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# Discarding the Deficit Model

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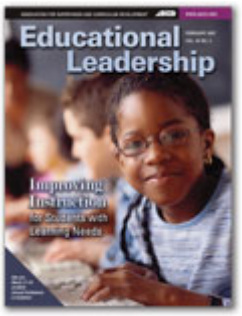

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**Ambiguity and subjectivity contribute to the disproportionate placement of minorities in special education.**

Many authors in this issue of *Educational Leadership* describe students as having "learning needs" and "learning challenges." How we wish this language truly reflected the common approach to students who have difficulty mastering the information and skills that schools value! Many students have special learning needs, and many experience challenges learning school material. But does this mean they have *disabilities*? Can we help students without undermining their self-confidence and stigmatizing them with a label? Does it matter whether we use the word *disability* instead of *need* and *challenge*?

Language in itself is not the problem. What *is* problematic is the belief system that this language represents. The provision of special education services under U.S. law—the Education for All Handicapped Children Act in 1975 and the Individuals with Disabilities Education Improvement Act in 2004—ensured that schools could no longer turn away students on the basis of perceived developmental, sensory, physical, or cognitive limitations. However, the downside of the law is that it has historically relied on identifying a disability thought to exist within a child. The main criterion for eligibility for special education

services, then, has been *proof of intrinsic deficit*. There are two problems with this focus: First, defining and identifying high-incidence disabilities are ambiguous and subjective processes. Second, the focus on disability has become so intertwined with the historical devaluing of minorities in the United States that these two deficit lenses now deeply influence the special education placement process.

We recently completed a three-year study that throws some light on the issue (Harry & Klingner, 2006). We looked at the special education placement process for black and Hispanic students in a large urban school district in a southeastern U.S. state. The 12 elementary schools involved represented a range of ethnicities, socioeconomic statuses, and rates of special education placement. On the basis of data we gathered from classroom observations, school-based conferences, interviews with school personnel and family members, and examination of student documents (such as individualized education programs, behavioral referrals, and evaluation reports), we found that several conditions seriously marred the placement process. These included lack of adequate classroom instruction prior to the student's referral, inconsistencies in policy implementation, and arbitrary referrals and assessment decisions. It was also clear that students in poor neighborhoods were at risk of receiving poor schooling, which increased their risk of failing and of being placed in special education.

# Minorities in Special Ed

The disproportionate placement of some minority groups in special education continues to be a central problem in the field. As noted in a report by the National Research Council (2002), the categories with the highest incidence of disproportionate minority-group placement are also those categories whose criteria are based on clinical judgment: Educable Mental Retardation, Emotional/Behavioral Disorders, and Learning Disability. The categories whose criteria are based on biologically verifiable conditions—such as deafness or visual impairment—do not show disproportionality by ethnicity.

Across the United States, African American students are represented in the category of Educable Mental Retardation at twice the rate of their white peers; in the category of Emotional/Behavioral Disorders, they are represented at one and one-half times the rate of their white

peers. In some states, Native American and Hispanic students are overrepresented in the Learning Disability category (National Research Council, 2002).

The roots of this problem lie deep in U.S. history. Looking at how the mandate for school integration intertwined with special education, Ferri and Connor (2006) analyzed public documents and newspaper articles dating from *Brown v. Board of Education* in 1954 to the inception of the Education for All Handicapped Children Act in 1975. The authors show how African American students entering public schools through forced integration were subject to low expectations and intense efforts to keep them separate from the white mainstream. As the provision of services for students with disabilities became a legal mandate, clear patterns of overrepresentation of Mexican American and African American students in special education programs emerged. Plagued by ambiguous definitions and subjectivity in clinical judgments, these categories often have more to do with administrative, curricular, and instructional decisions than with students' inherent abilities.

## Dilemmas of LD and EMR

The label of Learning Disability (LD) used to be assigned mainly to white and middle-class students. African American students—and in some states, Hispanic and Native American students—were more likely to be disproportionately assigned to the more severe category of Educable Mental Retardation (EMR). More than two decades ago, various scholars offered thoughtful analyses of these patterns. Sleeter (1986) argued that the Learning Disability category came into being to create a space for students from predominantly white and middle-class homes who were not living up to family and community expectations. She noted that the other side of this coin was that students with learning difficulties who were from low-income homes were more likely to end up in the Educable Mental Retardation category.

In a careful examination of how the construction of the Learning Disability category affected African American students, Collins and Camblin (1983) argued that the definition of *learning disability* and the means of identifying it guaranteed this pattern. First, the requirement for a discrepancy between IQ score and academic achievement was designed to indicate that the student was unexpectedly achieving

below his or her measured potential. This requirement was intended to ensure that the learning difficulty was the result of a specific, not generalized, learning disability. In other words, the student was capable of higher achievement, as evidenced by his or her IQ score, but some specific disability seemed to be holding him or her back.

But how do we measure cognitive potential? Through IQ tests. It is widely acknowledged that IQ tests are really "tests of general achievement, reflecting broad, culturally rooted ways of thinking and problem solving" (Donovan & Cross, 2002, p. 284). It is not surprising, therefore, that if we measure intelligence this way, then groups with inadequate exposure to the skills and knowledge required to do well on these tests will score lower than their mainstream counterparts. Thus, as Collins and Camblin pointed out, African American students' lower scores on IQ tests make it more unlikely that their scores will reflect the "discrepancy" required for admittance into the Learning Disability category.

Collins and Camblin's second argument focused on the "exclusionary clause" of the Learning Disability definition. In addition to ensuring that the student does not have some other intrinsic limitation, such as mental retardation or sensory impairments, the exclusionary clause requires that school personnel establish that the source of the problem inheres in the student, not in his or her environment or experience. Consequently, African American students living in poor socioeconomic circumstances were less likely to receive the Learning Disability label because their environments tended to exclude them from this category.

This brings us to the paradoxical impact of the Learning Disability category on minority students. On the one hand, the underrepresentation of poor and minority students in this category—also known as a pattern of false negatives—is a problem if it means that students fall between the cracks and do not receive appropriate instruction. Further, there are benefits associated with the Learning Disability label. For example, students in this category can receive accommodations on secondary and college-level testing, which many middle-class white families continue to take advantage of.

On the other hand, the number of minorities represented in this category has begun to increase. We might now face the possibility of overrepresentation of minorities—or false positives—in the Learning Disability group. Some researchers have argued that many students currently in the category should actually qualify for Educable Mental Retardation (MacMillan, Gresham, & Bocian, 1998). Moreover, our research showed that some psychologists use the Learning Disability label to protect a student from the more stigmatizing and isolating label of Emotional/Behavioral Disorders (Harry & Klingner, 2006).

The real problem is the arbitrariness and stigmatizing effects of the entire process. Students shouldn't need a false disability label to receive appropriate support. They also shouldn't acquire that label because they had inappropriate or inadequate opportunities to learn. And they shouldn't end up in programs that don't offer the truly specialized instruction they need.

## Dilemmas of EBD

The use of the Emotional/Behavioral Disorders (EBD) label grew by 500 percent between 1974 and 1998, from just over 1 percent in 1974 to just over 5 percent in 1998 (National Research Council, 2002). This category is plagued by as much ambiguity as the Learning Disability category is. To qualify for the EBD label, a student must display inappropriate behaviors to a "marked degree" and for a "length of time." These criteria depend on subjective judgment.

Also, decisions about what evaluation instruments to use vary widely across states (Hosp & Reschly, 2002). Some states use projective tests, which are well known for their inherent subjectivity. Students respond to stimuli, such as pictures or sentences, and then a psychologist interprets their responses as a projection of their feelings. Other states rely on checklists, which are equally subjective. Our research revealed that different teachers using the same instrument rated the same student very differently. For example, using a behavioral checklist to rate a 2nd grade African American boy, one teacher checked four items relating to poor self-concept as occurring "excessively" (more than 50 percent of the time), whereas another teacher checked those same items as occurring "seldom" (1–10 percent of the time).

One teacher in the study commented, “They're not disturbed. They're just a pain in the neck!” As many scholars have observed, it's often difficult to tell whether the behavior is mostly troubling to school personnel or whether it reflects a troubled child.

# Two Distorting Lenses

The intertwining of race and perceptions of disability are so deeply embedded in our way of thinking that many people are not even aware of how one concept influences the other. Let's consider how this works in light of the study we conducted.

## The Disability Deficit Lens

Many teachers in the study saw disability as a simple fact. One teacher noted, “These children have disabilities, just like some children have blue eyes.” When a student experiences continued difficulty mastering academic skills, all too often the first question someone asks is, “Does this student have a disability?” The Learning Disability label requires that we exclude potential environmental reasons for the student's difficulties. But barring obvious developmental limitations, how can we separate a student from his or her social and cultural experience?

Let's consider some environmental experiences that could interfere with a student's learning. Most often, the experiences cited as exclusionary include poverty, detrimental home and community environments, or lack of opportunity to learn. In and of itself, poverty does not cause learning difficulties. Most children from poor homes have effectively mastered the usual developmental childhood tasks of motor and language skills, and they have learned the values and social practices of their homes and neighborhoods. But they often haven't learned particular forms of the language or the ways in which schools use that language to the extent that their middle-income peers have.

For example, in a study of African American preschoolers' language development, Brice-Heath (1983) demonstrated how their social environments prepared students for an imaginative form of storytelling but not for answering the testlike, factual questions prevalent in schools. Moreover, the students' vocabularies may not be as extensive or as sophisticated as those of children growing up in middle-class homes. Students may also not have had extensive experience handling

printed materials or listening to stories told in the linear fashion so common to many children's books. Their lack of experience in some of these areas can make children seem unprepared for academic learning.

Absence from school as well as poor instruction in the early years can also be sources of a student's low achievement. Our research found that school personnel were always ready to blame the students' home contexts but seldom examined the school context. Even when students were referred for special education evaluation, members of the placement teams seldom asked whether poor classroom climate or instruction contributed to the students' difficulties or whether peer pressures could be the source of their withdrawal or acting out.

## The Social/Cultural Deficit Lens

When a habit of looking for intrinsic deficit intertwines with a habit of interpreting cultural and racial difference as a deficit, the deck is powerfully loaded against poor students of color. Speaking about her African American 1st graders, one teacher in the study pointed out that “they don't know how to walk, talk, or sit in a chair. It's cultural!” Comments like this really don't refer to whether the students can or cannot do these things. Instead, they show that the manner in which the students do these things is unacceptable to the teacher. The teacher's focus on deficiencies predisposed her to see the students as limited by their culture and, ultimately, to refer almost one-half of her class of normally developing children for evaluation for special education.

If it is evident that students' early home and community experiences have not prepared them well for schooling, what do schools do? Do the schools then provide the students with adequate and appropriate opportunities to learn? Does instruction begin where the students are? Does it move at a pace that enables them to become accustomed to the new norms and expectations? Are the students made to feel that the school values the knowledge they bring from their homes and communities? Do teachers build on these “funds of knowledge” (Moll, 1990), or do they see only deficits in the students?

# Variation, Not Pathology

Beyond the fact that these processes affect minorities unduly, the steady and dramatic increase in the use of disability labels in our schools is a cause for serious concern. The figures are startling. According to the National Research Council (2002), the risk of *any* student (averaged across ethnic groups) being identified as having Specific Learning Disabilities has increased from 1.21 percent in 1974 to 6.02 percent in 1998.

The truth is that the law's provision of disability categories for students who have learning and behavioral difficulties has become a way for schools to dodge their responsibility to provide high-quality general education. The deficit model is based on the normative development of students whose homes and communities have prepared them for schooling long before they enter school. Children who come to school without that preparation, and without the continuing home support of family members who can reinforce the goals of schooling, face expectations that they have not had the opportunity to fulfill. All too quickly the students become candidates for suspected "disability." Further, the special education programs into which they are placed are disproportionately of low quality in terms of curriculum, instruction, and ratio of students to teachers.

So why can't we see students' difficulties as "human variation rather than pathology" (Reid & Valle, 2004, p. 473)? Some encouraging trends are under way. The recent reauthorization of the Individuals with Disabilities Education Act allows for a change in the discrepancy model. The law now recommends tiered interventions by which schools can screen students early for signs of difficulty and provide more intensive and individualized instruction in needed areas without applying a special education label. The recent reauthorization enables schools to spend 15 percent of their special education funds on early intervention services.

The three-tiered Response to Intervention (RTI) model is currently receiving great attention in the field (Klingner & Edwards, 2006). The first tier involves quality instruction and ongoing monitoring within the general education classroom. In the second tier, schools provide intensive intervention support for students who have not met expected

benchmarks. In the final tier, students who do not respond to second-tier interventions are evaluated for possible placement in special education.

The RTI model holds promise for preventing academic failure. It also provides support for culturally and linguistically diverse students before they underachieve. Educators are becoming increasingly aware that they need to apply the model in culturally responsive ways (see Klingner & Edwards, 2006). This might mean considering whether suggested instructional interventions have proven effective with *all* students, including English language learners. Also, educators should avoid a one-size-fits-all approach because culturally diverse students or English language learners may require different tier-one or tier-two interventions.

The law also calls for increased and specific efforts to include parents in all phases of the placement process. Schools must ensure that parents understand the proceedings of individualized education program (IEP) meetings and provide an interpreter if necessary. They also must notify parents early on about meetings to help ensure attendance and provide parents with a copy of the IEP.

These changes in the law signal a need for revising the concept of "disability" as the single criterion for eligibility for specialized and intensive services. We need a new vision of special education—one that reserves the notion of disability for students with clear-cut diagnoses of biological or psychological limitations and uses the categorization only for the purpose of delivering intensive, specialized services in the least restrictive education environment possible. Students who have no clear-cut diagnoses but who struggle to master school-based tasks should be eligible for specialized services according to explicit criteria based on level of achievement. The Response to Intervention model monitors the progress of all students so that teachers can provide extra support—within the general education context—to those students who are not making adequate progress.

Rather than devoting extensive resources to finding out whether students "have" disabilities, we should devote those resources to assessing students' exact instructional needs using models like Response to Intervention. Schools will need to provide this instruction

through collaboration between general and special education personnel to ensure that all students continue to have full access to the general curriculum. As Lisa Delpit (2006) noted, let's stop looking for disabilities and just "teach the children what they need to know" (p. 3).

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The relationship cycle typical of extreme narcissistic abuse generally follows a pattern. Individuals in emotionally abusive relationships experience a dizzying whirlwind that includes three stages: idealization, devaluing, and discarding. This cycle can repeat numerous times, spinning a merry-go-round of emotional vertigo for those caught in such relationships. In the beginning of a romantic relationship with a person affected by narcissism, an individual may describe the initial infatuation stage as â€œotherworldly.â€. The emotional high can feel like a drug cocktail as potent as cocaine, heroi Discarding the Deficit Model. Beth Harry and Janette Klingner. Ambiguity and subjectivity contribute to the disproportionate placement of minorities in special education.Â  When a habit of looking for intrinsic deficit intertwines with a habit of interpreting cultural and racial difference as a deficit, the deck is powerfully loaded against poor students of color. Speaking about her African American 1st graders, one teacher in the study pointed out that â€œthey don't know how to walk, talk, or sit in a chair.