Capacity or Deficit? The Lens We Use to View Students Does Make a Difference

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“Every block of stone has a statue inside it and it is the task of the sculptor to discover it.”
—Michaelangelo

When I participate in team meetings or have discussions with teachers and other service providers about the students they teach and serve, I am often struck by how many of the stories and comments I hear focus on what the student cannot do, or the skills and concepts the student cannot learn, or deficits and absent skills. The conversations highlight limitations, skill discrepancies, and what needs to be learned, changed, or “fixed.” The curious thing is that many of these teachers and educators also share how much they care about this student and want to ensure the best outcomes for this student and have the best interest of this student in mind. I do not doubt those claims. It is just that this concern and best interest when juxtaposed with a focus on deficits and limitations is puzzling to me. I am certain that many of these professionals came into the field with an altruistic interest in and desire to teach, support, and help students with different and specialized instructional needs. However, it seems to me that some of these educators still view many students with disabilities through a lens that illuminates difference, abnormalities, and deficits rather than capacity, abilities, and unique skills. I would like to take a closer look at the lens educational professionals use when viewing students with disabilities, especially those with intellectual or multiple disabilities and sensory losses.

Last fall, I co-wrote an article entitled “Capacity or deficit? An examination of the lens that educators use to view student disability” with two colleagues, Dr. Emily Nusbaum and Jeanne Rodriguez, for PEAK Parent Center’s SPEAKout Newsletter. This article was born out of many mutual conversations and experiences we had with families and educators regarding students with disabilities and appropriate educational services, supports, and IEP goals. It was startling to us to realize the same student could be viewed so differently by different members of the
IEP team depending on the lens used to view the individual with a disability label. We named the two lenses “deficit-framing” and “capacity-building” as those two terms seemed to highlight what each lens focused on—either the student’s deficits or the student’s capacities.

What also seemed clear to us though our varied experiences was that the educational decisions and plans developed by teams were very different depending on which lens was used to view a child. At times supports, assistive technology, and adaptations to core curriculum were seen as necessary to enhance a student’s progress and participation. At other times supports, assistive technology, and need for modifications were recognized as further evidence of the student’s deficits and need for a more restrictive placement and less rigorous educational goals. Sometimes we saw different members of the same team use different lenses as the team discussed and debated appropriate goals, services, and supports. More often we witnessed school district staff employing a deficit-framing lens while the parents of the child advocated for goals, services, and placement that focused on the innate capacity and potential of their child.

We believed that it was time to expand this discussion of the lens used by professionals to view student disability since it has such a long-lasting impact on the lives of students and their families. Most importantly, the design and implementation of an effective and meaningful educational program depends on which lens team members use to view a student. We realized that it was not just change or expansion in educational practices or strategies that was needed (e.g. identifying a student’s individual strengths and interests, employing student-centered practices, modeling respect and high expectations of students with significant disabilities), but an examination and shift in perspective with how educational professionals viewed individuals with disabilities in the first place. What and whom did they see when they looked at, taught, interacted with, or discussed these students that they served?

Let’s start with a description of the two lenses, or viewpoints. Capacity building is a term that describes practices focused on an individual’s strengths, abilities, desires, and choices (Browder, 2001; O’Brien & Mount, 1991) and relies on the “presumed competence” of individuals with disabilities (Biklen & Burke, 2006). Capacity-building practices sit in contrast to many typical practices in special education that identify deficits and then develop plans or interventions that can best respond to them. A capacity-building framework is person-centered, assumes a fulfilling life in inclusive/integrated environments, and envisions a future based on possibilities instead of constraints.

Use of a capacity-building lens is grounded in the principles of “presuming competence” (Biklen & Burke, 2006) and in “making the least dangerous assumption about students with disabilities” (Donnelan, 1984; Rosetti & Tashie, 2002). Presuming competence is the underlying assumption that even those individuals who behave, move, communicate, learn, and interact with others in different ways share the same human desires we all have for personal growth, community
membership, and fulfilling relationships and work. Often these differences disguise the competencies of these individuals due to our society’s narrow view of competency which does not allow us to recognize the atypical or unusual skills, abilities, behaviors, and contributions demonstrated by individuals with disabilities as competent or valuable. However, let’s consider the first few weeks Annie Sullivan spent with the young Helen Keller. What if she had only recognized a “wild child” who held no desire to communicate with others or potential to learn? What if she believed Helen was only a spoiled child with a bad temperament that would be permanently locked inside herself because she had lost her vision and hearing as a baby? Fortunately for Helen and her family and society as a whole, Ms. Sullivan took the approach of “presuming competence” and understood that Helen’s different behaviors and actions were certainly a form of communication and an indication of a deep desire to know, learn, and grow.

In 1984 Dr. Anne Donnelan wrote “the criterion of the least dangerous assumption holds that in the absence of conclusive data, educational decisions ought to be based on assumptions, which, if incorrect, will have the least dangerous effect on the likelihood that students will be able to functional independently as adults,” (Donnelan, 1984). This criterion examined the deficit-based view many medical personnel, educators, and service providers extolled when determining the motivations and potential of individuals who communicated, behaved, moved, and learned differently. She wrote of the danger of assuming a person with significant intellectual or physical disabilities and/or sensory losses could not learn to communicate, progress in school, or work and live in the community. She suggested instead that we must assume all individuals have an innate desire to communicate, learn, grow, and achieve satisfying personal goals. She explained that as educators and professionals it is our job to identify the instructional strategies, services, supports, and tools needed for that growth and development to occur. Donnelan further suggested that we should “assume that poor performance is due to instructional inadequacy rather than to student deficits.” She challenged educators to shift their perspective from seeing the student as “the problem” to viewing the ineffective or absent instructional structures and supports as “the problem.”

Consider the life outcomes for a child who is deaf-blind and is provided an object calendar and taught signed communication, basic literacy, functional math skills, and the use of a cane from early school years on. Now consider that same child sitting in segregated class and receiving primarily custodial care and no academic instruction or communication system because it was assumed that the child is “not aware of anything or anyone around him.” Which assumption is more dangerous to follow? Even if the child who received individualized instruction and supports does not learn to travel independently, sign fluently, or to read or use money, what was lost by the attempts to reach and teach this child? Nothing. The least dangerous assumption to make is that every child has the desire, will, and potential to learn.

Both of these underlying principles require that educators examine their own perspectives and, even more importantly, the narratives they tell about the students they work with, in large part due to the prejudice that still exists in our society about the capacity of individuals with disabilities and society’s view of difference as deficits. An examination of our own prejudices and values and a commitment to these principles, and the utilization of a capacity-building lens,
can shift “problems” from an individual student to the collaborative, educational teams who are supporting the student (Nusbaum, Maier & Rodriguez, 2013). A deficit-framing approach is a more traditional approach used in special education and borne out of the medical model our delivery system was based upon in the 1970s. With this approach students are annually assessed for their progress to meet specific benchmarks and their skills are compared to same-age or grade-equivalent peers. The results of these assessments often guide the team’s decisions to further develop or teach skills that are limited or missing and are the basis for the argument that a child does not belong or has not earned the right to access educational environments and activities and curriculum offered to their same-age peers with disabilities. In 1992, Norman Kunc wrote about a system that seems to require students served in special education to “earn the right to belong” to the larger school community by meeting objective educational standards and benchmarks rather than valuing individual students for their current skills, abilities, and contributions and allowing community membership and access to educational environments regardless of skill level or support needs (Kunc, 1992). Yet again, the individual student with disabilities is identified as the “problem”, rather than viewing the difficulties the educational team is confronting in identifying, developing, and implementing approaches, supports, and services that will allow a student to make progress as the “problem” that needs to be remedied.

When deficit-framing lens is used, an educational team will likely design a program and goals that limit a student’s learning opportunities, access to general education curriculum, development of self-determined behaviors, and interactions and positive relationships with a wide variety of peers. If, on the other hand, a capacity-building lens is used, then the team will put time and effort in to identify available and meaningful resources and supports that will allow the student to continue to develop skills, gather knowledge, identify and reach personal goals, interact with a wide variety of people in multiple inclusive environments, and lead a more fulfilling life that accentuates their talents, abilities, and contributions.

When utilizing a capacity-building lens, educators look for and recognize the unique characteristics, skills, talents, and interests of a student with disability. This lens is not limited to identifying strengths, but rather shifts the focus. The view is of the same student, yet the perspective is very different. Educators who use a capacity lens look beyond what the student with disabilities is “doing” by describing the different or missing skills or behaviors, and instead consider why the student is or isn’t doing something, and will then identify and consider systems of support that could enhance and develop the student’s capabilities. These educators also understand that the “problems” that challenge them the most are actually evidence of
student capability. In contrast, a deficit-framing lens focuses on labels, limitations, barriers, and remediation. This pervasive, normative view leads the professional to utilize practices that “fix,” or help a student “get ready,” or meet professionally-established criteria, practices that too often end up limiting the student and creating unnecessary barriers to learning and progress.

When one approaches a student’s educational experience using a capacity-building lens, the basic premise is that the student possesses an innate ability and desire to express, grow, and learn in unique ways. Intrinsically high value is placed on the contributions that the student has in creating his or her life experiences, opportunities, and learning. In addition, the educator who has shifted to a capacity-building lens looks for ways to optimize the resources available within the educational environment, since the use of individualized supports by a student is viewed as a strength rather than an obstacle on the road to reaching an elusive standard of “independence,” a standard that few people actually hold themselves to in the real world.

It seems important to discuss the view of instructional supports here. The argument that the support needs of a student should determine program placement and development of an educational plan and goals is often based on viewing these supports as a necessity to “help” remediate or rehabilitate deficits in a child and is used as more evidence that the individual is “too different” and “not ready” for integrated opportunities and environments. However, this view does not acknowledge that we all in fact rely on different supports in our lives. The difference between the supports utilized by individuals with disabilities is that these supports may be more specialized and appear more intensive. A deficit-framing view judges the type and intensity of supports as another way to acknowledge the limitations and deficits of the individuals. What if supports were viewed as a means to expand the individual’s participation and contribution and self-determination? Why is a visual or tactile checklist used to complete a job often viewed as, “This person cannot perform this job without help,” instead of “Wow, with this checklist this person can independently complete this job.” We all rely on supports in our lives, but when the need for supports is viewed as a deficit or limitation, then that colors a person’s view and perspective of the capacity and contributions of another. Until we acknowledge this human need for support with the accompanying realization that most individuals and their families are best equipped to judge which support(s) work best and how much support is needed and that these supports should always be offered with respect and normalcy, then this argument that support needs drive placement and educational decisions will continue to overshadow the individual and their potential.

A person who embraces the capacity-building perspective will demonstrate many specific behaviors in their interactions with and their assessment and instruction of individuals with disability labels. Specific behaviors that will be noticeably different include:

1. The language used to describe the individual and his/her support needs and to convey information about that individual’s abilities, interests, and contributions (e.g. interpreter role);
2. The manner that support is provided to the individual is respectful and determined by the individual in need of support, rather than the support provider deciding when and what support is needed;
3. The reciprocity and respect demonstrated in interactions and relationship with the individual;
4. The expectations they hold for the individual’s growth and progress.

Many times it is the families, who spend the most time with their children, who naturally demonstrate these behaviors and easily view the capacity of their children that professionals might miss. Unfortunately, sometimes when families share their observations, suggestions, and hopes for their child they are called “unrealistic” by educators and school professionals who hold deeply entrenched, deficit-based ways of viewing students with disabilities. A further examination of the statements made by families requires a deeper consideration—not of the child and the families’ goals and hopes—but of ourselves.

If each of us wants to be viewed as having desire, capacity, interests, hopes, and dreams, then we are required to look at ourselves and examine our notions of professional expertise. We must ask ourselves if we are able to see students with disabilities as being as fully human as ourselves—and thus as being full of potential and possibility (Nusbaum, Maier & Rodriguez).

Last summer at the International CHARGE Conference I came across a wonderful visual example of a capacity-building perspective. Jacob Hartshorne’s parents, friends, and support providers made a large colorful poster entitled “Jacob Can”. It was decorated with colorful paint along the edges and in the middle was simply a long list of what Jacob CAN do. Jacob is a young man from Michigan who also has CHARGE syndrome and some things he can do include ride a bike, use sign language and picture symbols to communicate, put his glasses and cochlear on, put on his own clothes, take you to the trampoline, get in and out of the hot tub, push the grocery cart and put grocery items on the checkout conveyor belt, shred paper, put away clean dishes, and put dirty clothes in the washer and wet clothes in the dryer. The list did not say that he cannot speak, cannot read a recipe and cook a meal, cannot drive a car, cannot grocery shop or do laundry independently, or cannot live alone. We need to ask ourselves which list would be more helpful in helping Jacob live a life that will be fulfilling for him and bring him happiness.

Looking through the lens of capacity building offers an objective perspective of the student’s individual capacity and assumes that educators are seeing and perceiving the individual’s thoughts, values, ideals, and actions from the individual student’s point of view and not from the meaning or value that educators and other professionals have placed on the student’s life, actions, or circumstances. When working from the vantage point of capacity building,
educators, in collaboration with the individual and family members, can identify and develop plans that create optimal educational opportunities and social experiences which will ideally continue to expand and build upon the student’s repertoire of skills, abilities, and interests. It should be assumed each individual and his/her family already has the innate knowledge and sense of who the individual is and what the appropriate steps might be to continue to enhance that individual’s learning and ability to be the primary participant in his/her life. Consider the difference in the collaborative discussions and planning with families when they recognize that the educators serving and supporting their child are using this person-centered approach rather than framing the discussions around deficits and “problems” with their child. It seems to me that this would lead to much more valuable collaborative team discussions and planning, a more efficient use of time, and better outcomes for the student now and in the future.

References


