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TEACHING TO MAKE
a DIFFERENCE

Welcome to the
Greatest Class.

Teacher
Cipher in the Snow

It started with tragedy on a biting cold February morning. I was driving behind the Milford Corners Bus as I did most snowy mornings on my way to school. It veered and stopped short at the hotel, which it had no business doing, and I was annoyed as I had to come to an unexpected stop. A boy lurched out of the bus, reeled, stumbled, and collapsed on the snowbank at the curb. The bus driver and I reached him at the same moment. His thin, hollow face was white, even against the snow.

“He’s dead,” the driver whispered.

It didn’t register for a minute. I glanced quickly at the scared young faces staring down at us from the school bus. “A doctor! Quick! I’ll phone from the hotel...”

“No use. I tell you he’s dead.” The driver looked down at the boy’s still form. “He never even said he felt bad,” he muttered, “just tapped me on the shoulder and said, real quiet, ‘I’m sorry, I have to get off at the hotel.’ That’s all. Polite and apologizing like.”

At school, the giggling, shuffling morning noise quieted as the news went down the halls. I passed a huddle of girls. “Who was it? Who dropped dead on the way to school?” I heard one of them half-whisper.

“Don’t know his name; some kid from Milford Corners,” was the reply. It was like that in the faculty room and the principal’s office. “I’d appreciate your going out to tell the parents,” the principal told me. “They haven’t a phone and, anyway, somebody from school should go there in person. I’ll cover your classes.”

“Why me?” I asked. “Wouldn’t it be better if you did it?”

“I didn’t know the boy,” the principal admitted levelly. “And in last year’s sophomore personalities column I note that you were listed as his favorite teacher.”

I drove through the snow and cold down the bad canyon road to the Evans place and thought about the boy, Cliff Evans. His favorite teacher! I thought. He hasn’t spoken two words to me in two years! I could see him in my mind’s eye all right, sitting back there in the last seat in my afternoon literature class. He came in the room by himself and left by himself. “Cliff Evans,” I muttered to myself, “a boy who never talked.” I thought a minute. “A boy who never smiled. I never saw him smile once.”

The big ranch kitchen was clean and warm. I blurted out my news somehow. Mrs. Evans reached blindly toward a chair. “He never said anything about bein’ ailin’.”
His step-father snorted. "He ain't said nothin' about anything since I moved in here."

Mrs. Evans pushed a pan to the back of the stove and began to untie her apron. "Now hold on," her husband snapped. "I got to have breakfast before I go to town. Nothin' we can do now anyway. If Cliff hadn't been so dumb he'd have told us he didn't feel good."

After school I sat in the office and stared bleakly at the records spread out before me. I was to close the file and write the obituary for the school paper. The almost bare sheets mocked the effort. Cliff Evans, white, never legally adopted by step-father, five young half-brothers and sisters. These meager strands of information and the list of D grades were all the records had to offer.

Cliff Evans had silently come in the school door in the mornings and gone out the school door in the evenings, and that was all. He had never belonged to a club. He had never played on a team. He had never held an office. As far as I could tell he had never done one happy, noisy kid thing. He had never been anybody at all.

How do you go about making a boy into a zero? The grade school records showed me. The first- and second-grade teachers' annotations read "sweet, shy child", "timid but eager." Then the third-grade note had opened the attack. Some teacher had written in a good, firm hand, "Cliff won't talk. Uncooperative. Slow learner." The other academic sheep had followed with "dull"; "slow-witted"; "low I.Q." They became correct. The boy's I.Q. score in the ninth grade was listed at 83. But his I.Q. in the third grade had been 106. The score didn't go under 100 until the seventh grade. Even shy, timid, sweet children have resilience. It takes time to break them.

I stomped to the typewriter and wrote a savage report pointing out what education had done to Cliff Evans. I slapped a copy on the principal's desk and another in the sad, dog-eared file. I banged the typewriter and slammed the file and crashed the door shut, but I didn't feel much better. A little boy kept walking after me, a little boy with a peaked, pale face; a skinny body in faded jeans; and big eyes that had looked and searched for a long time and then had become veiled.

I could guess how many times he'd been chosen last to play sides in a game, how many whispered child conversations had excluded him, how many times he hadn't been asked. I could see and hear the faces and voices that said over and over, "You're dumb. You're a nothing, Cliff Evans."

A child is a believing creature. Cliff undoubtedly believed them. Suddenly it seemed clear to me: When finally there was nothing left at all for Cliff Evans, he collapsed on a snowbank and went away. The doctor might list "heart failure" as the cause of death, but that wouldn't change my mind.
Chapter 1 ■ Teaching to Make a Difference

We couldn’t find ten students in the school who had known Cliff well enough to attend the funeral as his friends. So the student body officers and a committee from the junior class went as a group to the church, being politely sad. I attended the services with them, and sat through it with a lump of cold lead in my chest and a big resolve growing through me.

I’ve never forgotten Cliff Evans nor that resolve. He has been my challenge year after year, class after class. I look up and down the rows carefully each September at the unfamiliar faces. I look for veiled eyes or bodies scrunched into a seat in an alien world. “Look, kids,” I say silently. “I may not do anything else for you this year, but not one of you is going to come out of here a nobody. I’ll work or fight to the bitter end doing battle with society and the school board, but I won’t have one of you coming out of here thinking himself into a zero.”

Most of the time—not always, but most of the time—I’ve succeeded.

Consider the fact that between the ages of 6 and 17, children spend more time with their teachers than with their parents. The potential for having a positive influence upon students is great, as is the need. Although it is an unrealistic expectation to succeed in helping every “Cliff Evans” (see “Cipher in the Snow”) feel better about himself or herself, there are countless young people who have been, and are yet to be, touched by a special teacher who makes a big difference in their lives. The purpose of this chapter is to give you information and insights into how to create an emotionally healthy climate in your classroom—how to become a teacher who makes a difference.

You Can Make a Difference

Education is all about influencing others. Figure 1-1 depicts our pyramid of influence as teachers. It is interesting to note that even though most of our course work in preparation for entering the teaching profession centers on the tip of the pyramid, it is the least influential area. We spend a great deal of energy learning how to write effective objectives and lesson plans, prepare materials, present information, and evaluate student learning. These are vitally important skills for educators. More vital and perhaps overlooked are the larger two areas of the pyramid. The foundation for influencing others is modeling, that is, being an example of what we are trying to teach. This includes the obvious, such as a teacher reading while having students do silent sustained reading or being a nonsmoker while discussing the harmful effects of tobacco. It also includes less obvious and, unfortunately, sometimes negative acts such as modeling dislike for things or
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people. The large midsection of the pyramid of influence deals with interacting with or relating to students. Our ability to influence here is exemplified by the saying “I don’t care how much you know until I know how much you care.” We will now take a closer look at modeling and interacting. This chapter looks closely at all three sections of this pyramid.

Now that we have discussed our pyramid of influence, we need to consider our circle of influence. Have you ever stopped to think about your circle of influence? To better understand the concept, do the following activity. Use a sheet of paper and draw a large circle and label it the circle of concern (see Figure 1-2). Inside the circle write everything you are concerned about—from world peace to what you are going to eat for your next meal. Your circle might contain items such as these: kids living in dysfunctional situations, teen pregnancy, hatred, violence, bigotry, drug abuse,
poverty, apathy, conflicts with roommates or family members, car problems, money for next semester, lack of parking on campus, an egotistical professor, a family member’s health, obtaining a meaningful position within your career, paying bills, meeting deadlines, lack of time, or finding a soul mate. You will find that you can probably easily fill the entire circle with your specific concerns.

Next, draw a smaller circle within this large circle. Label this as your circle of influence. This smaller circle represents what you have control over—what you can influence. Now, think about the items within your circle of concern and ask yourself the following questions: Which of these concerns can you personally influence? Which items belong in the circle of influence and which belong in the outer circle of concern? Finally, and most importantly, ask yourself, “Where do I put most of my efforts, thoughts, and actions? Are they within my circle of influence or within my circle of concern?”

Proactive people [see Chapter 2] focus their thoughts and activities inside their circle of influence. They spend their time and energy on things they can do something about, and as a result their circle of influence naturally grows over time. Reactive people, on the other hand, spend most of their time in their circle of concern. They focus on the weaknesses of other people, problems in their environment, and circumstances over which they have no control. Their focus creates blaming and accusing attitudes as well as feelings of victimization. Focusing on one’s circle of concern causes one’s circle of influence to shrink for lack of attention.¹

Teachers often deeply feel the effects of social problems on a very personal level. Within their own classrooms they witness the devastating effects of dysfunctional homes, poverty, drugs, violence, teen pregnancy, and other problems affecting our communities and society. Because teachers care about people, they are prone to have very large circles of concern. However, focusing more on one’s circle of concern rather than on the inner circle of influence can create feelings of being overwhelmed, disempowered, and “burned out.” Novice teachers are especially susceptible to becoming fixated upon their circle of concern as they begin dealing with students and their problems.

Spanish Harlem (New York City) junior high teacher Bill Hall provides an excellent example of how one teacher made a positive difference in the lives of his students by being circle-of-influence focused.² It would have been easy for Bill to fall into the trap of being circle-of-concern focused. He taught in a neighborhood where infant mortality rates were high, the average male life expectancy was even less than in Bangladesh, and where language and a few walls separated the stark contrast of poverty and affluence. Rather than focusing on these conditions, Bill placed his energy on what he could do, his circle of influence. Bill organized an after-school chess club to help students better learn English. Many of his students had recently arrived from Central and South America, Pakistan, and Hong Kong and
could speak only minimal English. This chess club became known as the Royal Knights of Harlem.

The members of the club not only learned English, but grew in confidence as they came to see themselves through Bill’s eyes. Their schoolwork improved as they became more proficient at chess. In its first year the club finished third at the state finals in Syracuse, becoming eligible for the junior high school finals in California. Bill raised funds to fly the team to California, where they finished seventeenth out of 109 teams in the national competition. Then his team met a girl from the Soviet Union who was the Women’s World Champion. The team reasoned that if this girl could come all the way from Russia, why couldn’t they go there? The team traveled to Russia with the corporate help of sponsors, particularly Pepsi-Cola. There the Royal Knights of Harlem won about half of their matches and uncovered a homegrown advantage in the special event of speed chess. Remember, these were not chess protégés, but rather students who were selected for their need to learn English.

Bill never dreamed that all of this would happen within a few short years of starting the chess club. Nor did he foresee the day that his junior high auditorium would be chosen by a Soviet dance troupe as the site of a New York performance because of his chess club’s tour in Russia. But, all of this did happen because Bill chose to be circle-of-influence focused. As time passed, his circle of influence naturally grew. When the Royal Knights were asked by one interviewer what they were doing before Bill Hall and chess playing had come into their lives, one boy said, “Hanging out in the street and feeling like shit.” “Taking lunch money from younger kids and a few drugs now and then,” admitted another. “Just laying on my bed, reading comics, and getting yelled at by my father for being lazy,” said a third. When asked if there was anything in their schoolbooks that made a difference, one explained to the agreement of all, “Not until Mr. Hall thought we were smart and then we were” (pg. 139).²

They were smart and Bill Hall helped them discover their potential. Others too came to realize it. Just before graduating from junior high, these Royal Knight members received numerous offers from high schools to join their “gifted” student programs. One private school from California even provided a full-ride scholarship. At the time of junior high graduation, club members were convinced they could do anything and had career aspirations of law, accounting, teaching, and computer science.

It is common for us educators to wish that we could take our students out of less than ideal circumstances. But this is rarely possible. Bill Hall made a difference by working within his circle of influence—by showing his students that they had the power within them to rise above their circumstances. We can all expand our ability to influence, and thus make a difference, by focusing on what we can do—not on what others should be doing. We will now return to the Pyramid of Influence and take a closer look at modeling and interacting.
Modeling a Healthy Personality and Life Skills

The importance of modeling healthy personality characteristics and healthy behaviors cannot be overemphasized. Modeling is a major means by which skills are taught and learned. Observing how others act provides a pattern for youth to follow when in similar circumstances. Next to parents, educators, whose behavior patterns are watched and imitated, are often the most influential adults in a young person's life. Students often learn more from what we do than what we say. The way an educator reacts to frustration or stress can make a lasting impression on a young person. Both displays of positive coping skills as well as negative responses have modeling effects. Therefore, educators must give serious attention to their emotional health and to their own practices and skills. Consider the following poem, adapted from Dorothy Law Nolte.

If a child lives with criticism, he learns to condemn.  
If a child lives with hostility, he learns to fight.  
If a child lives with ridicule, he learns to be shy.  
If a child lives with shame, he learns to feel guilty.  
If a child lives with tolerance, he learns to be patient.  
If a child lives with encouragement, he learns confidence.  
If a child lives with praise, he learns to appreciate.  
If a child lives with fairness, he learns justice.  
If a child lives with security, he learns to have faith.  
If a child lives with approval, he learns to like himself.  
If a child lives with acceptance and friendship, he learns to find love in the world.

Characteristics of Effective Teachers

Effective teachers:

◆ Are caring—and very interested in students’ total well-being
◆ Have deep preparation in and infectious enthusiasm for the subject
◆ Relate to students, having their “antennas” out so they come close to knowing what students are thinking, and are adaptable to change, making course work relevant, meaningful, and important to students
◆ Inject humor and use a variety of teaching methods
◆ Have high behavioral and academic expectations for students and are able to effectively inspire and motivate students with their expectations
Because school-age children and adolescents spend more time in the classroom than in any place other than the home, it is wise for you as an educator to evaluate your own emotional health and discern what behaviors you are modeling, what you are teaching your students. Do you model...
the attributes of emotional health? Do you exemplify the life skills for health and emotional well-being (see Chapter 2), including emotional intelligence, proactivity, problem solving, goal setting, interpersonal relationships, and self-worth? Reviewing the characteristics of effective teachers in Box 1-1 and completing the Emotional Skills Inventory in Box 1-2 will help you assess the emotional health traits you exemplify in the classroom.

Interacting with Students

How we interact with students affects the degree of our influence in and out of the classroom. Frank O’Malley, an English professor at Notre Dame for four decades, was a teacher who made a difference in the lives of his students. He taught reading, writing—and caring. At the beginning of each semester he would memorize each student’s name and have everyone submit a brief autobiography so that he could understand them better. He focused on the fact that as a teacher he was assisting the growth of unique minds and spirits. He read each paper closely and covered each with red-inked comments of both criticism and praise. He taught his students to exceed their own expectations under his prodding. He gave them a vision of great literature, but also a vision of how they could excel.

We need more Frank O’Malleys in education today, teachers who know and care for each of their students (not just the standouts), teachers who set high behavior and academic standards for all their students and who take the time and energy to help students achieve that higher expectation. As William Glasser said, “When you study great teachers . . . you will learn much more from their caring and hard work than from their style” [pg. 38].

While serving as Secretary of Education, William Bennett took the sound advice of his wife and visited on a weekly basis schools that had been identified as exemplary. These schools were located in all sorts of settings, including many from poorly funded inner cities. Bennett visited these schools for the purpose of finding out why they were successful. Two children at Garrison Elementary School in the South Bronx summed up Bennett’s findings for what makes for a successful school when they told him they went to “America’s greatest school” because “there’s no messin’ around, no foolin’ around, and everybody loves you” [pg. 75]. Teachers that make a difference interact with students in ways that create high academic expectations and high behavioral expectations and that communicate a feeling of love, belonging, and community. We will now look at interacting with students in terms of expectations, discipline, dealing with put-downs, and sensitivity to multicultural diversity.

Expectations

Expectations can lead people to form negative or positive self-fulfilling prophecies. Self-fulfilling prophecies are expectations about future behav-
behavior and performance that emanate from labels and self-image. Children who are labeled “dumb” are likely to live up to that expectation, just as children labeled “bright” are likely to prove that prophecy correct. Labels and expectations for new students can be formulated by a teacher even before the beginning of an academic year. A label can form in a teacher’s mind through subconscious stereotyping or prejudices based on attractiveness, ethnicity, socioeconomic level, or gender. Teachers can also attach labels to students based on discussions with previous teachers, school administrators, students, or parents. The reputations that older siblings establish in school get passed on to younger brothers and sisters. School records of performance and teachers’ impressions are also sources of predetermined labels. Cliff Evans, in the story at the beginning of this chapter, is an example of the tragic effect negative labels and expectations can have.

Rosenthal and Jacobson conducted some of the early work relating teacher expectations to student performance and behavior in school. Students in an elementary school were given the “Test for Intellectual Blooming.” In each of the classes, an average of 20% of the children were identified as having test scores that suggested they would show unusual academic gains during the school year. The identified children had actually been picked at random from the total population taking the test. Eight months later all the children in the school were retested. Those children whom the teachers expected to show greater intellectual growth had significantly higher scores than other children in the school. This resulted, apparently, from the teachers interacting more positively and favorably with the “brighter” children.

Although Rosenthal’s original expectancy research has been criticized for shortcomings in design and methodology, none of the criticisms have denied that teacher expectations have a significant influence on student performance, a fact supported by many subsequent studies. Hamachek cites studies that demonstrate that teachers tend to expect, and therefore get, the same performance from younger siblings that they had come to expect from older brothers and sisters. Hamachek also reviews how children whose IQs have been overestimated by teachers showed higher reading achievement. This was especially true of first-grade teachers who expected the girls to outperform the boys. Teachers who did not have this expectation found no significant difference between the sexes in aptitude for learning to read.

Physical attractiveness also influences teacher expectations and interactions. Teachers are more likely to interact with and respond more positively to attractive children. Some research studies show that even the academic grades assigned to students are influenced by the attractiveness of the students. An example of this is when athletes receive higher grades than their schoolwork merits.

Physical attractiveness also affects how students interact with each other. These interactions, in turn, contribute to the emotional climate of
the classroom. Early in life children learn the high value that society places on beauty. Popular children's stories (e.g., The Ugly Duckling, Sleeping Beauty, Rudolph the Red-Nosed Reindeer, Dumbo the Elephant, Snow White and the Seven Dwarfs, and Cinderella) reinforce this value. Unattractive children are often mocked and teased by other children. During adolescence—a period of rapid changes in body appearance, form, and size—youth often become fixated on physical appearance. They want to look like the media images of firm, sleek, beautiful bodies displayed everywhere. This is a time when peer perceptions become dominant, when expectations for conformity are intense, and deviations are not easily tolerated.

Teachers must be careful with the nonverbal messages they send to their students concerning the students' competence and lovableness. First, teachers have to be honest with themselves about any negative feelings or expectations they have. Although you would never dream of telling a student he or she is “dumb” or “ugly,” these perceptions can be communicated nonverbally without your even knowing it. Communication experts tell us that more than half of what we communicate is conveyed by our body posture and facial expressions, and that the tone of voice is by far the most important part of our verbal message.

As a teacher, you should take a hard look at the expectations you have for your students. Strive to remove negative labels that have been established by previous experiences, teachers, or older siblings, and try to replace negative expectations with positive ones. It is critical to realize that many children in our school systems have rarely or never been viewed in a positive light by a significant adult. The likelihood of positive performance in children increases as they feel warmth from others and believe that they are regarded as capable.

**Discipline**

Erroneously, discipline is often thought to be synonymous with punishment. The true purpose of discipline, however, is the training of self-control. Feeling in control helps children develop positive self-esteem. Students best learn self-control from people who exemplify it. Therefore, the key to positive and effective discipline lies in the character of the teacher. Disciplinary efforts tend to be unfair and ineffective when teachers display angry or harsh behavior. Teachers with few controls, who do not enforce classroom rules, nurture unpleasant and unruly environments. Successful teachers demonstrate warm, friendly attitudes toward students, have an air of self-assurance that demands respect, and have well-defined behavioral expectations of their students. Such teachers have classroom environments wherein students are comfortable and ready to learn.

**Teacher Behavior** We usually think of discipline in terms of student conduct. Before addressing student behavior, please carefully review the Ten
Commandments of teacher behavior. Following these rules helps teachers create a positive emotional climate in the classroom:

1. Know students’ names. Call students by name, become familiar with their interests and talents, and show respect for each student.
3. Establish and maintain routines for taking attendance, opening class, and so on. Begin class promptly.
4. Use the three Fs for good discipline: be firm, fair, and friendly.
5. Don’t expect problems; don’t look for them. Expect students to be competent, capable, and eager to learn. It is better to be proven wrong than to have students live up to negative expectations.
6. When problems arise, handle them immediately and consistently before they escalate into larger ones. For example, you can walk toward, stop and look at, or call a misbehaving student by his or her last name. Don’t use major “artillery” for minor infractions.
7. Avoid sarcasm, ridicule, and belittling remarks, and help students do likewise.
8. Correct students in private. Avoid all suggestion of criticism, anger, or frustration.
9. Involve students in the setting of individual academic goals.
10. Encourage hydraulic-lift experiences in and out of the classroom (see Figure 1-4).

Student Behavior  
Now let us address behavioral expectations for students. Clearly defining rules for students at the beginning of the academic year gives them a sense of security and can curtail discipline problems. It has been said that cows in a new pasture will seek out the fences to see how far they can roam. So it is with students. For this reason, it is imperative that teachers clearly define the boundaries (classroom rules) for students. It is inevitable that some students will test the “fences” to see how strong they are (whether the teacher will in fact enforce the established rules). A student contract is often useful in establishing classroom rules. Box 1-3 contains an example of a student behavior contract that has been used in a junior high setting. Note item 11. The teacher who developed and used this form felt this was the most important item on it.

Many teachers believe that students are more willing to follow rules that they help to make. It is often helpful to involve students in a discussion about classroom rules on the first day of class. Encouraging their input
Classroom Policy and Procedure

1. Bring pencil/pen and notebook daily.
2. Assignments done in class will not be accepted late. Homework assignments will be accepted late but with points taken off.
3. When you have been absent, it is your responsibility to find out what you have missed, turn in assignments, and make up tests.
4. Candy and gum are not permitted in the classroom.
5. Be in class on time, which means in your seats when the bell rings, or have a late excuse.
6. The bell does not dismiss students; I do.
7. Take care of drinks and restroom needs during class changes.
8. Sharpening of pencils is to be done before class, never during a lecture or discussion.
9. Do NOT touch any audiovisual or computer equipment unless I authorize you to do so.
10. If you are failing in your course work or are not turning in assignments, I will notify your parents.
11. No student is prejudged. That is, I do not read student files beforehand to see who and what problems may be coming in. I assume all students are capable of A work. I also assume that no student is a behavioral problem. If there are any such problems those persons will have to show me and the class who they are. Problems, should there be any, will be dealt with accordingly.
12. These behaviors will result in points being subtracted from your grades:
   a. Excessive talking
   b. Disruptive behavior
   c. Chewing gum or candy
   d. Failure to follow instructions
   e. Unexcused tardiness

Student Contract

I have listened to and read the classroom policy and procedure regarding citizenship, behavior, and course work. I agree to adhere to this contract and understand that each violation will result in losing 5 points. This will be reflected in my final grade.

Signed: ___________________________  Date: ___________________________
Interacting with Students

enhances the children’s sense of having some control. Elementary students can take turns writing their rules on a large sheet of paper to hang in a prominent place in the classroom. The process by which rules are developed is perhaps not as important as making sure that they are clearly defined from the beginning and that they are consistently and fairly enforced.

Dealing with Put-Downs

Put-down or harassment-type comments and behaviors can destroy the positive emotional climate of a school faster than almost anything else. The next time you are in the classroom, on the playground, walking down a hall, or in the teacher’s lounge or cafeteria, listen carefully to conversations around you. You may hear comments such as “He is so dumb!” “I hate her, she is so stupid,” “You’re weird,” “That is so gay,” “What a nerd,” or “Drop dead.” Children are obvious and to the point with their put-downs. As we grow older we become more subtle and sophisticated, but are equally cutting: “I would never think of doing that . . .”, “He is nice, but . . .”. Sexual harassment, bigotry, bullying, giving the silent treatment, and excluding people are also pervasive forms of put-down behavior.

Why do we spend so much time and energy trying to undermine each other? We put others down in a futile effort to raise our own insecure sense of worth. This behavior can be visually depicted with a teeter-totter or seesaw (Figure 1-3.) It is as though we were sitting on a teeter-totter and looking for someone to sit on the other end. If we put that individual down, we feel “up,” or on a higher level. Feeling superior to others is a false “high” and very short lived. After a few moments, the person who has been put down leaves the teeter-totter and we come crashing down. We then look around for someone else to put down, to once again raise our relative sense of worth. This behavior can have addictive qualities and become so pervasive that one’s teeter-totter moves with fanlike rapidity. Adolescence is

**FIGURE 1-3  Teeter-tottering**

Teeter-tottering is putting another down in an effort to feel better about yourself.
typically a time of rapid change and insecurity. As a result, this stage of life is particularly vulnerable to frequent “teeter-tottering.”

Teeter-tottering can easily become epidemic in the classroom—and teachers are not immune. This type of behavior naturally occurs in schools because we have become a society that is very proficient at put-downs. TV programs often glamorize put-down behaviors, and “putting someone in their place” is depicted as very “cool.” Young people mimic being “cool” by gossiping, spreading malicious rumors, writing nasty e-mails, and excluding the “noncool.” In too many homes put-downs are the predominant form of communication. Some children have become so calloused by this type of behavior that they don’t even recognize its harmful effects.

How do we break out of the teeter-totter syndrome? First, we have to realize when we are caught up in it. Just as we take our temperature to see if we are ill, so we can check our emotional health by observing how often we teeter-totter. Students can easily monitor their own put-down behaviors when taught the principle depicted in Figure 1-3. Draw this simple diagram on the board and discuss how teeter-tottering works, or, more accurately, how it does not work. Once students understand the principle, classrooms can be designated as teeter-totter-free, much like tobacco-free environments have been established in buildings. Students don’t appreciate being put down and are very willing to give up teeter-tottering to create a classroom where they feel emotionally safe and accepted. Once students accept this principle, a teacher can just say “Let’s not have any teeter-tottering,” or simply make a teeter-totter hand motion whenever she or he overhears a put-down.

Sociologists say that to successfully eliminate a behavior it is important to substitute another behavior. As we work at eliminating put-downs it is helpful to replace teeter-tottering with hydraulic lifts (Figure 1-4). A hydraulic lift is the act of raising someone else with kind acts or comments. When we are kind to another person we cannot help but feel better

![FIGURE 1-4 Hydraulic lift](image)

When you lift another, you too are lifted.
about ourselves. It is as if we were sitting on a hydraulic lift. As kindness is shown, we rise along with whomever we are trying to lift. This positive action creates a genuine “high” and a more lasting sense of self-worth. Helping children learn self-control by replacing teeter-totters with hydraulic lifts greatly enhances the emotional climate of any classroom and alleviates many discipline problems as well. There are many ways teachers can assign students to practice being kind. For example, you can wrap your door with construction paper and invite the students to write on it every kind act they “catch” someone doing. This gives students an opportunity to do positive “tattletaling.” (Additional hydraulic-lift-type activities are found in the Relationship Building section in Chapter 2. Chapter 8 discusses bullying in greater depth.)

Sensitivity to Multicultural Diversity

We live in an exciting world where diversity of peoples and cultures abounds. In our elementary and secondary schools today 40% of the students are minority. This is double what it was in 1970. Truly, no one culture is superior or inferior to another. As educators, we must strive to view individuals from various cultures from their perspectives rather than from our perspectives. This creates classroom climates of understanding and sensitivity to diverse cultures, ethnicities, and races.

Ethnocentric, racist, or stereotypic attitudes held by teachers and students serve as critical barriers to establishing sensitivity toward various cultures and ethnic groups. Ethnocentricity involves an attitude that one’s own ethnic group or culture is better than others, or failure to recognize the existence or validity of other ethnic/cultural groups and their customs, values, beliefs, and norms. Racism expresses an attitude that defines certain cultural or ethnic groups as inherently inferior to others and legitimately subject to exploitation, discrimination, and various types of abuse. Stereotypes reflect conscious or unconscious attribution of exaggerated characteristics and/or oversimplified opinions, attitudes, or judgments regarding members of a given ethnic group or culture. A prejudice is a negative attitude toward a specific group based on comparison using the individual’s own group as a positive reference point. Teachers have a professional responsibility to not let personal attitudes, stereotypes, and prejudices interfere with their teaching. For example, a teacher raised in one cultural group may have stereotypes or prejudices against another cultural group. This teacher would need to overcome these stereotypes and prejudices to successfully teach students of this cultural group. Of course, stereotypes and prejudices are not confined to cultural or ethnic groups. For example, some may have stereotypes and prejudices for impaired individuals, the aged, or for a variety of conditions or types of people.

Teachers can build cultural and ethnic sensitivity in a variety of ways. Teachers should strive to display appropriate personal skills, including
showing warmth, respect, sincerity, concern, and caring for people of all cultures. Beyond this, it is critical to develop cross-cultural understanding in the communities where we serve and live. Recognizing culturally determined viewpoints and standards of behavior, including specific knowledge of and respect for differences, is important. Beyond developing personal cross-cultural understanding, emphasis should be given in the curriculum to cross-cultural competency for students.

It is also important to pay attention to culturally/ethnically appropriate learning and problem-solving styles. This involves recognition that a variety of strategies and approaches can complete a given task. To an extent, learning and problem-solving styles are culturally determined. A variety of approaches should be encouraged. Learning is also facilitated by appropriate style, manner, and content of communication for a particular cultural group. This includes the use of ethnically and culturally appropriate nonverbal skills such as eye contact, body language, and physical closeness.

**Teaching with the Brain in Mind**

This section focuses on the tip of the pyramid of influence—the teaching of students. We advocate a teaching approach in which learning is central and based upon discoveries about how students learn best. Too often, teaching emphasizes rote learning, memorization of facts, and recall of information, with little emphasis on thinking, meaning, or application. This type of teaching does little to help students meet present demands or their future needs. There is a better way, which is what this section is all about.

Until recently, little was known about the workings of the brain and how people learn. Knowledge about the brain and how it learns is rapidly accumulating. Scientific tools such as magnetic resonance imaging (MRI), computerized axial tomography (CAT), and positron emission tomography (PET) have led to important discoveries about the human brain. Research from several scientific disciplines has contributed to a virtual revolution of knowledge about the human brain and human learning. Findings from this research create exciting opportunities for educators to apply this information in ways that best help students learn.

One of the most interesting findings from brain research is that learning changes the structure of the brain. In essence, the brain “rewires” itself in response to new stimulation and experiences. Learning experiences cause nerve cells in the brain to create new synapses or junctions through which information passes from one nerve cell (neuron) to another. A baby is born with only a small proportion of the trillions of synapses that he or she will eventually have. Many of the synapses that will eventually be formed after birth are the result of what is learned. Other changes in the brain, such as increased capillary [tiny blood vessel] development and neuron support cell growth, are associated with learning."
Our brains are designed to take in a large variety of stimuli from our five senses—sight, hearing, smell, touch, and taste. In response to the stimuli we experience, we develop neural networks or connections among neurons through which the neurons communicate with each other. This communication allows our brains to interpret and respond to sensory stimuli. These neural connections, often described as neural pathways, are strengthened when they are frequently used or stimulated. New experiences (learning) cause new neural pathways to form—a process known as neural branching. However, when neural pathways are not stimulated or are infrequently used, they atrophy and cease to function. Neuroscientists call the process of the withering away of neural pathways neural pruning. Another term of importance is brain plasticity. Scientists use this term to describe the ability of neural networks to continue to generate and to modify themselves throughout life.9

The important point here is that the brain's capacity to develop neural pathways (plasticity) depends critically on how much it is used. The brain adapts continually whenever something new is learned. Changes in the brain occur as a function of use—use it or lose it, so to speak. Experiences early in life, when the number of connections between brain cells starts to increase rapidly, are important to optimal brain development.10 In the early years of life, it is important that the brain be adequately stimulated through interactions with both people and the environment. Children with stronger and more connected neural pathways are more likely to have greater learning ability, higher levels of motivation, and accelerated readiness to begin school.9 Learning occurs at all ages, and the brain appears to maintain its plasticity for life.10

The physical structure of the brain changes spontaneously and automatically in response to learning. We do not need to be taught to learn; learning is a natural and innate response to experience. Our brains are continually searching for meaning. The brain's craving for meaning is automatic. The search for meaning occurs through patterning as the brain attempts to discern and understand events in its environment. The brain creates neural connections or associations with what is already known to be personally meaningful. Unless new information carries meaning for us, we are unlikely to make use of it.11

Relaxed Alertness

Emotions profoundly affect the brain's ability to learn. Positive emotions such as happiness, enthusiasm, hope, and optimism can facilitate children's learning. Learning in a pleasant environment may stimulate the flow of chemicals in the brain that stimulate the areas of the brain most responsible for learning.

An optimal emotional state for student learning has been described as relaxed alertness. According to Caine and associates,
Relaxed alertness is a state of mind where a student feels competent and confident and is interested or intrinsically motivated. Relaxed alertness is also a state that is present in classrooms and learning environments in which emotional and social competence is the goal. Such an environment allows all students ongoing opportunities to experience competence and confidence accompanied by motivation linked to personal goals and motivation. (pg. 5)

On the other hand, when students feel threatened, chemicals released in the brain cause the brain to **downshift** so that students are less able to engage in intellectual tasks or form memories. The term **downshift** in this context means that the more primitive and emotional parts of the brain begin to dominate when a threat is perceived. Teachers should understand that situations that create anxiety or threat in the lives of students create downshifting and decrease the ability to learn. With this in mind, you should pay special attention to building a classroom environment and relationships with your students that minimize threat and anxiety so that your students can feel a sense of relaxed alertness.

Your classroom should be a place where students feel safe and secure. Pay special attention to the way that you manage your classroom and consider whether there are things that you do that might create threat or anxiety. Seek to eliminate those things that might create such feelings. Help students who appear anxious or threatened to deal with their feelings. Realize that a student cannot simply shut off or turn on emotions in order to learn better. Many live in situations that are highly stressful. Some are affected by major threats, such as the illness of a family member, poverty, child abuse, or community violence, which can take a toll on learning ability. Children with such major threats are going to need help, and you can be instrumental in linking them with needed help and resources. As a school teacher, you can consult counselors, school nurses, and other available professional resources. Follow school and district policies in seeking help for children suffering from serious threatening conditions.

**“So What?”**

We have described how the brain innately searches for and constructs meaning. The brain responds differently to what it considers to be meaningless versus meaningful information. Facts about various topics that are learned in isolation are usually soon forgotten by students. However, information that has meaning is retained. We have found in our experience that when we can help students answer the question “So what?” concerning a particular topic, student learning is better. It is our responsibility to help our students understand why what we are discussing in class is personally relevant and meaningful. Both teachers and students should be able to answer the “So what?” question. Our lessons and learning activities should
strive to relate material to students in a personal way and to connect to prior learning and experiences. There should be more focus on the quality of the information that is taught and less focus on covering large amounts of material that may be meaningless to students.

**Active Learning**

The notion that the brain is an empty vessel waiting to sponge up information or have informative material poured into it is false. Learners are not passive recipients of information. Learning requires more than the efficient delivery and dissemination of information into students’ minds (passive learning). Yet, passive learning approaches have traditionally dominated our educational systems. Teacher talking, in which the teacher holds center stage, textbook reading, and test taking dominate many of our lessons and classrooms.

The human brain is an information processing organ, and it learns best through experience. It is able to learn more and retain learning longer if the learner acquires it in an active rather than passive manner. Active learning engages students in doing things and thinking about the things that they are doing. There are many active learning strategies that you can use in your teaching to actively engage students. Examples of in-class active learning strategies are debates, role-playing, simulations, dramatizations, and learning centers. Outside of class, active learning examples include service learning, health fairs, and several types of creative projects. An important and frequently neglected ingredient of active learning is giving students time and encouragement to process and think about the meaning of their learning experiences. Students should be given opportunities to reflect on what they are learning, the value of what they are learning, how they are learning, and what else needs to be learned. This can be done through creating opportunities for self-reflection, such as writing in a journal, or through engaging with a teacher or others. Reflection and active processing of learning allow for deeper understanding and meaningfulness of learning experiences.

Individuals learn best when they are immersed in meaningful, compelling experiences. Some schools believe that the teacher’s job is to create multisensory real-life learning environments that fully immerse students in learning experiences. This active learning approach is often referred to as **orchestrated immersion**. The key is for students to be “immersed” in rich and complex environments as a way of life, not just for a short time a day per subject. Orchestrated immersion implies that the teacher becomes the conductor or the architect, designing experiences that will lead students to make meaningful connections. The teacher then helps students with the active processing of the experiences as a basis for making them a meaningful learning event. The teacher’s role here is much different from
the traditional scenario in which the teacher dominates by talking and holding the students' attention. Students who become immersed in learning experiences often become engrossed in learning without regard for time.

Other Considerations

There are many things to consider when teaching with the brain in mind; due to space constraints, we will only mention a few more. One of these is that the brain learns better through social interaction than it does when working alone. Yet, in many classrooms we see the students sitting quietly in rows, working independently with little or no social interaction. Teachers can offer students learning activities that provide for students to work together toward a common goal. Cooperative learning activities can help students learn communication and social skills at the same time that students are working toward a learning goal. Cooperative learning activities also foster a sense of being a member of a learning community and encourage meaningful discussion and reflection. Many students find that learning is more enjoyable when they have the opportunity to learn through social interaction.

The brain is poor at nonstop attention. It takes a high level of neural energy for students to concentrate and focus intensely. This is particularly true for direct instruction. The attention spans of most students are brief. According to Jensen, the appropriate amount of direct instruction for children in grades 3 to 5 is 8 to 12 minutes; for those in grades 6 to 8, 12 to 15 minutes; and for those in grades 9 to 12, 12 to 15 minutes. The brain's store of neural energy is quickly depleted from episodes of paying attention. If not given time for rest or diversion, the brain loses the ability to focus and concentrate. For this reason, students should be provided breaks, alternative learning strategies, and changes in topics to shift the emphasis of concentration.

Jensen asserts that one of the smartest things that teachers can do is to keep students active. He explains that activity keeps their energy levels up and provides the brain with the oxygen-rich blood needed for highest performance. Physical activity either before or after learning also releases chemicals that enhance long-term memory. He warns that teachers who insist that students remain seated during the entire class period are not promoting optimal conditions for learning. He suggests using drama and role-plays, energizers, quick games, and stretching to physically invigorate students during learning. If students feel drowsy, they should be allowed to stand at the back of the room for a few minutes and do some stretching in a manner that does not distract other class members. Jensen, author of Teaching with the Brain in Mind, encourages teachers to give students settling time and rest after a learning session. This gives a chance for the information to settle and for learning to take root.
Six Categories of Risk Behavior

More than two-thirds of all deaths among youth and young adults aged 10 to 24 years result from only four causes. Can you name those causes? If you said motor vehicle crashes, other unintentional injuries, homicide, and suicide you would be correct. But these deaths are only part of the picture we should be examining. Almost two-thirds of deaths of those over age 25 occur from cardiovascular disease and cancer. Many of these diseases are the result of behaviors, such as poor diet, lack of physical activity, and cigarette smoking, that were established early in life. In addition to these deaths, many school-age youth suffer from nonfatal illness or injury, social problems, and lower quality of life as a result of health risk behavior choices. Unfortunately, many school-age youth experience unintended pregnancy, sexually transmitted diseases (STDs), and type 2 diabetes.

Much of this book arms teachers and prospective teachers with information they can use to counter the behaviors that place school-age youth at risk of illness, injury, and premature death. The Centers for Disease Control and Prevention (CDC) has identified that a high proportion of deaths, illnesses, and injuries in the United States result from the following six categories of risk behavior (see Figure 1-5):

- Unhealthy dietary patterns
- Physical inactivity
- Behaviors that contribute to unintended pregnancy and STDs (including HIV infection)
- Tobacco use
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence

The six categories of risk behavior, along with life skills that protect youth from risk behaviors, provide the framework of this book. Chapters 2, 3, and 4 are devoted to helping you identify and know how to teach critical life skills that will protect your students from all risk behaviors. Unhealthy dietary patterns and physical inactivity are addressed in Chapter 5. The focus of Chapter 6 is on behaviors that contribute to unintended pregnancy and STDs, including HIV infection. Tobacco, alcohol, and other drug use is examined in Chapter 7. We address behaviors that contribute to unintentional injuries and violence in Chapters 7, 8, and 9.

We believe that every teacher, regardless of teaching discipline and grade level, should understand how these risk behaviors adversely affect the lives of youth. It is our conviction that every teacher can be a part of their school’s effort to educate youth about these risks and participate in
school-based efforts to promote healthy lifestyles among students. Success in these endeavors requires participation from educators representing all disciplines and all grade levels. We hope you will join in efforts to help improve the health and well-being of your students by embracing the information, suggestions, and teaching ideas throughout this book. It will definitely make a difference in the lives of students.

FIGURE 1-5  Six categories of risk behavior
Health Education and the Coordinated School Health Program

Health education in schools is an important vehicle in making a difference in the lives of young people. The CDC describes health education as a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. School systems are encouraged to address the six categories of risk behavior in the health education curriculum. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. We are strong advocates of skill-based health education. We believe that teaching young people skills and providing opportunities to practice these skills is an important way to help them avoid risk behaviors. That is why we devote so much of this text to these critical skill areas.

Another guide for school systems to use in planning health education is the National Health Education Standards. These standards address what students should be able to do as a result of health education. They primarily emphasize the skills that students should develop and help students develop “health literacy.” The National Health Education Standards are used by several states and school districts as a framework for health education curriculum. The standards are:

- **Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
- **Standard 3:** Students will demonstrate the ability to access valid information and products and services to enhance health.
- **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- **Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.
- **Standard 6:** Students will demonstrate the ability to use goal setting skills to enhance health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Health education has traditionally been organized around content areas. These content areas include such major topic areas as: Mental/Emotional Health, Substance Use and Abuse, Healthy Eating and Physical Activity, Personal Health, Safety and First Aid, Consumer and Community Health, Disease Prevention and Control, Family Life/Human Sexuality, and Environmental Health. A focus on content is usually associated with an emphasis on knowledge rather than on the concepts of skills acquisition and healthy behavior. The National Health Education Standards help school systems move toward a more skills-based approach to health education. Many contemporary health education programs strive to empower students with life skills that they can take away from the classroom and apply in real-life settings. For example, they focus on teaching young people decision-making skills and strengthening the ability to communicate these decisions to others who might try to influence them to engage in a risky health behavior.

In order for health education in schools to reach its maximum effectiveness, it needs to be supported by a coordinated school health program. The CDC advises that schools by themselves cannot, and should not be expected to, address the serious health and social problems that affect our nation and communities. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people. Health education is an integral part of the coordinated school health program (CSHP). The CDC describes each of the seven other interactive components of the CSHP as follows (see Figure 1-6):

Physical Education: A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student’s optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

Health Services: Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or
referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

- Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

- Counseling and Psychological Services: Services provided to improve students' mental, emotional, and social health. These services include

**FIGURE 1-6 Eight interactive components of the Coordinated Health Program**
individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

❖ **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

❖ **Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

❖ **Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

### Working with Children with Special Needs

It is easy to become overwhelmed while working with the many students who have special needs. Many of these needs are complex problems that pose multiple difficulties in the lives of the affected children and for the school systems of which they are a part. Schools often have various staff in place to help students with special needs, such as guidance counselors, psychologists, learning specialists, social workers, special education teachers, and school nurses. A key to success in working with students with special needs seems to be the ability of these personnel to work together in a supportive team approach.
An example of a supportive team approach can be found at Francis Scott Key Elementary and Middle School in Baltimore, Maryland, where Melissa Grady works as a mental health therapist.

Grady sees four-dozen children every week, some for the first time, others she’s been counseling for years. Some are victims of sexual or physical abuse, have witnessed domestic violence or have dysfunctional parents who suffer from drug addiction or alcoholism. Others have been traumatized by family disruptions such as divorce or unstable living arrangements.

“The huge thing is a lack of parental guidance,” says Grady. “It’s symptomatic of society. The children are not getting enough of what they need at home, they’re not being taught the coping skills, the social skills. So, of course, all that’s spilling out into the school system and the children are unavailable to learn or are disrupting others.”

Melissa Grady set up a student support team consisting of herself, a school psychologist, a counselor, a social worker, and teachers representing the elementary and middle schools. The team meets once a week to review the academic performance and special needs of the student body. They are proactive in looking out for students in need, such as those who are acting out, depressed, withdrawn, or displaying sudden changes in behavior or significant decline in grades or attendance. When a child with a special need is identified, the student support team arranges one-on-one sessions with the student, parent meetings and counseling, and adequate follow-up. This consistent, vigilant student support team effort is responsible for helping students improve their grades and cope with a variety of special needs.

Teachers at the schools are thrilled that the student support team is in place and have seen a reduction in the severity of discipline problems. A seasoned teacher at the school, who has taught at seven other schools, commented, “You can really teach here.”

The rest of this section of the chapter discusses some of the special needs that teachers face in their teaching career—children with chronic health conditions, learning disabilities, and attention deficit hyperactivity disorder (ADHD). Hopefully, you will be able to set up student support teams with other school staff in the schools where you teach.

**Children with Chronic Health Conditions**

Illnesses are often classified as either acute or chronic. The term **acute** is used to describe those illnesses that are usually over in a matter of days to a week, such as a cold or the flu. The term **chronic**, on the other hand, refers to illnesses or conditions that are long-lasting. When a person has a chronic illness, the symptoms of the illness may be reduced or even go away for periods of time, but the person still has the same underlying condition.

Most teachers will have children with chronic health conditions in their classroom, because more than 5 million school-age youth are affected
by chronic health conditions. The chronic health conditions most commonly seen in students are asthma, diabetes, epilepsy, cerebral palsy, heart disease, cancer, and spina bifida. Another chronic health condition of concern in children is HIV/AIDS. You can read more on common chronic health conditions in Box 1-4.

Children with chronic health conditions have special challenges and concerns. They want to be like everyone else and worry about being rejected by their classmates. They worry about being teased and excluded. In addition to these worries, they must cope with the effects of the illness and the treatments that they undergo. Often these symptoms make it difficult to put all of their energy into schoolwork. On the other hand, teachers worry about these students and about their own competence in responding appropriately to any medical emergencies that might arise in the classroom. What should I do if an epileptic child has a seizure in my classroom?

Many children have chronic health conditions that require taking medication at home and at school.
What should I do if a diabetic child has a diabetic emergency? It is critical, then, that school personnel working with students with chronic health conditions have an understanding of the various health conditions and emergency management procedures of their students. The following are some tips:

❖ Your attitude of kindness, empathy, and acceptance toward others generates similar attitudes in the classroom. Your students will watch you and model your behavior.
Know the protocol for possible emergencies. Make sure that the school nurse provides you with sufficient information about the medical conditions of students in your classroom.

Be sensitive to when not to show concern, like when a child with cystic fibrosis is coughing. The cough is important to clear the lungs. Paying too much attention to a symptom often makes it worse and reinforces a child's sense of shame.

Children with medical problems are often overly sensitive. Don’t perceive their behavior as babyish or immature or a serious emotional problem. By reinforcing positive age-appropriate behavior, you are most likely to increase it.

When school personnel, parents, and health professionals work together in partnership and in a creative manner, having children with chronic health conditions in the classroom can be a stimulus for the growth of everyone in the classroom environment. An example of this is a second-grade student with spina bifida who asked for classmates to receive orientation about his disease after classmates teased him when he had urine leakage. During the session classmates asked many questions, including whether he would have children and whether he would live. Because of the careful preparation and support, he was not surprised by the questions and could answer them honestly.

Children with Learning Disabilities

It is important for educators to have a basic understanding of learning disabilities in order to recognize symptoms and help students with them. A learning disability is a disorder that affects a person's ability to either interpret what he or she sees and hears or to link information from different parts of the brain. These limitations can show up in many ways—as specific difficulties with spoken and written language, coordination, self-control, or attention (see Box 1-5). They can impede learning to read or write, do math, or learn other important skills.

It is not exactly clear how many students experience learning disabilities. Some experts estimate about 1 in every 100; others estimate that almost one-third of children in school have some form of learning disability. What is clear is that many more boys than girls are affected. There are many kinds of learning disabilities and many causes for them. In some cases the brain is believed to have been harmed before birth or by a difficult birth, childhood head injury, or illness. Some learning disabled (LD) children have siblings and/or parents with the same problem, indicating that they may have inherited their learning disability. This is particularly true for dyslexia.
Tina de Benedictis describes the following types of learning disabilities. Learning disabilities fall into two major types, plus another miscellaneous category.

**Speech and Language Disorders**
- Difficulty producing speech sounds (developmental articulation disorder). The person might mispronounce certain letters or letter combinations.
- Difficulty using spoken language to communicate (developmental expressive language disorder). The person has difficulty with verbal expression.
- Difficulty understanding what other people say (developmental receptive language disorder). The person hears the words, but doesn’t process the words correctly.

**Academic Skills Disorders**
- Reading problems (developmental reading disorder, or dyslexia). The person cannot identify different word sounds.
- Writing problems (developmental writing disorder, or dysgraphia). The person has problems with handwriting or with creating sentences that make sense to others.
- Arithmetic skills problems (developmental arithmetic disorder, or dyscalculia). The person has problems with calculations or with abstract mathematical concepts.

**Miscellaneous Learning Disabilities**
- Fine motor skills problems (dyspraxia)
- Nonverbal learning disorder
- Others

Many experts believe that learning disabilities are the result of a malfunction in the central nervous system that causes a breakdown in auditory, visual, or motor perceptions. These breakdowns in turn affect the way an individual learns. Learning is believed to take place through a five-step process:

1. We take in information through our senses.
2. We process the information for its meaning.
3. We file the information in our memory.
4. We later withdraw it from our memory and “remember” it.
5. We feed the information back to the outside world.

Individuals with learning disabilities have a breakdown in one or more of these steps. Their eyes and ears may work fine, but something happens to the messages that tell the brain what they are seeing or hearing. Letters may seem to reverse themselves, or the same word on two lines of print may appear dissimilar. Some people cannot tell if sounds are alike or different, and a sentence such as “Put the cap on the pen” may come through as “Butt the cat on the pin.”

Teachers can help children with learning disabilities by first recognizing the problem. All too often LD children are labeled dumb or unmotivated. It is essential that LD children be identified early, before they begin to see themselves as stupid and failing. Be suspicious if a fairly bright child has trouble learning certain skills. A referral can be made to a school counselor or special education instructor. Every school district has its policy for screening learning disabilities. With the right help, most LD children overcome their learning disabilities. It is helpful to remember the following famous people who had learning disabilities: Albert Einstein, Thomas Edison, Nelson Rockefeller, Ludwig van Beethoven, Winston Churchill, Bruce Jenner, George Patton, Leonardo da Vinci, and Woodrow Wilson.

As an instructor, you may have to show extra patience and give extra help to LD students. You can also help your students learn compassion and understanding for LD individuals by doing the following activities:

- Have students try to write a sentence with the hand they normally don’t use for writing.
- Have students hold a piece of paper up to a mirror and try to write their names by looking only in the mirror.
- Take a story or text page and retype it, switching all the “b’s” for “d’s” and all the “d’s” for “b’s.” Have the students try to make sense of it.
Children with Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder (ADHD) often interferes with academic and social functioning. It is a major cause of learning disorders. The primary signs of ADHD are inattention, impulsivity, and hyperactivity. Inattention is described as failure to finish tasks started, easy distractibility, seeming lack of attention, and difficulty concentrating on tasks requiring sustained attention. Impulsivity is described as acting before thinking, difficulty taking turns, problems organizing work, and constant shifting.
from one activity to another. Hyperactivity is described as difficulty staying seated and sitting still, and excessive running or climbing. ADHD is usually diagnosed when these signs become obvious and they are inconsistent with a child’s developmental level.

ADHD has become the most common childhood psychiatric disorder. It is estimated that 3% to 5% of all school-age children have ADHD. On average, at least one child in each classroom needs help for this disorder. It is diagnosed three times more frequently in boys than girls. The cause of ADHD is unknown. There is some evidence, however, that ADHD is the result of a developmental failure in the brain circuitry that controls attention, inhibition, and self-control. There is no known cure for ADHD, and it often persists into adulthood. It can cause a lifetime of frustration and emotional pain.

Classroom Needs and Help for Children with ADHD  Children with ADHD have a variety of needs. Some children are too hyperactive or inattentive to function in a regular classroom, even with medication and a behavior management plan. Such children may be placed in a special education class for all or part of the day. In some schools, the special education teacher teams with the classroom teacher to meet each child’s unique needs. However, most children are able to stay in the regular classroom. Whenever possible, educators prefer not to segregate children, but to let them learn along with their peers.

Children with ADHD often need some special accommodations to help them learn. For example, the teacher may seat the child in an area with few distractions, provide an area where the child can move around and release excess energy, or establish a clearly posted system of rules and reward appropriate behavior. Sometimes just keeping a card or a picture on the desk can serve as a visual reminder to use the right school behavior, like raising a hand instead of shouting out, or staying in a seat instead of wandering around the room. Giving an ADHD child extra time on tests can make the difference between passing and failing, and gives a fairer chance to show what’s learned. Reviewing instructions or writing assignments on the board, and even listing the books and materials they will need for the task, may make it possible for disorganized, inattentive children to complete the work.

Many of the strategies of special education are simply good teaching methods. Telling students in advance what they will learn, providing visual aids, and giving written as well as oral instructions are all ways to help students focus and remember the key parts of the lesson.

* This section is adapted from National Institute of Mental Health, Attention Deficit Hyperactivity Disorder (NIH Publication No. 96-3572), 2002. Available at http://www.nimh.nih.gov/publicat/adhd.cfm.
Students with ADHD often need to learn techniques for monitoring and controlling their own attention and behavior. For example, students can be taught alternatives for what to do when they lose track of what they are supposed to be doing—look for instructions on the blackboard, raise their hand, or quietly ask another child. The process of finding alternatives to interrupting the teacher makes a student more self-sufficient and cooperative. And because there is less interrupting, a student begins to get more praise than reprimands.

The teacher can frequently stop to ask ADHD students to notice whether they are paying attention to the lesson or if they are thinking about something else. The students can record their answer on a chart. As students become more consciously aware of their attention, they begin to see progress and feel good about staying better focused. This process helps make students aware of when their attention is drifting off, so they can return their attention to what is going on in the classroom. It can help ADHD students become more productive and help the quality of their work to improve.

Because schools demand that children sit still, wait for a turn, pay attention, and stick with a task, it's no surprise that many children with ADHD have problems in class. Their minds are fully capable of learning, but their hyperactivity and inattention make learning difficult. As a result, many students with ADHD repeat a grade or drop out of school early. Fortunately, with the right combination of appropriate educational practices, medication, and counseling, these outcomes can be avoided.

Controversies in Treating ADHD with Stimulant Drugs  
Diverse and conflicting opinions exist concerning ADHD. As a result, it is a very controversial educational and health issue. A recent consensus statement from the National Institutes of Health notes that the controversy concerns the literal existence of the disorder, whether it can be reliably diagnosed, and, if treated, what interventions are the most effective.

Perhaps the major controversy concerns the prevalent use of stimulant drugs to treat ADHD, often in the absence of behavioral treatments. Concerns have intensified over potential overuse and abuse of stimulant drug treatment of ADHD. Stimulant drugs are more readily available and are prescribed much more frequently now than in the past. In the past decade, prescriptions for stimulant medication among children have increased several-fold, even among preschool-age children. The Drug Enforcement Administration (DEA) reports that 90% of the world's methylphenidate (Ritalin), a drug commonly used to treat ADHD, is consumed in the United States. There are significant variations among regions of the country in the amount of stimulants prescribed by doctors to treat ADHD.

Stimulants such as Ritalin and Dexedrine (dextroamphetamine) have been used for some time in the treatment of ADHD. Newer drug formula-
Adderall (a combination of four amphetamines, including Dexedrine) and Concerta, are becoming more popular because of their longer-acting properties. As a result, these pills can be taken by a child or adolescent once a day, instead of two or three times a day, eliminating the need for a dose to be taken at school. Concerta is a controlled-release form of Ritalin that has a special coating that allows the medication to be slowly released for up to 12 hours. Avoiding having to take medication at school is an important benefit because it eliminates the need for a child to bring medicine to school and takes the burden of administering the medication to the child off of school nurses or other school personnel (see Box 1-6). One pharmaceutical company plans on releasing a methylphenidate skin patch in the future. The patch, worn under the clothes, will deliver the stimulant directly through the skin into the bloodstream. Many new drugs for the treatment of ADHD will probably appear in the near future because of the high demand for them.

As with all medications, there is the potential for side effects. While on these medications, some children may lose weight, have less appetite, and temporarily grow more slowly. Others may have problems falling asleep. It is possible that stimulants may make the symptoms of Tourette’s syndrome worse, but this is not known for sure. Other side effects can include irritability, agitation, nervousness, and periods of sadness. Serious side effects include facial tics and muscle twitching. Most of the side effects that do occur can often be handled by reducing the dosage.

One important concern about stimulant drugs is their potential for abuse. When these powerful stimulant drugs are abused, abusers have suffered psychotic episodes, violent behavior, and severe psychological dependence on the stimulant. Stimulants used to treat ADHD are classified by the DEA as Schedule II drugs, the most highly addictive drugs that are still legal. According to the DEA, drugs to treat ADHD rank among today’s most-stolen prescriptions and most-abused legal drugs. Most abusers, DEA officials say, are kids. Most dealers are kids who are prescribed the drugs to treat ADHD. Parents of ADHD children have also been found to abuse the stimulant drugs.

Some experts believe that the use of stimulant drugs in treating ADHD can hamper a young person’s self-esteem. Stimulant drugs often produce marked improvements in a child’s schoolwork and behavior after starting medication. As a result, the child, parents, and teachers credit the drug for causing the improvement instead of crediting the child’s own strengths and natural abilities. A child may feel less competent as a result. Instead, children, parents, and teachers should understand that the medication makes these changes possible, but that improvements can only come about if the child supplies the effort and ability. Parents and teachers need to praise the child, not the drug, for improvements.
Check out the following Web resources to find information about teaching and working with students with ADHD.


◆ “30 Ideas for Teaching Children with Attention-Deficit/Hyperactivity Disorder” can be found at [http://www.kellybear.com/TeacherArticles/TeacherTip49.html](http://www.kellybear.com/TeacherArticles/TeacherTip49.html).

◆ **Teaching Children with Attention Deficit/Hyperactivity Disorder** can be accessed at [http://ericc.org/digests/e569.html](http://ericc.org/digests/e569.html).


◆ **ADD in School** ([http://www.addinschool.com](http://www.addinschool.com)) is a comprehensive website that provides teachers with classroom interventions and tips for working with ADHD youth in elementary and secondary schools.

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**Key Terms**

- pyramid of influence: 6
- circle of concern: 4
- circle of influence: 5
- proactive people: 5
- reactive people: 5
- self-fulfilling prophecies: 10
- discipline: 12
- teeter-tottering: 15
- teeter-totter syndrome: 16
- hydraulic lifts: 16
- ethnocentricity: 17
- racism: 17
- stereotypes: 17
- prejudice: 17
- neural branching: 00
- neural pruning: 00
- brain plasticity: 00
- relaxed alertness: 00
- downshift: 00
- orchestrated immersion: 00
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Review Questions

1. What are three major areas of a teacher’s pyramid of influence?
2. What is the circle of concern? How does it differ from the circle of influence? Within which circle do you spend most of your time? What can you do to become more circle-of-influence focused?
3. What are the characteristics of effective teachers? Which of these characteristics do you exemplify? How did you score on the Emotional Skills Inventory? How can you prepare to be a more positive role model?
4. Give several examples from the chapter of how teacher expectations can affect student performance in the classroom. Give several personal examples of positive and negative labeling you have observed in the classroom and discuss the effects of those labels. What are some measures you can take to become more positive toward all the students in your classroom?
5. What three common characteristics have been found to exist in exemplary classrooms?
6. Identify the Ten Commandments for creating a positive emotional climate in the classroom and give examples of how you can incorporate these suggestions in your teaching.
7. Discuss the need for classroom rules and how to develop and enforce them.
8. Explain the teeter-totter syndrome and the hydraulic-lift principle. Discuss ways teachers can diminish put-downs and encourage kindness in the classroom.
9. What do the terms neural branching, neural pruning, and brain plasticity mean? What implications do they have for teaching in the classroom?
10. What do the terms relaxed alertness and downshifting mean? Provide two examples of each of these principles at play in your life.
11. Describe what is meant by “So what?” and its relevance to the classroom and brain activity.
12. Give several examples of both in-class and out-of-class active learning. Why are reflection and active processing so important?

13. Identify four considerations from the text for teaching with the brain in mind, other than active learning.

14. List the six categories of risk behavior identified by the CDC and provide arguments for why teachers should address them in the classroom.

15. Health education is designed to motivate and assist students to do what three things?

16. Health education allows students to demonstrate what four sophisticated health-related things?

17. Identify the various topics often included in a health curriculum.

18. Identify and describe each of the eight interactive components of the CSHP.

19. Discuss ways teachers can build cultural and ethnic sensitivity.

20. Identify the chronic health conditions most likely to be seen in students, and things that teachers can do to help children with chronic health problems.

21. Describe the various problems that individuals with learning disabilities can have. Discuss ways teachers can help children with learning disabilities.

22. Explain what ADHD is, its symptoms, and the needs of and helps for children with ADHD.

23. Discuss the controversies in treating ADHD with stimulant drugs. Discuss the prevalence of use, benefits, and side effects of Ritalin, Dexedrine, Adderall, and Concerta.

References


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