Early Intervention Foundation
Chapter 2, Lesson 3

Slide 1:
No Narration

Slide 2:
By the second half of the 20th century, new ideas in biological science, psychology, and human services had begun to redirect thinking about disability. Evidence of this can be found in the provisions of the education law that was enacted since the 1960s.

Slide 3:
Chapter 2 presents four influences that gained prominence during the later decades of the 20th century. These trends have had significant impact on medical, therapeutic, and educational treatment. As a result of these fundamental ideas, social expectations and opportunities for children with disabilities and their families have changed in significant ways. These four trends are:

- The theory that intelligence is “plastic” and can be changed by environmental influences
- Systems theories, which take social interactions as well as biological heredity into account
- A social model of disability, which reframes the nature of disability
- The normalization principle, which redefined objectives for human services

Slide 4:
This lesson describes the social model of disability as a way of understanding how environmental circumstances relate to disability.

Slide 5:
Starting in the 20th century, increasing numbers of people were born hospital settings rather than at home. Currently the majority of Americans begin life as tiny patients. But, most people soon go on to fill other important life roles, such as

- son or daughter,
- sibling,
- student,
- classmate,
- friend,
- employee,
- co-worker,
- teammate,
- spouse,
- parent.

Slide 6:
List the most important roles in your own life. How do you feel about each of these roles? What would it feel like for you to remain in the role of “patient” all the time?

Slide 7:
Throughout life, people tend to seek and appreciate quality medical care during times of illness. However, the role of “patient” was often the main and lifelong role that was assigned to persons with disabilities. Being viewed primarily as a sick person may seriously limit opportunities to fill other important roles in life.
The medical model of disability, which focuses attention on disabilities as a subject of scientific inquiry and clinical treatment, fails to provide an adequate model for understanding environmental factors. Alternative models were
required to inform public policy and professional practices regarding disability issues. (Finkelstein, V., 1993; Oliver, M., 1996; Triano, S. L., 2000).

Slide 8:
Around the middle of the 20th century, persons with disabilities, parent groups, and professional allies began to organize and to advocate for changes. They identified environmental barriers that restricted opportunities for children and adults with disabilities in the United States. Issues that concerned them included:

- Limited access to public education, housing, and employment opportunities,
- Inadequate civil rights protections,
- Barriers to physical access to public locations and settings in the community, and

Slide 9:
The advocates and activists challenged the practice of labeling; and called for greater focus on abilities and strengths as opposed to diseases, diagnoses, and deficits. Proponents of new models of disability rejected the notion that a person is defined by disability. They called for recognition that many, varied, and complex attributes combine to make each human being unique. They called for empowerment to make informed choices about matters that affect their lives (Anastasiow, & Nucci, 1994; Oliver, 1993). Many of these issues are addressed in a conceptual model known as the “social model of disability” (Finkelstein, 1993; Triano, 2000).

Slide 10:
The social model of disability emphasizes the role of society in regard to disability issues. Disability is a socially constructed (defined) concept. Societies can create the structures, conditions and expectations that limit and restrict the abilities of individuals. Alternatively, societies can create situations, conditions and expectations that enhance individual abilities and expand personal choices. Rather than focusing on strictly on medical aspects, the social model involves a thorough examination of existing social values, conditions and attitudes as a necessary part of understanding and dealing with disability (Finkelstein, 1993; Triano, 2000).

Slide 11:
One strategy for changing social attitudes about any subject is to change the type of language used to discuss it. Some advocates favor a protocol for making reference to people with disabilities. This protocol is known as People First Language. It involves mentioning the person being discussed before making to any reference to that person’s disability or diagnosis. For example, it would be appropriate to say, “a child who has a learning disability” rather than “a learning disabled child”. People First language also prioritizes peoples’ abilities over their limitations. For instance, stating that someone uses a wheelchair is preferable to saying that she is “confined” to a wheelchair.

Slide 12:
Practice using People First language.

Slide 13:
Prioritizing the human being over the disability label has gained wide acceptance among families and professional organizations. Use of People First Language is a recommended professional practice. Many families of children with disabilities expect professionals to demonstrate respect for their child and family by using People First Language in their conversations and reports. Nearly all publishers of professional materials and literature require that authors incorporate this language style in their writing. The requirements and wording of federal legislation which has been enacted since 1990 reflect the influence of the social model of disability and People First Language.
Slide 14:
The social model of disability addresses the ways in which the physical and social environments limit or enhance human potential. This model has been incorporated into professional practices and social policy at various levels, resulting in some reduction of barriers and in expanded social opportunities for children with disabilities.

References:

Resources:
- Disability is Natural
  - [http://www.disabilityisnatural.com/peoplefirstlanguage.htm](http://www.disabilityisnatural.com/peoplefirstlanguage.htm)
- Kids Together, Inc.
  - [http://www.kidstogether.org/pep-1st.htm](http://www.kidstogether.org/pep-1st.htm)
- The Self Direction Community Project Website:
- The Virtual Museum of Disability History
  - [http://www.museumofdisability.org/](http://www.museumofdisability.org/)
Chapter 2: Later 20th Century Influences on Treatment and Opportunity for Children with Disabilities

Lesson 3: Social Model of Disability

Early Intervention Core Competency 1.0
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 Early Intervention system.

Later 20th Century Influences

Family Systems and Ecological Systems Theories
Social Model of Disability
Theory of “plastic” intelligence
Normalization Principle
Treatment and Opportunity

Beginning Life as a Tiny “Patient”

Other Life Roles may include:
- Son or Daughter
- Sibling
- Student
- Classmate
- Friend
- Neighbor
- Employee
- Co-worker
- Teammate
- Spouse
- Parent

Activity 1

What do you consider to be your primary roles in life? How do you feel about each of these roles? How would you feel if your main role in life was to be a “patient”?
Medical model of disability...
- Maintains a clinical approach to care.
- Focuses attention on biological issues.
- Prioritizes research, treatment and cure.
- Fails to address the broad range of relevant environmental issues.

Changing Perspectives

Older Models
- Locate problems within the person
- Promote dependency
- Employ categorical labels
- Promote stereotyping
- Emphasize deficits and defects

Newer Models
- Locate problems in the environment
- Promote independence
- Extend personal choices
- Promote individuality
- Emphasize strengths and abilities

People First Language
- First and foremost, everyone is a PERSON.
- A diagnosis is something a person has, not who the person is.
- Mention the person before mentioning the diagnosis or condition.
- Examples:
  - Child who has cerebral palsy
  - Son who uses a wheelchair
  - Baby who has a vision impairment
  - A girl who has autism

Activity 2
Practice using People First language to reword these statements from...
1. Her husband is confined to a wheelchair.
2. Beth is handicapped.
3. Her baby has a stroller.
4. His youngest child is autistic.
5. Her husband is a stutterer.

To...
1. Their son has autism.
2. Her baby has Down Syndrome.
3. His youngest child stutters.
4. Her husband uses a wheelchair.
5. Beth has a disability.
People First –
Recommended Practice

- Conveys respect
- Expected in:
  - conversations
  - documentation
  - reports
  - professional publications
  - public policy

Summary

Social Model of Disability

- Disability is socially constructed.
- Social barriers limit human potential.
- Social supports expand human potential.
- Prioritize individuality, ability and personal choice.

Policy

- Remove social barriers.
- Extend civil and educational rights.
- Incorporate People First language in law and in professional communications related to disability issues.

Effects

- Increased access to social settings and interactions.
- Greater social acceptance of individual differences.
- Higher expectations for child outcomes.

References


Resources

- Disability is Natural
- Kids Together, Inc.
  - http://www.kidstogether.org/pep-1st.htm
- The Self Direction Community Project Website:
- The Virtual Museum of Disability History
  - http://www.museumofdisability.org/