Slide 1:
No Narration

Slide 2:
You, along with other professionals and parents, are engaged in the exciting enterprise of early intervention. Each person brings to this enterprise their knowledge, hopes and convictions about improving the future for young children and families. Plans and activities within the field of early intervention are affected by broader social contexts, such as developments in science and technology, economic conditions, changing demographics of our state and nation, and governmental policies and funding levels. Furthermore, current early intervention efforts are influenced by courses of action that were taken in the past by other Americans who were also driven by their hopes and convictions about what is best for humanity.

Slide 3:
This chapter presents four early 20th Century trends which had significant impact on medical, therapeutic, educational treatment as well as on social expectations and opportunities for children with disabilities and their families. These include:
- Theory of static intelligence
- Eugenics
- Medical model of disability, and
- Social segregation.

Slide 4:
Lesson 3, discusses how a conceptual model of disability influenced treatment and opportunity for persons with disabilities and their families. This set of related assumptions about disability is referred to as the “medical model of disability.”

Slide 5:
Try to complete the sentence using words that make sense to you.
PAUSE
If you completed the sentence above using the words diagnose, treatment and cure, you have already a basic understanding of what is referred to as the “medical model”.

Slide 6:
The medical model has provided an effective way of representing diseases as health problems that can be (1) recognized by their symptoms (diagnosed), (2) cared for or dealt with medically (treated), and ultimately (3) solved or remedied (cured).

Slide 7:
As with other kinds of individual differences which are poorly understood, disability has evoked a range of social attitudes and responses. Often social attitudes and responses toward persons with disability have been influenced by
- superstitions,
- religious beliefs, and
- economic conditions in society.

When persons with disabilities have been cast in the role of “object of fear,” they have been subjected to abandonment, neglect, and abuse by other members of their communities. Alternatively, when persons with disabilities are cast in the role of “object of pity,” societies tend to protect them and promote their dependency, rather than their independence (Safford & Safford, 1996).

Slide 8:
During the late 19th and early 20th century, many of the leading advocates for improved conditions for persons with disabilities were physicians (Anastasiow & Nucci, 1994; Safford & Safford, 1996). These professionals tended to view disability from the perspective of their medical training. They believed that disabilities were neither punishment for sins, nor examples of demonic possession; rather they were diseases which could and should be treated and cured through the application of the scientific principals and medical procedures. Within this “medical model of disability”, persons with disabilities were regarded as sick people who were in need of medical care (Anastasiow & Nucci, 1994; Safford, 1989; Safford & Safford, 1996).

Slide 9:
A set of related assumptions have come to characterize the “medical model of disability”. Examples include the following:

- The problem of disability is located within the individual who has the “disease”.
- The dominant life role of a person with disability is that of “patient”.
- Long-term or permanent medical supervision of the patient may be required.
- The medical professional, who is a knowledgeable expert on the disease, .
- Patient treatment is typically limited to locations that are traditional medical settings such as institutions, hospitals, or clinics.

Slide 10:
The “medical model of disability” was extended to the educational treatment of persons with disabilities. The medical model of disability in education is referenced by educational labels that relate to medical etiology, and by practices such as programming based on diagnostic categories.

The medical model of disability as applied to education, assumes that learning problems result from the individual’s biological condition, and that information about the social or cultural conditions is irrelevant (Ysseldyke, Algozzine, & Thurlow, 1992). It also gives authority for decision-making to educational experts who have medical knowledge of the disabling condition. It assumes that educational treatment can bypass or compensate for disabilities that cannot be cured, and that learning should occur in specialized classrooms or school set aside for individuals who share similar diagnoses.

Slide 11:
The medical model of disability is a way of understanding disability as disease, and of viewing people with disabilities primarily as patients who need treatment. This view led to social policies that focused on identification and treatment of persons with disabilities and gave decision-making power to professionals. It also led to educational policies and practices that promoted diagnostic labels and categorical programs (Triano, S. L., 2000). As a result of the medical model, professionals often regarded parents as the source of the child’s disease, which was usually assumed to be hereditary. Another effect of the medical model was that it often left the families of children with disabilities feeling incompetent to meet their child’s needs, and dependent upon the professionals for solutions (Cornwell & Korteland, 1997).

Slide 12:
References

Slide 13:

References:

Resources:
- The Self Direction Community Project Website:
Early Intervention Foundations

Chapter 1: Early 20th Century Influences on Treatment and Opportunity for Children with Disabilities

Lesson 3: Medical Model of Disability

Outcome: Early intervention personnel demonstrate an understanding of the theoretical, historical, philosophical, legal and organizational components that provide the foundation for Part C of the Individuals with Disabilities Education Act (IDEA) and South Carolina’s BabyNet early intervention system.

Early 20th Century Influences

Eugenics
Medical model of disability
Theory of static intelligence
Treatment and Opportunity
Social segregation

Activity 1

Fill in the blanks in the following sentence:
When you are ill, the doctor will first ______ the cause of your symptoms, then prescribe a medical ______ designed to _____ the disease.

Medical Model

Diseases can be

- recognized by their symptoms (diagnosed),
- cared for or dealt with medically (treated),
- solved or remedied (cured).
Historic Conceptions of Disability

Social Attitudes
- Fear
- Abandonment
- Neglect
- Abuse
- Pity
- Protection
- Promotion of dependency

Historic Conceptions of Disability

Medical Model of Disability

Physicians:
- Advocated for improved conditions
- Viewed disability as disease
- Regarded people with disabilities as patients requiring medical care

Assumptions Associated with the Medical Model of Disability

Disability is located within the individual who has the "disease".

1. The dominant life role of a person with disability is that of "patient".
2. Until disability is cured, long-term or permanent medical supervision is required.
3. Authority for supervision of the patient lies with the medical professional who is a knowledgeable expert on the disease.
4. Contexts for treatment are typically limited to traditional medical settings.

Medical Model of Disability: Applied to Education

Locus of the problem
- Problems originate in the individual's biological condition.
- Sociocultural background is irrelevant to diagnosis and treatment.

Locus of authority
- Medical knowledge of the disability is critical.
- Educational experts have authority for diagnosing problems, assigning labels, developing programming, and setting goals.

Context of treatment
- Educational treatment is designed to compensate or bypass disorders.
- Learning occurs in specialized settings based on diagnostic category.

Summary

Medical Model of Disability

Policy
- Identify and treat people with disabilities
- Extend the medical model to educational practice
- Empower disability experts to make decisions for individuals
- Treat children in categorical programs based on diagnostic label

Effects
- Persons with disabilities are viewed as being ill
- Parents are viewed as responsible for child's disability
- Families often feel guilty, or incompetent and unable to resolve issues

References

References


Resources:
The Self Direction Community Project Website: http://www.selfdirection.org/dat/training?cmd=guest&p=%2Fcourse01%2Fwelcome.html