



## Understanding Disability

Historically, disability has been viewed through the lens of a medical model approach. This approach helped to better understand diagnoses and conditions that would result in a disability for an individual. Through the medical model, many treatments and therapeutic approaches were developed to help individuals with disabilities live fuller lives. The model sees the disabling circumstance as lying with the person and thus treatment and attention is focused on the individual. Programs, care facilities, and even educational practices were influenced by the medical model and continue to exist today. In the medical model, the professional is often seen as the change agent.

A new model for understanding disability emerged on the heels of the civil rights movement in the United States and also in the United Kingdom which is now widely viewed and accepted as the social model. This model has been fully supported and embraced by [self-advocates](#) and is seen as the gold standard to understanding life with disability. The social model sees that barriers to inclusion and integration into the natural routines of life lie with the environment and lack of access not with the individual. This paradigm shift challenges professionals to consider adaptations, modifications, and accommodations to the environment of the individual versus trying to change or cure the individual to fit into the environment. Change is affected through partnerships of the individual themselves, those closest to them, and the professionals they've chosen to include.

While there are benefits to both models, it's the [social model](#) that broadens the responsibility for change beyond the individual with a disability and thus expands society's capacity to include, accept, and value individuals with disabilities and their ability to contribute. The medical model sees individuals as needing discrete treatment to change which often removes them from the general mainstream of daily routines. The social model on the other hand promotes inclusion and strengthens environments not just for them but for everyone. For another comparison of these models, view this [brief video clip](#).

This comparison summarizes the unique difference between the two:

	MEDICAL MODEL & REHABILITATION PARADIGM	INDEPENDENT LIVING or DISABILITY PARADIGM
<b>Definition of problem</b>	physical or mental impairment; lack of vocational skill (in the VR system); lack of abilities	dependence upon professionals, family members & others; it is the attitudes & environments that are hostile & need fixing
<b>Locus of problem</b>	in the individual (individuals are sick and need to be "fixed")	in the environment; in the medical and/or rehabilitation process itself; disability is a common part of the human condition
<b>Solution to the problem</b>	professional intervention; treatment	1.civil rights & advocacy 2.barrier removal 3.self-help 4.peer role models & peer support 5.consumer control over options & services
<b>Social role</b>	individual with a disability is a "patient" or "client"	individual with a disability is a "consumer," "customer" or "user" of services and products
<b>Who controls</b>	professional	"consumer" or "individual"
<b>Desired outcomes</b>	maximum self-care (or "ADL" - activities of daily living); gainful employment (in VR system	independence through control over ACCEPTABLE options for every day living in an integrated community

*Developed by Gerben DeJong in 1978; adapted/expanded by Maggie Shreve and June Isaacson Kailes, [Revised 1/2002](#).*

Working together, we can make life better for all of us. Our shared work begins with understanding.

Upcoming topics: *Decision making: Who is in Charge Here?*