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To Refer Or Not to Refer: Untangling the Web of Diversity, "Deficit," and Disability

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Abstract: This article examines multiple sources of learning problems in young children within the context of appropriate and inappropriate referral to special education. Three sources of learning problems are identified: (a) unrecognized cultural/linguistic diversity, (b) deficits stemming from chronic poverty or trauma, and (c) disabilities. Similarities and differences between these are discussed, with an emphasis on distinguishing problems generated by disabilities from those generated by unrecognized diversity or deficits. Types of data that can help make this distinction are identified.

Introduction

Concerns regarding the referral of children to special education are not new. Ysselyke, Algozzine, and Richey (1982) summarized these concerns in their article titled "Judgment Under Uncertainty: How Many Children Are Handicapped?". More recently, others have raised similar questions relative to children whose home culture(s) and language(s) are diverse from the culture and language reflected in assessment and school practices (e.g., Bredekamp & Shepard; 1989; Figueroa, 1989; Miller-Jones, 1989). Both over-referral and under-referral have been identified as significant concerns, the former to a greater degree than the latter (e.g., Robertson & Kushner, 1994). As the traditional assessment paradigm has come into question for all children, these concerns have not abated (e.g., Figueroa and García, 1994). The need to examine existing practices, while not always stated with young children specifically in focus, is as relevant in their case, if not more so, given their developmental dynamics.

The purpose of this article is to examine two sources of learning problems in young children that, when not clearly distinguished from disabilities, often lead to inappropriate referrals: (a) lack of responsiveness to characteristics associated with diversity of culture or language (hereafter called "unrecognized diversity"), and (b) learning "deficits" 1, resulting from chronic poverty or unaddressed trauma. More specifically, diversity and deficits will be described and the kinds of learning difficulties associated with each will be discussed. Types of data necessary to distinguishing between them will then be identified.

Descriptions and Difficulties

Referral to special education is typically triggered when parents or other care providers find that a child is not learning as anticipated, or as considered normative in particular settings. Not all of these problems arise from disabilities, however, and therein lies the dilemma of appropriate referrals. There are at least two other possible sources of learning difficulties: unrecognized cultural/linguistic diversity, and what are, for purposes of this article, termed learning "deficits" 1, generated by chronic poverty or unaddressed trauma. The distinction between disabilities and cultural/linguistic diversity has been the subject of much recent literature (e.g., Cervantes & Arroyo, 1994; Samuda & Kong, et al., 1989). Deficits have been addressed less

frequently and less clearly. Both unrecognized diversity and deficits can generate behaviors that interfere with learning and mimic those generated by disabilities. There is a need, therefore, for systematic assessment of contextual factors influencing problematic learning behaviors. It is this need that is the impetus for this article.

Disabilities

For children 3 years and older, federal law identifies eight types of disabilities: mental retardation, learning disabilities, emotional/behavioral disorders, physical disabilities, visual impairment, auditory impairment, communication or language disorders, and other health impairments. These disability categories are generally agreed upon across states, with some variation. Specific criteria that must be met to be eligible for services are identified for each type of disability. When these behavioral criteria are looked at in isolation from each other, it is sometimes easy to lose the overall concept of disabilities as used in special education. This overall concept is alluded to in the exclusionary clauses contained in some of the definitions; clauses that specifically exclude children who may exhibit behavior that meets the criteria but arises from factors other than disabilities.

Two common threads to special education's perspective on disabilities can be found when one looks across definitions, rather than solely within definitions:

(a) a concept of disability as resulting from some "within the child" condition, typically organic, or at least with organic roots, that prohibits the child from developing or learning as would same-age peers with the same opportunities to learn, and

(b) a concept of disabilities as chronic; i.e., not "curable", though their effects can be ameliorated through appropriate intervention (cf., Smith & Luckasson, 1995).

Children with disabilities typically do not bring intact learning abilities to the educational setting, though they can learn and compensate for their disabilities in a variety of ways. Referral to special education is, then, appropriate only when learning difficulties are truly reflective of impaired learning abilities, and persist after other variables have been ruled out. A lack of distinction between impaired learning abilities and intact, but perhaps different or underdeveloped learning abilities, is key to the issues of over- and under-referral, as can be seen when learning problems generated by unrecognized diversity or deficits are contrasted with those generated by disabilities.

Unrecognized Diversity

Learning problems associated with unrecognized cultural or linguistic diversity are, in contrast to those stemming from disabilities, not reflective of "within the child" conditions. These problems are, rather, social and dynamic in nature and, thus, more dependent on external contexts than on internal conditions.² That is, problems associated with unrecognized diversity are understood to be relative, varying according to (a) the degree of similarity or difference between the cultural and linguistic context of the child's home environment and that of the educational setting (González-Mena, 1993a, 1993b; Mallory & New, 1994); and (b) the degree of acceptance or nonacceptance of particular values and behaviors (Skutnabb-Kangas & Cummins, 1988; Ogbu, 1992).

Children with problems associated with unrecognized diversity, unlike those with problems stemming from disabilities, learn and develop as would same-age peers when within the learning context into whose culture

(i.e., roles, rules, values) and language they have enculturated. They demonstrate intact learning abilities within their home setting(s). Problems typically arise only when these children are placed in a different context with significantly different expectations and norms (e.g., a preschool setting). It is, thus, not their abilities, but rather the dissonance between cultural and linguistic contexts that interferes with their performance. Research on children from a variety of cultures seems to indicate that this dissonance is especially problematic when accompanied by a devaluing of the child's heritage and identity (Skutnabb-Kangas & Cummins, 1988).

Learning Difficulties Commonly Associated with Unrecognized Diversity

The presence of diversity is not inherently problematic. Diversity of culture or language is, in fact, the norm in almost all countries outside of the U.S. Such diversity can, however, become problematic when appropriate transitions from familiar environments to unfamiliar environments are not appropriately made, and children are placed in early childhood (EC) environments requiring unfamiliar or negatively valued knowledge and skills. When this is the case, three problems arise that can result in learning difficulties similar to those generated by disabilities:

- (1) loss of competence and self-confidence stemming from shaming and unfamiliarity with communicative strategies, behaviors and expectations within the EC setting
- (2) limited English proficiency
- (3) diversity in funds of knowledge

Loss of competence and self-confidence . Loss of competence and confidence result when a child's basic assumptions about how the world functions and about him or herself are shaken. When, for example, a child finds that strategy X or skill Y, which are valued in the family setting, and which have proven successful in the past, are now not equally successful in the EC setting, that child will lose confidence in those strategies or skills, or in him/herself, or both. Additionally, for a child enculturated to value these particular strategies or skills, and to associate them with loved ones on whom he/she depends, the sudden inability to rely on them can generate a polarization between expectations and values in the home setting and those in the EC setting. This tension between expectations and values can be difficult to resolve, especially for young children. Unless appropriately supported, the result can be resistance to new strategies or the loss of familiar strategies without mastery of new ones.

Limited English proficiency. One of the most common reasons for referrals to special education has been limited English proficiency (Maldonado-Colón, 1986). This is the case despite the fact that limited English proficiency, when it stems from the presence of a non-English language in the child's home, has, in and of itself, no negative effects on learning. A substantial number of the world's children encounter a second language upon leaving their home environment without negative consequences (Grosjean, 1982). When, however, no accommodations are made to a child's lack of proficiency in the language of the EC setting, children are left without means of understanding what is being said or expressing what they need to say. Their performance then becomes similar to that of children with disabilities.

Limited proficiency, when evidenced only in English and not in the child's other language, cannot be used as the basis for a referral to special education. The presence of an intact home language indicates that language learning abilities are not compromised. The effect of disabilities on communication will exhibit across languages and is not specific to only one language (e.g., a child cannot be communication disordered

in only one language). Stuttering is the only exception; that is, a child can stutter when speaking one language but not stutter when speaking the other.

When limited proficiency is evidenced in both English and the child's non-English language, there may be a basis for referral. The effects of chronic poverty or trauma must first be ruled out, however. These two variables can affect language acquisition and development across languages in a fashion similar to disabilities. Typically, limitations in comprehension, or receptive language, are less vulnerable to these and other environmental factors than expressive limitations (Metz, 1991). Limited **comprehension** in both English and the child's non-English language is, on the other hand, a more significant indicator of possible disabilities. Metz's (1991) study of young Hispanic children in Head Start programs indicated that children with limited understanding of basic concepts and conversation in Spanish, their home language, as well as in English, a language to which they had had meaningful exposure, demonstrated compromised language learning ability upon having a full bilingual language evaluation.

Diversity in funds of knowledge. Every child brings to the EC setting particular "funds of knowledge" (Moll & Greenberg, 1993), including specific concepts, values, vocabulary, and preferred strategies for learning about and responding to different situations and events. Early childhood programs also reflect particular funds of knowledge, both in their assumptions about what knowledge and skills children bring from home, and in their expectations for what is developmentally and individually appropriate for them to learn in the EC setting (Mallory & New, 1994). When children's funds of knowledge are similar to those reflected by the EC program, the children will be able to understand what is presented to them and respond as anticipated. When, however, a child's fund of knowledge is dissimilar, and when these dissimilarities are not appropriately mediated, understanding and responding will differ significantly from "the norm" and learning problems will arise. A child who, for example, has learned to wait for adult guidance and feedback before problem-solving will have difficulty when asked to work independently not because he/she is unable to do so, as might be the case if there were a disability, but because he/she has learned it is both inappropriate and unproductive to do so. Similarly a child who has learned to accept particular concepts and their corollary vocabulary as the norm at home and is then presented with different concepts or vocabulary will initially be at a loss as to their meaning, or may interpret them in incorrect ways. A Navajo child's understanding of directionality, for example, may be more tied to North, South, East, and West than to right and left. The relativity of the latter may, thus, be difficult to understand. This is no problem if the difficulty is correctly identified and the transition to new learning appropriately supported. But when diversity of funds is not understood, children often exhibit behaviors very similar to those generated by disabilities.

Deficits

Chronic poverty and unaddressed trauma, while not a part of cultural diversity, may accompany it and make learning difficulties about more than disabilities or limited English proficiency and unfamiliarity with roles and rules. It is in this case, when children who are experiencing the detrimental effects of severe poverty or trauma are also culturally/linguistically diverse, that the two are often not sufficiently distinguished.

The term "deficits" is used to refer to the knowledge and skill limitations that can result from chronic poverty or unaddressed trauma. These difficulties, unlike those that are associated with unrecognized diversity, arise from limitations that exist *in relation to the child's own sociocultural community*, not in comparison to some "dominant" standards extrinsic to that community. Knowledge or skill deficits, as defined herein, do not result from diversity of sociocultural beliefs, values, world views and preferences, or from disabilities. Rather, they result from the constraints that chronic poverty or unaddressed trauma can

place on a child's access to the experiences and knowledge deemed normative for all children by the cultural group(s) with which their families affiliate.

All cultural groups, for example, deem it normative to provide children with the following opportunities and experiences, among others:

- (1) consistent positive emotional support from one or more adults,
- (2) regular opportunities for play, however that is defined by the group,
- (3) opportunities for safe exploration of the child's surrounding environment,
- (4) positive mentoring interactions with adults for the purpose of teaching about future roles and responsibilities, and
- (5) freedom from overwhelming anxiety and trauma.

Children's access to these opportunities and experiences can be constrained either by the impact of unaddressed trauma, or by the limitations that chronic poverty can place on families' sociocultural resources. The result is children with a limited repertoire of skills and knowledge even in relation to age expectations and norms of their own sociocultural heritage and community. These children's processing and interpretation of information cannot, therefore, occur as typical for other children from the same sociocultural group(s) who have a full repertoire of knowledge and skills. Learning problems then result, regardless of the degree to which cultural or linguistic differences are addressed.

This distinction between the effects of cultural diversity and poverty is a relatively new one. Many early studies blurred the boundaries between culture and poverty, and, in so doing, demeaned the populations they studied (e.g., Brown, 1982). More currently, scholars are affirming that many of the problems attributed to cultural/linguistic diversity may be, in fact, more related to the social powerlessness and devaluing of identity that accompany chronic poverty than to dissonance in cultural expectations (e.g., Skutnabb-Kangas & Cummins, 1988; Ogbu, 1994).

The point being made in this article is not that, as implied in the early studies, children of poor families are inherently deficient. Children of such families may, in fact, do very well (Dugan & Coles, 1989). This affirmation, however, should not prevent recognition of the fact that poverty and culture are distinct phenomena, with differing impacts on development and learning. While some would make reference to a "culture of poverty", chronic poverty, unlike culture, can dehumanize and strip families of access to linguistic and cognitive resources they might otherwise access, preventing them from providing as they might what is essential to all children.

In a similar fashion, trauma can also limit access to linguistic and cognitive resources that would otherwise be available. Scholars addressing trauma, like those addressing poverty, are finding that dynamics of powerlessness and low self-esteem play a central role in trauma's negative impact on young children (Donovan & McIntyre, 1990; Johnson, 1989). While the emotional impact of trauma is often the focus of study, some of these scholars are also highlighting the cognitive impact of trauma. Two scholars, in addressing the similarity between behavioral characteristics associated with learning disabilities and those triggered by active or unresolved trauma, have stated: "The process of learning depends on consistency and continuity of perception, which, in turn, depend on consistency and continuity of experience. ...The

dissociogenic effects of trauma can lead to disordered seriation and localization, two important conditions necessary for the ordered development of cognitive structures and for nonpathological identity formation" (Donovan & McIntyre, 1990, p. 180).

More specific research with young children who have witnessed violence in their neighborhood supports the conclusion that post-traumatic stress syndrome, with all of its sequelae, impinges on the learning and development of even very young children (Osofsky & Lewis, 1993; Zeanach, Scheeringa & Thomas, 1993.). Unaddressed trauma in children, as in adults, disrupts the ability to attend to the surrounding environment and perceive and process information freely. Yet, unlike children with disabilities, and like children experiencing chronic poverty, children with unaddressed trauma bring at least potentially intact learning abilities to the educational setting.

Learning Difficulties Commonly Associated with Deficits

Deficits, unlike diversity, generate difficulties both in familiar and unfamiliar settings. These difficulties can be greatly exacerbated, however, when EC environments require knowledge and skills that children with deficits have not had the opportunity to learn, or have been prevented from learning as a result of the impact of trauma. The difficulties below may arise when this is the case:

- (1) low self-confidence or self-esteem
- (2) lack of particular funds of knowledge
- (3) limitations in ability to attend to or process tasks, in the case of trauma

Low self-confidence or self-esteem. Both poverty and trauma impact negatively on self-confidence and self-esteem, though with different dynamics. By limiting the variety of experiences a child may access, poverty may generate low self-confidence in new settings. Many homeless children, for example, are acutely aware of their different status and may become self-conscious when interacting outside of their familiar environments. Trauma, on the other hand, often has a more direct impact. A young child who has experienced trauma will have also experienced the undermining of expectations and assumptions that other children take for granted. When trauma occurs over time, as can be the case with physical, emotional or sexual abuse, deep self-doubt can result. The resulting impact on learning can be significant, though not always obvious. The ability to trust and predict one's environment are basic cornerstones of early development and learning (Erickson, 1963; Piaget & Inhelder, 1969), and their absence can lead to limited learning, rote learning, or over-achievement that is unanchored in strong self-development.

Lack of particular funds of knowledge . As in the case of diversity, the funds of knowledge brought to EC settings by children experiencing chronic poverty or trauma are often dissimilar to those necessary for optimum functioning in those settings. In the case of these children, however, there are not parallel and equally rich, but different, funds of knowledge. Rather, children experiencing poverty or trauma will often have funds of knowledge that are impoverished as compared to age and cultural peers. Poverty, when chronic, tends to leave little room for other than basic knowledge and skills required for survival (Elkind, 1981). Coping with trauma calls for tremendous energy, similarly leaving little room for knowledge and skills not directly related to ameliorating its impact (Johnson, 1989). When this is recognized and supported, these children, like those with diverse funds, are capable of benefiting from opportunities for acquiring new knowledge and skills. When not recognized and supported, more permanent learning problems may result.

Limitations in ability to attend to and process tasks, in the case of trauma.

Trauma presents at least two additional challenges to learning. Donovan & McIntyre (1990) have stated one of these challenges in this way: "Often children who have been abused...react to everyday events in a manner that makes no sense to the casual observer. One of the more common causes of behavioral disturbance or . . . academic 'regression' in a . . . traumatized child is the appearance in school work of a theme generically related to protection, harm or abandonment" (p. 171). They go on to give the example of "Jeannie", a bright eight-year-old, who was seen as learning disabled and unable to do assigned tasks. They describe Jeannie's failure to complete a task and her resultant "outburst" and "regression", and then go on to point out how the content of the task had triggered Jeannie's "feelings of being unprotected and vulnerable" (p. 171-172).

A second challenge results from trauma's impact on the "...consistency and continuity of experience" (Donovan & McIntyre, 1990). Not only does trauma disrupt the external consistency and continuity of a child's experience, it can also, through the process of dissociation, disrupt a child's ability to internally organize experiences in a consistent and continuous manner. A child who "spaces out" because of post-traumatic stress, for example, will be unable to process a learning task with consistency. Donovan & McIntyre (1990) have presented some detailed case studies demonstrating the disruptive effects of trauma on processing and organizing information cognitively.

Data Needed Prior to Referral Decision

The distinction between these three sources of learning problems—disabilities, unrecognized diversity, and deficits born of chronic poverty or trauma—and the learning difficulties they may generate is essential to identifying when referral to special education is appropriate and when other types of assistance and intervention might be more appropriate. This is not to say that only one source must, or even can, be identified as the root to a child's problems; in many cases multiple sources may be influencing a child's learning problems. The presence of each must be carefully assessed, however, because each calls for distinct interventions and because referral to special education is appropriate only when the source of learning difficulties can be determined to stem from more than diversity or deficits. One of the best means of assessing the presence of unrecognized diversity or deficits and the degree to which they may be contributing to a child's learning problems is through the gathering of specific data prior to formal referral. Data relevant to determining the presence of each of these is briefly discussed below.

Data Needed to Determine Presence of Diversity

The presence of cultural/linguistic diversity is, in some ways, the easiest determination. It is one that should be made prior to the others because the parameters of culture and language color all aspects of communication and interaction between persons. When these parameters are different for persons from the educational setting than for the child's family, and when these differences are not taken into account, neither communication nor interaction can occur as they should. In addition, when diversity includes limited English proficiency, eligibility for bilingual services can be established.

More specifically, determination of the presence of cultural/linguistic diversity in children being considered for referral is necessary in order to make two decisions. The best known decision is whether English proficiency is limited (i.e., not sufficient for the demands of the learning environment in which the problems are occurring). The second, often less well-addressed, decision is whether there is significant dissonance between the cultural knowledge and skills a child has learned for successful functioning in the

home environment, and those needed for successful functioning in the learning environment.

At a minimum, information must be gathered in four areas. These include the following: (a) home language usage, (b) relative language proficiency, (c) levels of enculturation and acculturation (i.e., knowledge and skills necessary for participation in home and early childhood settings, respectively), and (d) schooling or child care history.

Home Language Usage

This information is necessary to accurately interpret children's responses to assessment items. The basic question driving collection of data on home language usage is how much of which language(s) is used for what purposes in the child's family environment, which may include grandparents' house and other settings external to the home such as day care settings. It is important to identify major caregivers with whom the child has significant interaction. These may include parents, grandparents, family friends, baby-sitters, extended family, siblings, neighbors and other such persons. The language(s) spoken by each identified caregiver to the child and the general purpose or content of communicative interaction can then be described to give a thorough picture of the child's language environment. Two good sources for home language usage inventories are Arnberg (1987), and Williams and De Gaetano (1985). A form of the Williams and De Gaetano inventory, adapted for screening purposes, can be found in Barrera (1993).

Relative Language Proficiency

Beyond identifying usage of language(s) in the home, it is also important to identify the language usage of the child himself or herself. Several instruments exist for this purpose. These instruments, however, have two shortcomings when used with young children. One shortcoming is their purpose: to establish language dominance (i.e., identify a single language as strongest or most proficient) or limited English proficiency (i.e., focus only on level of English proficiency), rather than to fully assess proficiency in all languages the child uses. Young children may often not have any language fully developed. A single language focus may, therefore, hide strengths, or weaknesses, in the language receiving the least attention. In addition, there is what Miller (1984) refers to as the "probabilistic, relative" (p. 11) nature of language in bilingual communities. He states "Bilingualism is comparatively rarely the compartmentalisation of one language from the other. ...exchanges between bilinguals...are typified by utterances that are not analyzable by reference to a grammar of either one or the other language which the person is said to speak"

(p. 12). Significant abilities may thus be present in both languages. The term *relative language proficiency*, used by the author, emphasizes this aspect of language proficiency.

The second shortcoming of many existing language proficiency instruments is their tendency to offer a single proficiency score, rather than separate receptive or comprehension scores, and expressive scores. The author's earlier research demonstrated that a single proficiency score did not accurately capture the language proficiency of young children in bilingual settings (Metz, 1991). These children often had quite distinct receptive and expressive language skills, especially as they were first developing language outside the home. Though the instrument used in this research is not currently available, language samples and story retelling procedures can be used effectively to establish a relative language proficiency profile (see Table 1).

Levels of Enculturation and Acculturation

Enculturation refers to the learning necessary for successful participation in the context of home as this

reflects its source culture(s); e.g., learning a particular language, values, and behaviors. Such learning starts at birth and is largely in place by the age of five. Enculturation can reflect all elements of a single cultural group, as in traditional ethnic homes; or it may reflect a combination of elements from two or more groups, as in bicultural or multicultural homes.

Acculturation, on the other hand, refers to a persons' learning the rules and content of a cultural environment other than that in which they are raised (Damen, 1987). Typically, acculturation occurs more consciously than enculturation, depending on age and setting. For young children just entering child care or educational settings outside the home, acculturation involves the learning of those elements not typical to the home settings; e.g., language, rules for speaking.

Enculturation and acculturation are, in effect, the processes whereby we learn the "hidden codes" underlying the specific language(s), interaction, and information processing strategies valued in particular settings and necessary to learning, communicating and getting needs met in those settings. It is, therefore, essential to identify what a child has learned as part of enculturation into the home environment and as part of acculturation into other settings, when this has occurred. Without such information, it is impossible to determine whether a child's inappropriate responses to particular materials or activities stem from a disability, or only from limited familiarity with particular "hidden codes". Children's materials and activities, for example, reflect the preferences and values of the particular cultural group who generates them. Limited acculturation or enculturation into that group decreases a child's ability to respond to and learn from these materials and activities in anticipated ways.

There is, unfortunately, no set format for gathering information on a child's degree of enculturation or acculturation into a particular cultural group. Collier (1994) has developed a Guide to Estimating Level of Acculturation that includes the following items: number of years in the US, number of years in school district, number of years in ESL/Bilingual Education, LAU category, native language proficiency, English language proficiency, ethnicity/nation of origin and per cent minority in present school.

Table 2 identifies more specific items that research indicates are heavily culturally influenced and suggests a format for documenting similarities and differences in language usage and culture between home and early childhood setting(s). The greater the discrepancy, the greater the probability of low acculturation, unless there has been significant exposure to settings outside the home that are more similar to the early childhood setting.

Schooling/Child Care History

In addition to the variables above, information must also be collected on a child's participation in settings that reflect different languages and cultures from the home. Knowledge of these settings can provide clues as to the language, rules, and expectations to which the child has been acculturated. Has the child, for example, attended child care or other educational settings in which a language other than the home language was consistently spoken? Has a non family caregiver with a diverse language/culture been brought into the home to provide child care? While simple exposure to a language or culture does not necessarily indicate significant learning of that language or culture, it would, at the least, indicate some familiarity with them.

Data Needed to Determine Presence of Chronic Poverty or Trauma

Both chronic poverty and trauma are recognized risk factors in young children (McWhirter, McWhirter, McWhirter & McWhirter, 1993; Long & Vaillant, 1989). Identifying their presence, however, is not a

simple task. It is a task with tenuous guidelines and an ever-present potential for stereo typing or overreacting. Nevertheless, the presence of chronic poverty and trauma must be assessed when young children are exhibiting learning and developmental problems, if their needs are to be accurately identified.

Chronic Poverty

While all poverty limits a family's abilities to access certain opportunities, chronic poverty can create what Long and Valliant (1989) refer to as an "underclass" : "It is the latest name for an old concern: the problems of a permanent, irreversibly impoverished social stratum whose sins of omission and commission toward its children guarantee psychological unpreparedness for self-improvement" (p. 200). The words "permanent and irreversibly impoverished" are key; it is not children from all poor families who exhibit deficits. Rather it is those from families where poverty is severe and chronic, generating "...deprivations... which may include malnutrition, abuse, overcrowding, unstable living conditions, gross neglect, ..." (p. 209). Such deprivations preclude access to the education and socialization practices associated with enculturation into a particular sociocultural group(s), and essential to learning how to learn.

Information on the items listed below can assist in determining the presence of chronic poverty:

- (1) evidence of family income
- (2) family size compared to income
- (3) educational level of parents
- (4) occupation of parents
- (5) participation in school lunch program
- (6) evidence of need for outside assistance (e.g., welfare assistance)
- (7) stability of living conditions (e.g., mobility, change in caregivers)
- (8) degree of access to extended family and larger community

Information on these items, coupled with home visitations, can indicate a strong probability that a child has had significantly limited access to the education and socialization practices that would be typical for age peers from the same cultural group(s). Given this probability, an initial inference can be made that deficits are, at least in part, responsible for the child's learning difficulties.

Unaddressed Trauma

"Trauma occurs when a sudden, extraordinary, external event overwhelms an individual's capacity to cope and master the feelings aroused by the event" (Monahan, (1993). In the case of a young child, trauma is especially disruptive of learning and development when adult caregivers do not address it in a fashion that can assist the child "to cope and master the feelings aroused" (e.g., Zeitlin and Williamson, 1994). There are a variety of sources of trauma: accidental injury and severe illness, catastrophe and disasters, physical, sexual and emotional abuse, loss of a significant person, exposure to violence and other terrifying experiences. The presence of any of these sources, and the level of family resources for responding to them, should be carefully assessed in children exhibiting learning difficulties.

In addition, behavioral indicators associated with unaddressed trauma can be reviewed. Johnson (1989) lists the following posttrauma behaviors that can occur in preschool and kindergarten children: (1) withdrawal; (2) denial; (3) thematic or repetitive play; (4) anxious attachment; (5) emergence of specific fears; and (6) regression. He goes on to list the following behaviors for older children: (1) performance decline; (2) obsessive talking; (3) discrepancy in mood, (4) behavior changes or problems, (5) more elaborate reenactments, and (6) psychosomatic complaints. Assessment of trauma based on these behaviors must, however, be done cautiously and with the assistance of a mental health professional, as there are multiple reasons for the presence of these indicators in children. Cervantes & Arroyo (1994), for example, discussed the potential for cultural bias in current diagnostic classifications associated with many of these behaviors.

When several of these behaviors are present and assessment of them indicates the strong probability of unaddressed trauma, then, as in the case of chronic poverty, the initial inference can be made that learning difficulties are not primarily, if at all, due to a disability. This implication should then, as in the case of diversity, lead to pre-referral intervention efforts, so that difficulties stemming directly from disabilities can then be assessed.

Conclusion

The source of learning difficulties has a significant impact on whether a referral is appropriate or not. Special education services, the end goal of referral, are designed to address only those learning limitations imposed by particular disabilities (e.g., limitations on range of learning imposed by mental retardation; limitations on choice of learning strategies such as those imposed by visual or auditory impairment; limitations on information processing, such as those imposed by learning disabilities).

Special education services are neither appropriate nor most efficient for learning difficulties that are not the result of such inherent limitations. If, for example, a child has experienced trauma that remains unaddressed, simply reducing task complexity will not be a sufficient response. Or if, on the other hand, the child has intact learning abilities and an age appropriate repertoire of skills, but can not understand the language of instruction, it is equally inappropriate and wasteful of both financial and human resources to generate a complete interdisciplinary assessment and special education program instead of simply providing needed linguistic support. It is important, therefore, to understand the specific difficulties that may stem from unrecognized diversity or deficits. Once understood, pre-referral intervention can be directed toward eliminating their impact and assessing whether any difficulties remain. It is these difficulties, that remain after diversity and deficit have been addressed, that are the appropriate target for special education.

Ultimately, making appropriate referral decisions is a craft, tempered by both science and art. It is a process that calls for careful attention to contexts as well as skillful application of knowledge. As with all crafts, decisions are often based not on "hard", objective rules, but rather on softer heuristics that must be, nevertheless, consistent and reliable. Two basic heuristics, or rules of thumb, shape decisions regarding the need to refer young children to special education:

- (1) if diversity or deficit are determined to be present, they should be addressed first, prior to formal referral
- (2) if learning difficulties persist after diversity and deficit have been addressed, formal referral and full assessment should be initiated.

In essence these rules are a diagnostic response to the question: to what degree, if any, do learning

difficulties stem from limitations imposed by a disability rather than solely from differences in knowledge and skills (i.e., diversity) or lack of opportunity to learn (i.e., deficit)? This article has focused on the first part of the first rule: determining the presence of diversity or deficit and understanding the implications of that presence for learning. The second part addressing diversity or deficit to ameliorate their impact and determine if difficulties remain beyond the scope of this article and will be addressed at another time.

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1 The word "deficit" is used for want of a better term. The reader is asked to consider the term only as it is defined within this article.

2 While the degree to which a given disability is perceived as handicapping or is allowed to handicap a person is in many ways a social construction and specific to given contexts, the disability itself (e.g., deafness, dyslexia) remains across contexts. In this way, disabilities differ from the characteristics of diversity.

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