

Best Practices

Infusing Disability Studies within Special Education: A Personal Story

JoDell R. Heroux (PhD)
Central Michigan University

Abstract: Special education has historically been understood as a service provided to students with disabilities who are perceived to be too impaired to successfully progress in the general education curriculum and classroom. This perception has been reinforced through teacher preparation programs that rely heavily on the medical model of disability to prepare both special and general education teachers. While there is an increased push both legislatively and socially for more inclusive practices in education, this over-reliance on the medical model does little to nurture inclusive attitudes and worse, perpetuates deficit assumptions of disability. This paper seeks to explore how the infusion of Disability Studies into the teacher preparation curriculum might be used to foster more inclusive attitudes.

Keywords: disability studies, special education, teacher preparation

Introduction

I eagerly began my career as a special educator in 1993 as the lead teacher in an Early Childhood Special Education (ECSE) classroom in the [northeastern U.S. In the southwestern U.S.] My preparation program successfully prepared me for working with children with disabilities, which was reflected in my ability to identify developmental delays and effectively implement instructional and behavioral strategies to address them. I relied heavily on the disability-specific information I had acquired during my time as a pre-service teacher and successfully applied it in my new teaching position. Over the next 15 years, I continued to hone my practice and utilize my “specialized” training to teach students with disabilities in a variety of settings. In 2008, I decided to pursue my doctorate in special education and felt confident that I had acquired the foundational knowledge necessary to successfully complete my program. I rarely questioned my ability to meet the needs of my students and relied on my knowledge of disabilities to provide quality instruction. That is, until I began my second semester in my doctoral program. At that time, I was introduced to the field of Disability Studies, which encouraged the critical analysis of special education practices and interrogated the assumptions of the medical model of disability. I had no awareness of the medical or social models of disability and I was intrigued. This course was the catalyst for my professional transformation from an educator steeped in the medical tradition of special education aimed at “fixing” students, to an educator passionate about raising disability awareness and offering students opportunities to chart their own educational course. The field of disability studies has forever changed the way I understand, respond to, and teach all students. For this reason, I believe that integrating a disability studies perspective into the

special education teacher preparation curriculum would offer a framework for interrogating the disability as deficit narrative reflected in many special education policies and practices.

The infusion of disability studies into existing special education teacher preparation courses could afford other students the opportunity to begin their careers as special educators armed with the professional knowledge that comes from a medical model perspective of disability and the dispositions that emerge from the understanding that disability is not merely a characteristic that exists in the person; it is a social, cultural, and political phenomenon (Ashby, 2012).

Prior to 1975 and the passage of the Education for All Handicapped Children Act, now reauthorized as the Individuals with Disabilities Education Improvement Act (2004), the very nature of having a disability often prevented children with disabilities from accessing educational opportunities. The perception that children with disabilities require substantively different educational approaches led to the development of two separate educational systems. The formulation of two separate categories of students, disabled and non-disabled, provided the rationale for educating students in separate programs and even in completely separate systems (Gartner & Lipsky, 1987). Through this best practices paper, I intend to analyze how special education, as practiced in the United States, is heavily informed by the medical model of disability, which suggests, “Difficulties in schooling belong to the student instead of being a product of school and student interaction” (Biklen, Ferguson, & Ford, 1989, p. 262). This perspective has tremendous implications for determining who receives special education services, what types of services are provided, how services are provided, and where they are provided. I will first present how the medical model is reflected in special education legislation, specifically addressing the evaluation process and the development of Individualized Education Programs (IEP). I will also explore how the medical model, left unchallenged, can serve to perpetuate narrow conceptions of disability as deficit. I will then discuss how the social model of disability could be used to interrupt the dominant discourse of the medical model and offer broader conceptions of disability as natural human variation. Finally, I will illuminate the challenges associated with maintaining a primarily medical model perspective of disability in the field of special education in the United States and how intentionally and systematically infusing a social model of disability perspective could be used to address these challenges citing specific examples from the Inclusive Elementary and Special Education program at Syracuse University.

Individuals with Disabilities Education Improvement Act (IDEIA, 2004)

Special education was originally conceptualized as a set of specialized services designed to ensure educational equity and access for students with disabilities (Ferri, 2008) who could not be “effectively” or “appropriately” educated within the general education environment. The initial special education law and subsequent reauthorizations involve six basic principles: 1) the right to access a Free, Appropriate Public Education (FAPE); 2) the

development of an Individualized Educational Program (IEP); 3) the right to access services in the Least Restrictive Environment (LRE); 4) the right to an appropriate evaluation; 5) the right of parents and families to participate in each step of the special education process; and 6) the assurance of procedural safeguards to protect the rights of children with disabilities and their parents/families as they participate in the process (IDEIA, 2004). These six principles were intended to support the education of children with disabilities, however, in some cases they have served to maintain and perpetuate the exclusion of children with disabilities from the very educational opportunities they were intended to provide. Two of the six principles designed to ensure the appropriate education of children with disabilities have been criticized for their medicalized perspective of disability, which often result in exclusionary practices: the evaluation process and the IEP. In the next two sections, I will reveal how the medical model of disability is reflected in these two principles and the issues that arise related to the educational experiences and opportunities afforded students with disabilities. Additionally, I will present how the social model of disability could be used to address these issues and build a more comprehensive, holistic approach to the education of students with disabilities.

Non-Discriminatory Identification and Evaluation

In order for children with disabilities to receive special education services, it must be proven that their medical label or impairment is the “cause” of their educational difficulties and that special education and related services are the “cure” (Triano, 2000). The medical model of disability recommends a scientific approach to disability, which is mirrored in the educational evaluation process through which students are identified, evaluated and labeled based on a perceived “norm”. The evaluation process relies on the distinction between that which is “normal” and that which is “pathological” (Hardman, Drew, & Egan, 1996). This is problematic in a number of ways; 1. It assumes that evaluations are objective and useful; 2. It assumes that students with disabilities are fundamentally different from their nondisabled peers; 3. It is hyper focused on diagnosis and prescription, which places the student as the problem rather than the system; and 4. It has resulted in the overrepresentation of non-white students in special education (Skrtic, 1991). “Schools enact a form of ability profiling by relying on cultural narratives and deficit discourses, identifying, labeling, and sorting students based on their perceived risk rather than their potential or promise” (Collins, 2003, p. 192 as cited in Ferri, 2008).

In order for students with disabilities to receive special education services, they must be labeled according to one of the 13 disability categories described in IDEIA (2004). This too, assumes that students with disabilities can and should be assigned to a particular “category” in order to receive the most specialized instruction targeted to address identified deficits. While we are aware of the issues associated with labeling and categorizing human beings, we continue to engage in this practice under the guise of providing the most appropriate, individualized and specialized education for students with disabilities. From a medical model perspective, this is seen as useful and objective since students identified with a specific disability can be afforded access to instruction specially designed for working with

individuals with that specific disability. However, focusing solely on remediating deficits fails to take into consideration other aspects of disability. In other words, hyper focusing on deficits associated with disability can result in more segregated educational placements, less opportunities to participate with nondisabled peers, and less time devoted to developing students' strengths and areas of interest.

Using a Balanced Approach to Eligibility Determination

The evaluation process is required in order for students with disabilities to receive special education services. That is an educational reality. The challenge then, is how to approach the eligibility determination process from a more balanced perspective that not only addresses deficits, but also identifies and capitalizes on students' strengths. From a social model perspective, the eligibility determination process should also take into consideration how the current instruction and educational placement plays a role in the students' inability to successfully progress in the general education curriculum and classroom. During the eligibility process, the classroom context is rarely taken into account (Harry & Klingler, 2006); it is only the student, not the system or larger educational context, which is deemed deficient and in need of intervention (Ferri, 2008, p. 418). To provide a more balanced approach to the eligibility process, the social model of disability would advocate for the examination of the broader classroom context including the teacher's personal perceptions of disability and his/her instructional and behavioral approaches and the student's experiences in a variety of school-related activities and settings. One way this could be accomplished is through a comprehensive classroom evaluation.

An evaluation that involves direct observation of the classroom and the instruction could provide critical information in the eligibility determination process. During direct observation, a professional, knowledgeable about the social model of disability, would evaluate the classroom and the instruction for accessibility. Is the student physically and intellectually able to access the content? What strategies are being used to support the student's learning? How is the student engaged in the instruction? How often is the student allowed to practice the skill and in what ways? Does the student have access to differentiated instruction? Are varied response formats offered? This type of structured observation would provide additional data that could inform the eligibility process.

Additionally, an informal interview of the classroom teacher by a professional knowledgeable about disability studies would also provide relevant information. The traditional eligibility determination process involves collecting information from the classroom teacher related to student performance. This approach would include exploration of the teacher's underlying perception of disability because as Pohan and Aguilar (2001) assert, professional beliefs and behaviors are shaped by personal beliefs. An interview that engages the classroom teacher in critical reflection on personal beliefs could result in changes to instructional delivery and increased access to content. Change hinges on our ability to confront potentially negative and/or outdated normative beliefs that determine who is worthy of an education, which students are deemed able, and who is pushed and who is left behind

(Ullucci & Battey, 2011). Most teacher preparation programs view disability from a medical model perspective, which focuses on deficits and deviation. This perspective is likely to influence how instruction is delivered and to whom, which has important implications for evaluating students for special education services. Not only would this interview process examine how the classroom context plays a role in the academic progress of the student, it could provide a powerful opportunity for teachers to challenge deficit notions of disability.

Another method for achieving this balanced approach to eligibility determination would be to ensure that professionals involved in the process have a comprehensive understanding of the social model of disability. Most professionals in the field of special education come from disciplines heavily steeped in the medical model. For example, speech and language pathologists are trained to diagnose and treat speech related issues; occupational and physical therapists are trained to diagnose and treat fine and gross motor related issues; school psychologists are trained to evaluate and diagnose intellectual deficits; and special education teachers are trained to diagnose and remediate educational and behavioral deficits. To promote an evaluation process that would provide a balanced approach to disability determination would require knowledge of both the medical and social models of disability. Special education professional preparation should challenge individuals to think critically about the influence of the medical model on educational practices and offer a competing perspective from which to interrogate medicalized assumptions of disability. While this would be beneficial for the evaluation process, it would also provide an increasingly balanced approach to the routinely deficit-oriented approach to developing the IEP, which is the second principle of IDEIA that will be addressed.

The Individualized Education Program

Once a student is evaluated and determined eligible for special education services, an IEP is written. The IEP is an annually written educational program for each child with a disability who is eligible to receive special education services (Baglieri & Shapiro, 2012). This plan is intended to provide the framework for accessing a free, appropriate, public education (FAPE), which typically involves the determination of what services will be provided, how often they will be provided, and where they will be provided. Determining what services will be provided is theoretically dependent upon the needs of the student rather than the student's disability, however historically the educational setting is often aligned with the disability diagnosis (Baglieri & Shapiro, 2012). For example, students who are eligible for special education services because they are cognitively impaired often receive services in a segregated classroom for students with cognitive impairment rather than in general education with their same-age peers. Though this is somewhat less prevalent today, it continues to remain problematic for students with disabilities such as Autism, moderate to profound cognitive impairments, and severe emotional impairments for whom specialized instruction in segregated programs is often recommended (Kurth, Morningstar, & Kozleski, 2014).

The medical model of disability is reflected in the IEP as it serves as the framework for providing specialized instruction based on the student's disability-related deficits. The

section often referred to as the “heart of the IEP” involves a detailed description of the child’s current levels of academic performance and describes how the disability affects his/her participation in general education (Baglieri & Shapiro, 2012). The sharing of all assessment data related to the student’s academic and behavioral performance, which must indicate a significant deviation from grade-level norms, provides the rationale for the provision of special education services. Students in special education are operationally defined with reference to their position on the normal curve (Cochran-Smith & Dudley-Marling, 2012). Once this information has been clearly outlined, the remainder of the IEP is developed around the academic, behavioral, and/or transition needs of the student. This includes the development of measurable educational and functional goals and objectives, methods for measuring progress, a description of the supplementary aids and services to be provided, and identification of classroom and assessment accommodations. While the IEP is intended to be “individualized” for the student, recent proliferations of online IEP development software have reduced this to a list of drop down (menu) options for goals, objectives, and accommodations.

A Balanced Approach to IEP Development

The prescriptive nature of the IEP aligns with medical model perspectives where the primary concern is the proper diagnosis of the disability and the implementation of appropriate treatment (Baglieri & Shapiro, 2012). “Steeped in medical and deficit models of disability, special education positions disabled students as objects of a clinical and diagnostic gaze that leaves little room for alternative ways of knowing about disability experience” (Ferri, 2008, p. 421). From a social model perspective, the IEP provides an exceptionally narrow view of the disabled student and offers only one small section to record the student’s strengths and one small section to discuss parents’/families concerns for their child’s education. This seems counterintuitive to an educational document that is intended to assist in the development of an individualized education plan. The individuals involved in the evaluation process are typically the individuals that are also involved in the development of the IEP. Therefore, if the professionals involved were knowledgeable about the social model of disability, they could facilitate the development of a more student-centered, rather than deficit-based, IEP. “The thrust of social models is to interrupt the dominance of the medical model, in order to more fully understand and challenge the ways that deep-seated assumptions and beliefs about the nature of impairment and disability prevent the equal participation and status of disabled persons” (Baglieri & Shapiro, 2012, p. 29).

The Present Level of Academic Achievement and Functional Performance (PLAAFP) currently focuses on reporting data related to student progress in effort to identify academic and behavioral needs that will be addressed throughout the remaining sections of the IEP. While this section is designed to focus on student deficits it is equally as important to consider how the classroom and instructional approaches utilized serve to support or challenge the student’s ability to progress in the general education curriculum. This section should provide a more comprehensive and holistic view of the student, which would include strengths as well

as needs. The implementation of direct classroom observations and semi-structured interviews of classroom teachers during the evaluation process would yield important information to inform the development of the IEP. One section of the PLAAFP addresses the student's ability to make progress in the general education curriculum, which aids in the identification of accommodations that will be offered to increase the student's ability to access and make progress in the general education curriculum. The data collected through direct classroom observations and the teacher interview during the eligibility determination process would be useful for identifying ways the classroom environment and instruction could be structured to promote student learning. For example, if it is discovered through classroom observations and teacher interview that the student responds well to visual representation of information, then this should be included in the PLAAFP or if the data reveals that the teacher offers limited opportunities for the student to respond orally versus in writing, this could be indicated in the PLAAFP, which would support the development of appropriate accommodations. In this way, the PLAAFP would provide a more comprehensive overview, which would more accurately and appropriately inform the development of goals, objectives, and supplementary aids and services.

In order to move away from a deficit-oriented approach to special education, professionals in the field must have knowledge about the models of disability and how they have influenced the development of special educational theories, policies, and practices. This could begin with the preparation of special educators.

Promoting a Balanced Approach Through The Preparation of Pre-Service Teachers

Historically, special education has looked to behavioral psychology, medicine, and psychometrics for its theoretical grounding (Cochran-Smith & Dudley-Marling, 2012) and in turn, its preparation of special education teachers. Until recently, teacher preparation programs were predominantly categorical in focus and were designed for the purpose of training individuals to teach students with specific disabilities. This assumes that the categorical markers and characteristics of various disability labels are the most salient ways of knowing about student disability in schools (Young & Mintz, 2008). From this perspective, effective teaching of students with disabilities is a matter of identifying the requisite skills that comprise learning and determining the skills in which students are deficient and then identifying the most effective methods for teaching these skills (Cochran-Smith & Dudley-Marling, 2012). Given that much of special education teacher preparation is grounded in the medical model, I believe it is critical to raise pre-service teacher's awareness of the social models of disability in effort to interrupt the dominant medical model perspective that narrowly views disability as "...a fixed and identifiable construct, an immutable part of the person" (Ashby, 2012, p. 91).

An underlying assumption in the quest for recruiting, developing, and retaining effective special education teachers, is that who teaches our students matters a great deal (Rock & Billingsley, 2015). If this is the case, it stands to reason that preparing future special

education teachers for working with students with disabilities and their families should also include a foundational understanding of the social model of disability that addresses the social and political contexts that create and perpetuate hierarchies of ability and disability (Ashby, 2012). The intention of this paper is not to suggest that the social model should replace the medical model of disability, rather that the social model should be used as a way to interrogate and challenge the assumptions inherent in a medical perspective of disability that "...reduces human variation to simple and concrete binaries: able-bodied/disabled and normal/abnormal" (Douglas, 1966 as cited in Ashby, 2012, p. 91). A balanced approach that recognizes the contributions of the medical model while simultaneously challenging its over-reliance on the normal/abnormal binary using the social model of disability would strengthen the professional preparation of pre-service teachers.

Teacher education programs are responsible for preparing pre-service teachers to engage in the professional discourse of special education as practiced in the U.S., which means providing knowledge related to the 13 disability categories, characteristics frequently associated with specific disabilities, administering and interpreting assessments, and identifying and implementing evidence-based strategies for teaching students with disabilities. These concepts are also reflected in the Council for Exceptional Children (CEC) Ethical Principles and Practice Standards, which inform much of the practice of preparing special education teachers. CEC is the largest international professional organization dedicated to improving the educational success of disabled students and is exceptionally influential in the field.

A Balanced Approach to Teacher Preparation

The benefits of infusing a disability studies approach in the traditional preparation of special education teachers includes encouraging pre-service teachers to consider how special education terms such as; disability labels, categories and programs take on meaning for the teachers and staff and become cultural signifiers of student's abilities and potential for inclusion and future academic success (Ashby, 2012). For example, when presenting pre-service teachers with information related to the disability category, cognitive impairment, from a medical model perspective, the focus would be on how the Intelligence Quotient (IQ) is used to determine whether a student has a cognitive impairment and the common academic and behavioral characteristics associated with cognitive impairment. This type of instruction, left unchallenged, could lead teachers to believe that students with cognitive impairments do not belong in classrooms where they are required to use higher-level thinking skills and instead have him/her receive math instruction in a different classroom where s/he can focus on basic math facts (Ashby, 2012). Infusing a disability studies perspective would encourage pre-service teachers to critically analyze how labels may be used to categorize, stigmatize, and exclude students with disabilities from educational opportunities that could enhance post-secondary outcomes.

There are a variety of ways to infuse disability studies into existing special education teacher preparation programs rooted in the medical model of disability. For example, hiring

professors with a background in disability studies and special education would provide opportunities to naturally introduce disability studies perspectives within the program's existing content. This also provides an avenue for raising faculty's awareness of various disability models and could lead to collaboration and co-teaching of existing courses. Syracuse University offers an Inclusive Elementary and Special Education program where all students are prepared to apply for dual certification in elementary and special education upon graduation from the program. Their program has successfully infused a disability studies perspective with the goal of preparing all elementary teachers for teaching all children. Their program reflects key tenets of disability studies including "...listening to and learning from individuals with disabilities and their parents and guardians as experts on the experience of disability, a commitment to integrating technical information about teaching and learning while at the same time understanding that teaching includes subjectivity as well as conscious theoretical framing" (Ashby, 2012, p. 90). To achieve this, Ashby (2012) describes several core assignments implemented as part of the program such as:

1. Conducting classroom observations for the purpose of noting the language used by the teacher or teachers and how that language positions students in the classroom.
2. Required readings that address the overrepresentation of students of color in special education and the ways in which labeling, special education, and tracking have been used to resegregate students of color.
3. Assigning first person narratives as a way to consider multiple perspectives.
4. Guest speakers with disabilities are invited to share their experiences of disability and to share their expertise in other areas as well.
5. IEP development stresses the role of parent, family, and student involvement in all phases of the process.

These types of assignments could be easily implemented within a traditional teacher preparation program however, to achieve the most favorable outcome, the instructors and faculty should be knowledgeable about disability studies and eager to engage students in critically analyzing the ways in which special education is implemented in practice.

Conclusion

Balancing the medical model approach with the social model approach to disability within the requirements of IDEIA (2004) and pre-service teacher preparation would offer a more comprehensive understanding of disability. This holistic approach would support and promote the development of a truly "individualized" program for students with disabilities where the classroom context, instructional approaches, and student performance were all considered equally as part of the evaluation for and implementation of special education services. If disability is perceived as the complex interplay of impairment with broader social and environmental contexts, then it is critical to include an examination of the classroom environment and the instructional approaches used to educate students with disabilities. The student cannot continue to be the primary focus in the evaluation for special education

services if we are to effectively and appropriately offer specialized educational programming. We must also consider how the educational environment contributes to or minimizes the impact of the impairment through direct classroom observations and teacher interviews conducted by experts in both the medical and social models of disability.

In this time of rapid educational reform, pre-service teacher preparation programs must analyze their current practices and evaluate their effectiveness for preparing high-quality, future special educators for increasingly diverse classrooms. While preparation informed by the medical model of disability is necessary for ensuring that pre-service teachers are knowledgeable about how special education services are delivered across the U.S., it does little in the way of preparing them for addressing how disability is defined and represented in society. If the goal of education is to prepare students for the complexities of adulthood, it seems pertinent to ensure that future teachers have a comprehensive foundation for understanding disability from multiple perspectives.

JoDell R. Heroux PhD is an Assistant Professor of Special Education at Central Michigan University. She has over twenty years of preK-12 teaching experience in various educational settings. Her research interests center around teacher's perceptions of disability and how models of disability could be used to promote more inclusive attitudes.

References

- Ashby, C. (2012). Disability studies and inclusive teacher preparation: A socially just path for teacher education. *Research and practice for persons with severe disabilities*, 37(2), 89-99.
- Baglieri, S., & Shapiro, A. (2012). *Disability studies and the inclusive classroom: Critical practices for creating least restrictive attitudes*. Routledge.
- Cochran-Smith, M., & Dudley-Marling, C. (2012). Diversity in Teacher Education and Special Education The Issues That Divide. *Journal of Teacher Education*, 63(4), 237-244.
- Council for Exceptional Children's Ethical Principles and Practice Standards (n.d.). Retrieved December 6, 2015, from: <https://www.cec.sped.org/Standards/Ethical-Principles-and-Practice-Standards>
- Ferri, B. A. (2009). Doing a (dis) service: Reimagining special education from a disability studies perspective. *Handbook of social justice in education*, 417-430.
- Gartner, A. & Lipsky, D. K. (1987). Beyond special education: Toward a quality system for all students. *Harvard Educational Review*, 57(4), 367-395.
- Hardman, M., Drew, C., & Egan, M. (1996). *Human Exceptionality: Society, School, and*

Family (5th ed.) Needham Heights, MA: Allyn and Bacon, Simon & Shuster.

Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Kurth, J. A., Morningstar, M. E., & Kozleski, E. B. (2014). The persistence of highly restrictive special education placements for students with low-incidence disabilities. *Research and Practice for Persons with Severe Disabilities*, 39(3), 227-239.

No Child Left Behind Act of 2001, P.L. 107-110, 20 U.S.C. § 6319 (2002).

Pohan, C. A. & Aguilar, T. E. (2001). Measuring educators' beliefs about diversity in personal and professional contexts. *American Educational Research Journal*, 38(1), 159-182.

Rock, M. L., & Billingsley, B. S. (2015). Who makes a difference! Next generation special education workforce renewal. *Enduring issues in special education personal perspectives*, 168-186.

Skrtic, T. (1991). The special education paradox: Equity as the way to excellence. *Harvard educational review*, 61(2), 148-207.

Triano, S. (2000). Categorical eligibility for special education: The enshrinement of the medical model in disability policy. *Disability Studies Quarterly*, 20(4).

Ullucci, K. & Battey, D. (2011). Exposing color blindness/grounding color consciousness: Challenges for teacher education. *Urban Education*, 46(6), 1195-1225.

Young, K. S., & Mintz, E. A. (2008). A comparison: Difference, dependency, and stigmatization in special education and disability studies. In S. Gabel & S. Dansforth (Eds.), *Disability and the politics of education: An international reader* (pp. 499-515). New York: Peter Lang.