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## Countering Deficit Thinking About Neurodiversity Among General Education Teacher Candidates: A Case Discussion Approach

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# **Countering Deficit Thinking About Neurodiversity Among General Education Teacher Candidates**

## **A Case Discussion Approach**

**By Grinell Smith & Colette Rabin**

### **Abstract**

We have observed that many of the multiple-subjects teacher credential candidates in our program often reveal deficit views of autistic children. This report provides an example of how we help credential candidates learn to reframe deficit thinking about neurodiversity via the examination, discussion, and dramatization of a collection of dilemma-based case stories designed to help our students unearth preconceptions and engage in shared inquiry. One strength of this approach is that it asks candidates to develop specific and realistic plans of action, to adopt a care ethic requiring them to think and act from the perspective of the child, to think about the limits of their ability to differentiate, and to recognize that even with mainstreamed autistic children, as non-specialists our candidates may frequently

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## *Countering Deficit Thinking About Neurodiversity*

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find themselves out of their depth and in need of the expertise of more knowledgeable colleagues.

### **Overview**

Our goal is to highlight the need for an increased focus on asset-based approaches to special education in general teacher preparation programs, specifically with regard to children diagnosed with Autism Spectrum Disorder Level 1 (ASD-1). As teacher educators with decades of experience teaching foundations, action research courses, and content methods courses, five years ago our chair asked us to teach our department's health and special education course, a challenge we accepted with reluctance because of our lack of formal immersion in the field of special education. To our chagrin, as we prepared to teach the course we found that much of the available materials and resources for teachers about children diagnosed with ASD seemed deficit-laden. This view was particularly heightened in the mind of one of us, whose 12-year-old daughter was recently diagnosed with ASD-1. However, the seeming presence of deficit ideology is perhaps not surprising given a systemic disproportionality of representation of the white and wealthy in GATE programs and, as counterpoint, over-representation of the poor and people of color in special education programs (Grissom et al, 2019; Grindal et al, 2019).

We fervently believe that the vast majority of special education specialists themselves do not hold deficit views of people diagnosed with ASD, nor do they mean to promulgate deficit views when they use clinical language (e.g. words and phrases like "delays," "disorders," "warning signs," "risk factors," "severity of symptoms," "oversensitivity or undersensitivity to stimuli" and other terms common in the ASD clinical literature). However, we are concerned that our general credential candidates who typically lack both a clinical understanding of ASD and a well-honed ability to guard against deficit thinking may easily be misled by such language into adopting deficit views of autistic children.<sup>1</sup>

Perhaps not surprisingly, conversations with our students consistently reveal that many do indeed hold deficit views of autistic children. They tend to frame their descriptions of ASD in terms of deviations from "normal" in negative ways (e.g. "*Some autistic kids can't sit still like normal kids*" rather than "*Some autistic kids benefit from stimming in class.*") They also display common misunderstandings about ASD (e.g. speaking about the spectrum as though it represents a severity scale, as in "*He's a little bit on the spectrum*"), most of which we found to be underpinned, at least in part, by deficit ideology. Thus, we found it prudent to spend significant time and effort helping our students discard such views. However, as relative newcomers in the field of special education, we were not well prepared with specific approaches. Ultimately, we decided to repurpose a practice we have used to counter social, cultural, and linguistic deficit thinking to this context. Here, we provide an example of how we help candidates reframe how they think about neurodiversity.

### **Significance**

We believe this practice has significance for teacher preparation and K-12 education in that it addresses a known challenge: the lack of special education training in the state's general education teacher preparation programs (Mader, 2017). In our multiple-subjects credential program, for example, which is one of the largest programs in the Bay Area, K-8 teacher candidates take only one course designed specifically to help them meet the needs of children with special needs (a topic that even in this course shares billing with health education). We see a significant opportunity to embed high quality special education approaches more firmly into currently existing general credential pathways by leveraging the focus on social justice and a stated commitment to embracing diversity that undergirds many California teacher preparation programs in the context of neurodiversity. Our hope is that this may help candidates reframe what to us seems to be a pervasive tendency to tolerate - or worse, adopt - a view of autistic children as "less than" that predictably develops when candidates are invited to view autistic children primarily in terms of how they deviate from neurotypicality.

### **Key Elements of Practice**

The practice we describe here is designed to help candidates get at the roots of their deficit thinking via the examination, discussion, and dramatization of a collection of dilemma-based case stories we developed - short vignettes of school situations that defy simple solutions designed to unearth preconceptions and create opportunities for shared inquiry. (The vignette we share below is perhaps best suited to help candidates think about children diagnosed with ASD-1, the population of autistic children most likely to be 'mainstreamed.')

Over the years in our other classes, we have successfully used case stories to help our students unearth preconceptions and engage in shared inquiry (Smith, 2012; Rabin, 2012; Rabin and Smith, 2013). We find that their utility accrues in part from the way they support students to adopt an ethic of care (Noddings, 1992, 2002, 2012), which requires engrossment of the one-caring in the concerns and perspective of the cared-for. Case stories also leverage insights from psychology that reveal that people are more likely to generalize from specific cases rather than to apply general concepts to specific contexts (see, for example, Nisbett & Bordiga, 1975).

Prior to introducing the case story, we begin by orienting our students to how children are diagnosed as autistic. Our students learn, for example, that a diagnosis of ASD is made only after an assessment of behavioral and family historical information by clinicians with special training in ASD diagnosis. Here, we explicitly counter narratives we hear all too often from our students who display alarmingly solid convictions about their students they identify as needing differentiation, reminding them that as teachers, their role is not to diagnose a child as autistic or not autistic. They learn, for example, that the commonly-used Autism Diagnostic Observation



### *Countering Deficit Thinking About Neurodiversity*

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Schedule (ADOS) is viewed by many as having “the strongest evidence base and highest sensitivity and specificity (Falkmer, et al., 2013, p. 329). They learn that ADOS test scores are produced by assigned scores to various behaviors in standardized contexts as compared to how a neurotypical child could be expected to behave, with a higher score associated with a greater divergence from neurotypicality. They learn that people diagnosed with ASD-1 are described as needing minimal levels of support with social communication, social interaction, restricted or repetitive behavior, interests, or activities, while people diagnosed with ASD-2 and ASD-3 need more significant support (APA, 2013; Masi et.al, 2017).

Teaching our students about diagnostic pathways and some of the ways autism manifests is important because it allows us to explore with our students how the two domains—diagnosis and instructional differentiation—while inter-related, are in many ways distinct. For example, while we are not positioned to critique diagnostic practices or the use of clinical jargon per se, we do posit that when people who lack training or clinical understanding of ASD (e.g. the majority of our multiple subject teacher candidates) encounter such jargon, unsurprisingly, they are likely to adopt a similar heuristic to think about how to teach autistic children. Namely, they ask, how does this kid deviate from “normal?” While such a heuristic has clear utility in clinical settings, we suggest that in the hands of novice educators, it poisons the well of their thinking because it invites them to uncritically adopt the dangerous tautology: ‘typical’ = ‘preferable.’

Armed with an understanding of how autism is diagnosed, we then introduce our candidates to a case story we developed specifically to help them surface deficit thinking about one autistic child, summarized below:

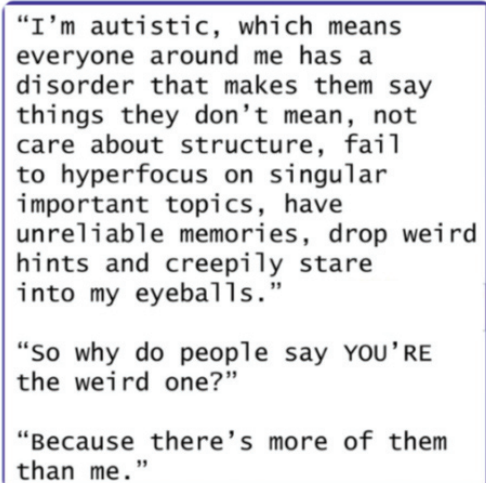
#### A Case Story: Anna and the Group Project

Anna is an 8th grader in a mainstream class with a diagnosis of ASD-1. She tests as having normal to above-average intelligence and has an IEP designed to help her teachers make instructional accommodations to address her non-verbality, reticence to socialize with her classmates, issues related to sensory overload, and difficulty completing assignments in a timely manner. Her history teacher, Ms. Jenkins, a veteran with nine years’ experience but with scant experience working with autistic girls with behavior similar to Anna’s, has prepared a complex group project to explore the U.S. Constitution. Anna’s parents have been helping her with the project at home, assisting with internet research and reading over her contributions to the group’s shared Google Doc. Anna seems very invested in the project, so they are taken aback when they email Ms. Jenkins for clarification about assignment deadlines and receive this reply: “I’m glad you reached out. I’m concerned that Anna does not keep up with her group. She is in a group of kind, patient students, and I encourage her to listen in to the conversations at her table even if she doesn’t want to speak up, but she seems to zone them totally out and try to work on her own. I’m okay with her making this decision, but it does mean that she will fall behind. I’m at a loss as to how to engage her more productively and would welcome any suggestions or advice you might have.”

In discussions, when it is apparent that more details about Anna or the context are needed, we identify why we need the missing information and then invent details, adding them to the story. In this way, candidates are invited to think of Anna as a whole child, complete with unique abilities, particular struggles, and complex cognitive, communicative, social, and emotional ways of being. In one such discussion, borrowing an idea from an ASD workshop for mainstream teachers, we introduced an unsettling feature: one of us announced that every four minutes as they worked in their groups, we would drag our fingernails down the class chalkboard, but that they were to try not to be distracted by that. When, to no one's surprise, the majority of students could not ignore the chalkboard scratching, even when they knew in advance that it was going to occur, it opened a discussion of the nature of sensory overload, which led to insights about how difficult it must be for some autistic children in 'normal' classroom contexts, the extent of accommodations that might be warranted, and ultimately what 'normal' actually implies. This invariably leads to several "aha" moments about Anna's behavior—or more accurately, how challenging it is to accurately assign a motive to a particular behavior without a full awareness and understanding of how autism shapes sensory experiences and intersects with cognition and behavior. In many cases, these insights seem to lead candidates more readily to adopt perspectives that Anna might hold, and by extension, consider the perspectives of other autistic children. While closing one such discussion, for example, one candidate shared a meme from an r/autism subreddit (see Figure 1) that she thought showed how reframing one's perspective can help to reframe one's thinking.

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**Figure 1**  
*A meme from an autism subreddit (r/autism) shared by a candidate that flips a stereotypical description of the behavior of some autistic children.*



"I'm autistic, which means everyone around me has a disorder that makes them say things they don't mean, not care about structure, fail to hyperfocus on singular important topics, have unreliable memories, drop weird hints and creepily stare into my eyeballs."

"So why do people say YOU'RE the weird one?"

"Because there's more of them than me."

## **Conclusion**

Countering candidates' tendencies toward deficit thinking is a well-documented challenge (Gay, 2019). There is increasing awareness that along with other kinds of diversity, neurodiversity is yet another prominent feature of the deficit-thinking landscape (Kapp, 2013). It is a feature we think needs more attention than teacher preparation programs typically give it, and we offer the practice of case-centered discussions featuring neurodiversity as a feasible way to help candidates in over-packed credential programs shine a light on their largely unexamined assumptions about the autistic children who will be in their mainstream classes. One strength is that it asks candidates to engage directly and overtly in what Sanger and Osguthorpe (2015) call the *moral work of teaching* as they plan and consider their differentiation strategies. Another strength is that it counters the vague and naive belief that simply 'believing in' and 'supporting students for who they are' will be sufficient to address their special needs—which are frequently substantial—because it asks candidates to develop specific and realistic plans of action, to adopt a care ethic requiring them to think and act from the perspective of the child, to think about the limits of their ability to differentiate, and to recognize that even with mainstreamed autistic children, as non-specialists they may frequently find themselves out of their depth and in need of the expertise of more knowledgeable colleagues.

## **Note**

<sup>1</sup> We use the term "autistic child" rather than "child diagnosed with ASD" out of deference to the 12-year-old we mentioned earlier, who prefers the phrase.

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