunctions. It also interferes with efforts to clarify which interventions do and do not show promise for ameliorating different types of learning problems. Ultimately, keeping learning disabilities in proper perspective is essential to improving both research and practice.

Learning Problems and Learning Disabilities: A Causal Continuum

By way of introduction, think about a random sample of students for whom learning problems are the *primary* problem (that is, the learning problem is not the result of seeing or hearing impairments, severe mental retardation, severe emotional disturbances, or autism). What makes it difficult for them to learn? Theoretically, at least, it is reasonable to speculate that some may have a relatively minor internal disorder causing a *minor* central nervous system (CNS) dysfunction that makes learning difficult even under good teaching circumstances. These are individuals for whom the term *learning disabilities* was created. In differentiating them from those with other types of learning problems, it may help if you visualize learning disabilities as being at one end of a learning problems continuum. We call this group Type III learning problems.

Type III
learning problems
–

caused by minor
CNS dysfunction = LD

At the other end of the continuum are individuals with learning problems that arise from causes outside the person. Such problems should not be called learning disabilities. Obviously, some people do not learn well when a learning situation is not a good one. It is not surprising that a large number of students who live in poverty and attend overcrowded schools manifest learning and psychosocial problems. Problems that are primarily the result of deficiencies in the environment in which learning takes place can be thought of as Type I learning problems.

Type I   Type III
learning problems   learning problems
–   –

caused by   caused by minor
factors outside   CNS dysfunction = LD
the person

To provide a reference point in the middle of the continuum, we can conceive of a Type 11 learning problem group. This group consists of persons who do not learn or perform well in situations where their individual differences and vulnerabilities are poorly accommodated or are responded to with hostility. The learning problems of an individual in this group can be seen as a relatively equal product of the person's characteristics and the failure of the learning and teaching environment to accommodate to that individual.

Type I   Type II   Type III
learning problems   learning problems   learning problems
–   –   –

caused by   caused by person   caused by minor
factors outside   and environment   CNS dysfunction = LD
the person   factors

Society as the Context for Teaching and Learning

Education is a social invention. All societies design schools in the service of social, cultural, political, and economic aims. Concomitantly, socialization is the aim of a significant portion of the teaching done by parents and other individuals who shape the lives of children. This is especially the case for populations labeled as problems. Because society has such a stake in teaching and learning, it is critical to discuss these topics within a societal context.

Society shapes the content and context of teaching, the definition of learning problems, and the way teachers are held accountable for outcomes. The field of learning disabilities exemplifies these points. It was created and is maintained through political processes. Prevailing definitions and prominently proposed revisions are generated through political compromises. Guidelines for differentiating LD from other learning problems, for planning what students are taught, and for evaluating what they learn – all are established through political processes.

Moreover, as Nicholas Hobbs (1975) has stated:

> *Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child.... "To take care of them" can and should be read with two meanings: to give children help and to exclude them from the community.*

Inevitably, exploration of teaching and learning and of learning problems and disabilities touches upon education and training, helping and socializing, democracy and autocracy. Schools, in particular, are places where choices about each of these matters arise daily. The decisions made often result in controversy.

It is only through understanding the role society plays in shaping teaching practices and research that a full appreciation of the limits and the possibilities of ameliorating learning problems can be attained. And, it is only through addressing the barriers and promoting full development (including engendering protective factors) that we can hope to stem the rising tide of emotional and behavioral problems.

Concluding Comments

While it's good to give special help to those who need

it, the tendency to ignore the fact that not all learning problems are learning disabilities has compromised the integrity of research and practice. As long as some people think there is no such thing as a learning disability and others use the term to label every learning problem, confusion and controversy will reign supreme. It is time to move forward and put learning disabilities firmly into perspective as one type of learning problem and to approach all learning problems in the context of fundamental ideas about learning and teaching. By doing so, we will enhance all efforts to address the mental health and psychosocial problems confronting so many children and adolescents.

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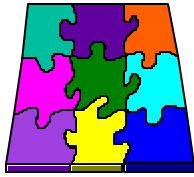Why do you say you're wasting your time by going to school?

Well, I can't read or write – and they won't let me talk!
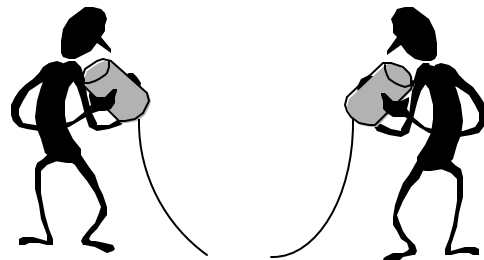
Lessons Learned

LD: THE BACKLASH

With respect to reauthorization of IDEA, G. Reid Lyon, Chief of the Child Development and Behavior Branch of the National Institute of Child Health and Human Development at the National Institutes of Health testified to Congress on June 6, 2002. He stated that the large and increasing number of individuals diagnosed as having learning disabilities stems from four factors:

"First, the vague definition of LD currently in Federal law and the use of invalid eligibility criteria (e.g., IQ-achievement discrepancies) invite variability in identification procedures. For instance, LD identification processes, particularly with regard to how test scores are used, differ across states and even across local school districts within states. Thus, the identification of students with LD is a highly subjective process. . . . For example, one state or local district may require a 22-point discrepancy between an IQ and an achievement test, while another state or district requires more or fewer points, or does not require an IQ-achievement discrepancy calculation at all.

Second, and clearly related to increases in referral for assessment of LD, traditional approaches to reading instruction in the early grades have substantially underestimated the variability among children in their talent and preparation for learning to read. We have seen that many teachers have not been prepared to address and respond to the individual differences in learning that students bring to the classroom. A significant number of general education teachers report that their training programs did not prepare them to properly assess learner characteristics and provide effective reading instruction on the basis of these assessments, particularly to children with limited oral language and literacy experiences who arrive in the classroom behind in vocabulary development, print awareness abilities, and phonological abilities. Our data suggest that many of these youngsters have difficulties reading, not because they are LD, but because they are initially behind and do not receive the classroom instruction that can build the necessary foundational language and early reading skills. If a student is not succeeding academically, general education teachers tend to refer them for specialized services. While some children require these services, many may only require informed classroom instruction from a well-prepared classroom teacher. . . .

Third, given that remediation of learning difficulties is minimally effective after the second grade, it is especially troubling that there has been a large increase in the identification of learning disabilities of students in the later grades. We have theorized that this is primarily due to students falling further and further behind in their academic progress because of reading difficulties and losing motivation to succeed rather than due to limitations in brain plasticity or the closing of "critical periods" in which learning can occur. Consider, during the time that students have been allowed to remain poor readers, they have missed out on an enormous amount of text exposure and reading practice compared to average readers. By one estimate, the number of words read by a middle-school student who is a good reader approaches one million compared with 100,000 for a poor reader. In other words, reading failure seems to compound learning failure exponentially with every grade year passed. This difference places poor readers at a significant disadvantage with respect to vocabulary development, sight word development, and the development of reading fluency. In short, reading becomes an onerous chore, a chore that is frequently avoided.

Fourth, and related to the above, the assessment and identification practices employed today under the existing definition of LD and the accompanying requirements of IDEA work directly against identifying children with LD before the second or even the third grade. Specifically, . . . the over reliance on the use of the IQ-achievement discrepancy criterion for the identification of LD means that a child must fail or fall below a predicted level of performance before he or she is eligible for special education services. Because achievement failure sufficient to produce a discrepancy from IQ cannot be reliably measured until a child reaches approximately nine years of age, the use of the IQ-achievement discrepancy literally constitutes a "wait to fail" model. Thus the youngster has suffered the academic and emotional strains of failure for two or three years or even more before potentially effective specialized instruction can be brought to bear. Thus, it is not surprising that our NICHD longitudinal data show clearly that the majority of children who are poor readers at age nine or older continue to have reading difficulties into adulthood.

In summary, the increase in the incidence of LD over the past quarter century . . . particularly within the older age ranges, reflects the fact that Federal policy as set out in the IDEA led to ineffective, inaccurate and frequently invalid identification practices ... placing highly vulnerable children at further risk."

Given all this, Lyon recommended that the exclusionary criteria in the definition be replaced with evidence-based inclusionary criteria and the IQ-discrepancy criterion be discontinued.

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Barriers (Risk Factors), Protective Buffers, & Promoting Full Development

As terms such as resilience and protective factors are popularized, confusion and some controversies have arisen. In particular, an ongoing discussion centers on how to reconcile differences among advocates of addressing risks and those who stress asset building and youth development. Perhaps the following distinctions will help.

Risk factors. One way to think about risk factors 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. One facet of any emphasis on addressing barriers is guided by the research on risk factors.

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 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-pursuit. In many cases, interventions to create buffers and promote full development are identical, and the pay-off 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 which 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. And, as the examples in the box on the next page illustrate, there is a significant overlap in conceptualizing the various factors. Some barriers to development and learning (risk factors) and protective buffers are mirror images; others are distinct. Many protective buffers are outcomes of efforts to engender full development. From the perspective of interventions designed to address barriers to learning and development, promoting healthy development is the other side of the coin, and when these are done well, resilient behavior, individual assets, and healthy behavior in children and adolescents are engendered. Thus, protective buffers are a natural by-product of comprehensive, multifaceted efforts to reduce risk factors and foster positive development, but the aims of such efforts go well beyond what research has established so far as protective factors

It is a mistake, of course, to jump too quickly from research that identifies compelling correlates to making assumptions about cause and effect. This is especially so when one understands that behavior is reciprocally determined (i.e., is a function of person and environment transactions). Many concepts labeled as risk and protective factors are so general and abstract (e.g., community disorganization, quality of school) that they will require many more years of research to identify specific causal variables. At the same time, it is evident that these general areas are of wide contemporary concern and must be addressed in ways that represent the best evidence and wisdom that can be derived from the current knowledge base. The same is true of efforts to promote development.

Another mistake is to take lists of risk factors, symptoms, or assets and directly translate them into specific intervention objectives. The temptation to do so is great – especially since such objectives often can be readily measured. Unfortunately, this type of approach is one of the reasons there is so much inappropriate and costly program and service fragmentation. It is also a reason why so many empirically supported interventions seem to account for only a small amount of the variance in the multifaceted problems schools must address in enabling student learning. And, with respect to promoting development, such a piecemeal approach is unlikely to produce holistic results.

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. Policy makers and researchers must move beyond the narrow set of empirically supported programs to a research and development agenda that pieces together systematic, comprehensive, multifaceted approaches so that schools are effective in re-engaging the many students who have become disengaged from classroom learning and who are leaving school in droves.

Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

ENVIRONMENTAL CONDITIONS**   PERSON FACTORS**

I. Barriers to Development and Learning (Risk producing conditions)

Neighborhood	Family	School and Peers	Individual
>extreme economic deprivation >community disorganization, including high levels of mobility >violence, drugs, etc. >minority and/or immigrant status	>chronic poverty >conflict/disruptions/violence >substance abuse >models problem behavior >abusive caretaking >inadequate provision for quality child care	>poor quality school >negative encounters with teachers >negative encounters with peers &/or inappropriate peer models	>medical problems >low birth weight/ neurodevelopmental delay >psychophysiological problems >difficult temperament & adjustment problems

II. 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
>strong economic conditions/ emerging economic opportunities >safe and stable communities >available & accessible services >strong bond with positive other(s) >appropriate expectations and standards >opportunities to successfully participate, contribute, and be recognized	>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	>success at school >positive relationships with one or more teachers >positive relationships with peers and appropriate peer models >strong bond with positive other(s)	>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)

III. 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
>nurturing & supportive conditions >policy and practice promotes healthy development & sense of community	>conditions that foster positive physical & mental health among all family members	>nurturing & supportive climate school-wide and in classrooms >conditions that foster feelings of competence, self-determination, and connectedness	>pursues opportunities for personal development and empowerment >intrinsically motivated to pursue full development, well-being, and a value-based life

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*For more on these matters, see:

Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm

Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.

Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior.* New York: Plenum.

Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections.* New York: Kluwer Academic/Plenum Publishers

Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education.* Westport, CT: Praeger.

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables. See the work of Piaget, Vygotsky, Bruner, Bandura, etc.

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Kids' Perspectives!
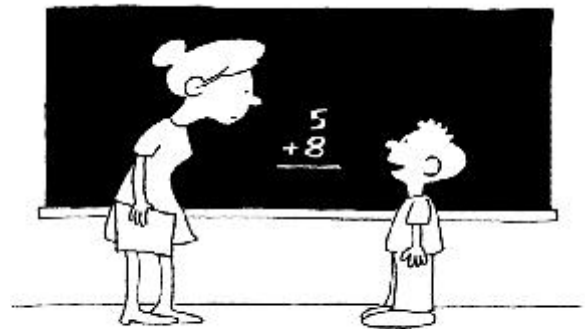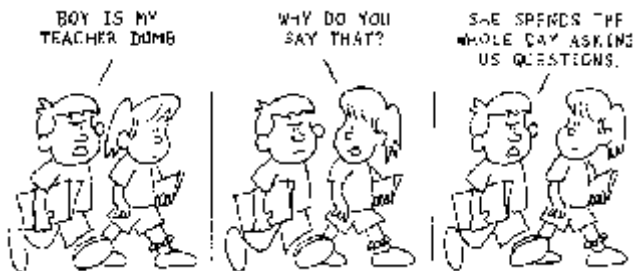
From:
Learning Problems and Learning Disabilities: Moving Forward (1993)
  by Howard S. Adelman & Linda Taylor. Published by Brooks-Cole.

Use the enclosed response form to ask for what you need and to give us feedback.
And, please send us information, ideas, and materials for the Clearinghouse.

School Mental Health Project/
Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563
          PX-35

Response Form (Newsletter, Summer, 2002)

(1) As plans go forth for the **Summit for Administrators of Student Support Programs**, we know that many who would like to attend will be unable to do so. We do want as wide a range of input from across the country as is feasible. Please send us anything you can related to future directions for student support programs. You can use this form for brief comments. Email us any lengthier comments. And mail us any reports, plans, articles, etc.

___Check here if you want a copy of the documents that will emerge from the summit.

(2) If you have any resource requests, list them below.

(3) As always, we welcome your feedback on any facets of the Center's operations.

Your Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (_____)_____ Fax (_____)_____ E-Mail _____

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* in a separate envelope.