In education, the medical model of assessing, diagnosing and treating students with special educational needs has led to excessive referrals to Traditional Psychological Services and qualified educational professionals. The adoption of this model signifies the attribution of learning difficulties to the individual; the role of schools, services and professionals is to detect, diagnose and restore children’s “deficits” (Dean, Burns, Grialou, & Varro, 2006, Sheridan & Gutkin 2000). The unveiled difficulties and the reasons for low achievement are sought in students and not in their dynamic relationships with others, within the systems where they develop or school structures and teaching methods.

Despite conflicting views about the efficacy of assessing, diagnosing and intervention programmes, most students that do not respond successfully to the standards set by the Hellenic National Curriculum are referred for being diagnosed with learning difficulties. This assessment process, which is clearly based on the medical model, is implemented too on students residing in mountainous and distanced areas and attend the nearest possible schools. In these schools of mountainous and distanced areas, temporary teachers are placed on a non-permanent basis, who, subsequently, due to the restricted nature of the time spent there, tend to ignore the cultural background and students’ biographies, hence more easily attributing learning difficulties to the students or to the lack of sufficient cognitive stimuli of their environments. Although severe behavioral problems and learning difficulties, whose etiology is biological, cannot be excluded, the lack of students’ discipline in these cases is often assessed as a behavioral problem, accompanying low achievement, or vice versa.

Some of the consequences of the aforementioned situation are school abandonment by students with low achievement, the rejection of job offers by teachers anticipated to be allocated in the mountainous and distanced areas and the establishment of stereotypical correlations between low achievement and geography, all of which lead to a serious depreciation of school. Furthermore, the last few years, as the striking social and economic changes in Greece affect school practices on a daily basis, this depreciation is
augmented by the inability of the schools to address needs and expectations of local communities.

Starting with a synoptic review of relevant literature, the study analytically compares the dominant medical model and the ecological one. According to the ecological approach, the understanding of learning difficulties includes the research for the ways students and their developmental contexts (family, school, community, cultural frameworks, educational system) interrelate every day (Bukatko & Daehler, 1998). From the ecological point of view, a conceptual and practicing shift is suggested from diagnosis to prevention, from the identification of what is wrong with children to the assessment of their environments and, mainly, to promote wellness (Sheridan & Gutkin 2000: 490).

The current study maps the particular parameters shaping the environments where students of mountainous and distanced areas of the Prefecture of Chania live and develop, shedding light upon social and cultural dimensions needed to be included in an ecological framework. The multiple benefits occurring through the study of the interrelating dynamics between students, schools and local communities in these specific cases as well as the possible positive effectiveness of the ecological model are being discussed.

INDICATIVE REFERENCES

