
TEACHERS COLLEGE: AN EARLY FOCUS ON INSTRUCTION

Joanna P. Williams

JOANNA P. WILLIAMS, Ph.D., is professor of psychology and education, Teachers College, Columbia University.

I arrived at Teachers College in the fall of 1971, having been recruited to join the Learning Disabilities Institute. What an attractive opportunity that was – to work in a new field that offered both challenging questions for research and a chance to help a group of children whose problems had not previously been seriously addressed; a field, in fact, that had been established not only by scientists looking for new areas to study but also by parents who recognized the need for services for children who manifested difficulties in learning even though their intelligence was average or above.

We were five principal investigators at the Institute, N. Dale Bryant, Jeannette Fleischner, Walter MacGinitie, Margaret Jo Shepherd, and I. Frances Connor was the director. I have no documents – no grant proposals, no minutes of meetings – to jog my memory, but as best I recall, we were all working on instruction for beginning reading, spelling, comprehension, and math.

I remember spending a lot of time during my first year pestering some of the members of the special education department, demanding that they tell me how they knew that a child had a learning disability. They were clinicians, and they *knew*. But I was a researcher, and I needed reliable and valid measures.

Unfortunately, the answers I got were not very satisfactory. I was assured, however, that a learning disability (LD) was short-lived. In reading, for example, it appeared that children with LD had a specific problem with decoding. Once we figured out what exactly was wrong, the difficulty could be remediated, and the children wouldn't have further problems. That optimism helped me a lot as I planned my research.

I decided to concentrate on phonemic awareness, and developed a supplemental, remedial program for third graders who had been identified as having LD. I had never conducted an instructional study before,

and I soon found out how much work instructional research entails. In the evaluation of the program, 40 classrooms were randomly assigned to treatment or control. My qualms about not being able to determine who had LD were assuaged by the fact that the schools decided the matter. And who was I, a mere researcher, to gainsay them? I told myself that if my program was successful, it was likely to help any child who was having difficulty with decoding, not just those hard-to-identify children with LD. So it would have some value even if the children I was working with turned out not to have LD.

LD RESEARCH IN THE EARLY YEARS

This stance – that my job was to study the process of instruction and to develop instructional programs, not to identify who had or did not have a learning disability – got me through question-and-answer sessions at meetings. But I was often discomfited by the fact that not only did I not know, but that the professional community as a whole did not know how to identify a child with LD. What was this field we were working in, if we didn't even know whom we were trying to help? I think now that I might have tried a little harder on this front, but plenty of people became involved in the question of identification. Substantial effort went into developing assessment strategies and diagnostic testing. Others of us continued on our merry way, drawing our samples from ill-defined, school-identified populations.

My study was successful in that the children in the classrooms that participated learned to segment and blend phonemes, first without and then with letters. They were superior to the control children not only on words they had practiced; they were also able to transfer what they had learned to the decoding of short words and pseudowords that they had not seen in training.

I never did any follow-up on those children, but if they were like most children who have been labeled as having a disability during their first years at school, they were not “cured” by my program. More to the point, if they had received the best decoding program in the world, implemented in the best way possible, and if that program had led them to the mastery of decoding, they might still have remained disabled with respect to later reading challenges. That is, one of the things we have realized, sadly, is that to have LD is not to have a single, circumscribed problem that can be removed through remediation. As our field grew and matured, so did the young participants in our studies – and they continued to have difficulties.

Over the years our field has changed a great deal. For one thing, we have acknowledged the difficulties inherent in coming up with an acceptable definition of LD. The classic ability-achievement discrepancy formulation, which at first seemed conceptually so simple and sensible, now seems fraught with logic, measurement, and equity problems.

THE PRESENT

Today, instead of relying on diagnostic assessment to inform us of whom to treat and then providing remedial intervention, we focus on prevention. And we try not to label. When we notice that students cannot keep up with their peers, we take that as the cue to intervene as quickly as possible with more intensive instruction. We believe that whenever possible, such intervention should occur within the general education classroom, so that children can stay in a typical school environment.

This new orientation comes with its own concerns. First of all, the instruction offered in the general education classroom must be of high quality. Our job is to help to make sure that the instruction that gets into classrooms is the best that it can be. And we must also be alert to the problems that might arise in the inclusion classrooms in which at-risk children are placed. It is often a challenge for teachers to deal with heterogeneous classes, and there is not enough professional development within general education that addresses the needs of children with disabilities.

The Teachers College Institute continued for several years, and then we all went our separate ways. Of those who were involved, I am the only one still at Teachers College. But I am holding the fort. Most recently, I have been involved in the Center for Accelerating Student Learning (CASL) (five principal investigators again: Lynn and Doug Fuchs, Karen Harris, Steve Graham and I). We have been working at the primary-grade level, developing instruction for children at risk for academic failure and conducting

randomized studies of reading, writing, comprehension, and math programs.

So I have come back to doing what I did 30 years ago, randomized trials of instructional programs – except that now I am working on comprehension. Youngsters, even when struggling with word-level reading, can and should be taught to engage successfully in higher-order comprehension.

But it feels very different. We LD researchers know much better now what we are up to. We have developed a consensus on the main elements of a model of instruction. This model holds that successful instruction is structured, explicit, scaffolded, and intensive. It contains elements of both direct and strategic instruction, a combination of which has been shown in meta-analyses to produce the largest effects for at-risk learners. It proceeds systematically from the simple to the complex, and it provides substantial practice at each step. It incorporates meaningful tasks that will lead to transfer and generalization. Finally, it promotes the acquisition of self-regulation, and it recognizes the importance of ongoing monitoring of student progress.

Best of all, it has been shown to work! Specifically, within my area of interest, meta-analyses conducted by the National Reading Panel found clear evidence that an explicit and structured approach to phonics instruction is the most effective approach for beginning reading.

So far, the research on comprehension has not been sufficient to draw firm conclusions. However, researchers such as Don Deshler, Jean Schumacher, Joe Torgesen, Ed Kame'enui, Frank Vellutino, Sharon Vaughn, Lee Swanson, Barbara Foorman and others, including us at CASL, have provided evidence of the usefulness of this model across a range of instructional areas.

CONTRIBUTIONS TO THE FUTURE

Of course, we recognize that not all students will respond to all programs and that we will have to provide alternatives for nonresponders. We understand that we cannot limit our efforts to the elementary school, or the middle school, or even the high school level, because some students will require intensive instruction throughout their schooling. We have also learned that instructional research is complex, both methodologically and with respect to the content to be taught, that it is costly, and that it requires the cooperation of many people, especially teachers and other school personnel.

In focusing on instruction, our field is playing to its strengths. Special education has done a remarkable job of designing instruction and developing interventions. It is gratifying to see how others have benefited

from this work. Special education embraced a structured and explicit instructional model considerably earlier than did general education, and it has accumulated a great deal of data and wisdom that has helped those in general education who have adopted this model.

Researchers are not the only ones who have made contributions. We must not forget the contribution that

parents and other interested individuals have made to the establishment of the ACLD, for example. Their efforts to have these children recognized as an identifiable group with special needs, to get funding, and to influence policy have been hugely successful. The combination of research and advocacy has been very effective in moving the field forward and will help to ensure that our progress continues.