

# Frequently Asked Questions About... Difficult-to-Teach Children

**What is the definition of 'difficult-to-teach' children?** There are a large number of children and youth attending our public schools who display a range of unique needs. Children who are 'difficult to teach' (DTT) are those who experience considerably greater difficulty learning new educational material and mastering academic concepts than do their typical peers of the same age. Difficult-to-teach students may also display significant behavior problems (e.g., chronic inattention, a tendency to act impulsively, verbal defiance, or physical aggression). This group can be thought of as falling along a continuum, ranging from less-severe to more-severe learning problems. In some cases, DTT children are classified as having a special education disability and receive special services. Many of these students, however, have no identified disability and are enrolled in general-education classrooms without additional support.



**How many difficult-to-teach children are there in our schools?** Because there are so many different (and often overlapping) ways to define students at risk for school failure, no firm estimates exist on the number of difficult-to-teach children now attending public schools in America.

However, one can get a sense of the potential size of this group by looking at the data that are available on various student groups known to be at risk for school problems. It was recently estimated that one in ten children in public schools is classified with a special education disability (Carnine, 1994). According to a report from the U.S. Department of Education, about 40% of fourth-grade children fell below grade-level on a national reading test in 1998 (U.S. Department of Education, 1999a). The same report found that 69% of African-American children fell below grade level on the same reading test.

The American Psychiatric Association estimates that up to 5% of school-age children meet the criteria to be identified as having Attention-Deficit Hyperactivity Disorder (American Psychiatric Association, 1994; p. 82) and that, in any given community, 2% to 16% of children may show the behavioral symptoms for Oppositional Defiant Disorder (APA 1994; p. 92). Both of these disorders can have a strong negative impact on school success.

It might seem like a good idea simply to add up the estimated numbers of children who fall within separate risk groups to come up with a global estimate of numbers of DTT children. However, this additive approach would overestimate the size of the DTT group--because a single child may show multiple school risk factors. For example, a student might be diagnosed by a physician as having Attention-Deficit Hyperactivity

Disorder, classified in school with a special education disability, and perform poorly on reading tests. Thus, this one child would fall into several risk groups.

**What are the risk factors that predict that a child may be difficult to teach?** An extensive number of risk factors may predispose a child to experience school-related difficulties. Some of these risk factors are biological in origin, while others relate to the child's external situation (e.g., family life, socioeconomic status).

A recent report by Dr. David Satcher, the Surgeon General, (U.S. Department of Health and Human Services, 1999) lists both biological and psychosocial risk factors that can predispose a child to mental illness. Biological risk factors include prenatal damage caused by exposure to alcohol, illegal drugs, or tobacco; as well as inherited susceptibility to mental disorders. Psychosocial risk factors include abuse and neglect; poverty; and exposure to traumatic events. Even emotionally well-adjusted children, however, can be at heightened risk for reading problems if they are not given regular opportunities as preschoolers to be exposed to books and learn about the conventions of print (U.S. Department of Education, 1999a).

Despite the fact that many students have significant risk factors in their backgrounds, we must keep in mind that children can prove surprisingly resilient. No risk factors exist that guarantee that a child will have trouble in school-- and even a child found to have many risk factors can benefit greatly from early, coordinated intervention efforts.

**How are schools across the nation responding to the unique needs of these children?**

Public schools' efforts to meet the range of unique needs of difficult-to-teacher children have gradually improved over time—but there is still much to be done. Evidence for this improvement comes from several sources.

One modestly encouraging sign of improvement is to be found in a report recently submitted to Congress by the federal Office of Special Education Programs (OSEP). OSEP found that 74% of special education children were placed in general-education classrooms (with or without Resource Room support) rather than segregated settings in 1996-97, as compared to only 68% ten years before (U.S. Department of Education, 1999b).

Under Section 504 of the federal Rehabilitation Act of 1973, school districts have also made notable strides since the early 1990's in identifying children and youth who have physical, mental, or behavioral impairments severe enough to interfere with school adjustment or success. Section 504 is similar to protections offered under special education regulations in that it obligates schools to make classroom accommodations for children with unique disorders or conditions to help them to become more successful in school. However, Section 504 typically limits the supports given to identified students to those that can typically be delivered in a general-education classroom (e.g., test modifications, adjustment of homework levels).

One final cause for optimism is to be found in the newly proactive attitudes of state governments toward early educational intervention. Many states now are requiring that school districts engage in systematic attempts to locate and assist struggling learners before these children experience chronic failure. New York State, for example, has instituted the Academic Intervention Services (AIS) initiative, a series of guidelines which mandate that districts track students who have failed, or are at risk of failing, state academic checkpoint examiners. These students are to be given additional academic and support services to avert impending school problems.

**What are some effective ways to instruct difficult-to-teach students?** Although each struggling learner brings unique needs to his or her classroom, there is a body of research evidence which suggests that teachers can implement a core set of teaching principles that make it far more likely that all of their students will be successful. Here are some strategies that can promote success for all students (Martens & Meller, 1990):

1. Ensure that students are being taught at the optimal instructional level, one that challenges the student but provides enough success to keep them invested and confident in learning.
2. Provide 'scaffolding' support (individual instructional modifications) to students as necessary to help them to learn a new task or keep up with more advanced learners. Examples of scaffolding strategies include reducing the number of problems assigned to a student, permitting the student to use technological aids (e.g., word processing software which predicts student word selection to reduce keyboarding), and using cooperative learning groups that pool their knowledge to complete assignments.
3. Model and demonstrate explicit strategies to students for learning academic material or completing assignments. Have them use these strategies under supervision until you are sure that students understand and can correctly use them.
4. Make sure that students who are mastering new academic skills have frequent opportunities to practice these skills with immediate corrective feedback.
5. Provide lots of opportunities for students to drill, practice, and review previously learned skills or material to help them to retain this information.

## References

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