Chapter 8
Understanding the Impact of Inclusion in Disability Studies Education

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ABSTRACT

Educators and practitioners are faced with the transitioning and intersection of two diverse disability studies education models—the medical model and the social model—and the models' effects on career development. This chapter focuses on how individuals with disabilities were transitioned into diversity and inclusion processes and then integrated into the organization and career development structure. Once left out of the measures of performance through education, learners with disabilities, in 1997, clearly became identified in the federal and state answerability systems. This chapter advocates for the social model. Additionally, respondents show how self-identifying as a person with a disability, even anonymously, can be difficult for some people. Readers will better understand the terms diversity, disability, and inclusion through the disability studies lenses, but the question remains, Have we come a long way or are scholars and practitioners floundering in today's society and lacking understanding about diversity through unclear comprehension regarding disability?

INTRODUCTION

Educators and practitioners are faced with the transition and intersection of two diverse disability studies education models—the medical model and the social model, as well as legal mandates for individuals with disabilities and the application of human resource procedures. The medical model seeks to explain, diagnose, treat, and 'cure' disability as pathology. The social model seeks to interpret intellectually the cultural and social construct of disability, advocates for inclusion of people with disabilities, and invites evolution of emerging models (Danforth, 2008; Gabel & Peters, 2004; Smart, 2009). The social model, framed by academicians, challenges the long-standing use

and adherence to the medical model. This chapter favors understanding the impacts of diversity on organization and career development.

Consistent with Section 504 of the Rehabilitation Act of 1973, the law protects those with disabilities in regard to programs that receive federal funds (Moran, 2005; Russo & Osborne, 2009; U.S. Department of Health & Human Services, 2006). The Rehabilitation Act of 1973 was an inclusive order to eliminate discrimination against people with disabilities (Moran, 2005; Russo & Osborne, 2009). Then, in 1990, Congress enacted the Americans with Disabilities Act (ADA), a mandate to extend primarily the protection of Section 504 of the Rehabilitation Act of 1973. It mainly, however not exclusively, includes private programs, chiefly for employees (Moran, 2005; Russo & Osborne, 2009). The major difference between the two laws is that Section 504 applies to programs that receive federal funds, whereas the ADA primarily, but not exclusively, covers private programs, particularly for employees (Russo & Osborne, 2009). Impacting the human condition are the two models—the medical model and the social model of disability, as well as the legal mandates for individuals with disabilities and the application of human resource policies and procedures.

Out of the need to further impact the human condition, searching, as it were, for a place to "deepen understandings of the daily experience of people with disabilities in schools and universities, throughout contemporary society, across diverse cultures, and within various historical contexts" (Connor, Gabel, Gallagher, & Morton, 2008, p. 441-442) emerges Disability Studies Education (DSE). DSE, impacting the human condition, is swathed in the understanding of "effective practices for inclusion with a focus on critical components of successful inclusion [that contributes to the preparation of key participants internationally] to work and engage effectively with students with disabilities in inclusive schools" (Alquraini & Gut, 2012, p. 42).

According to a report by the National Center for Education Evaluation and Regional Assistance 2012-4056, (2012), students with disabilities were not recognized in federal and state accountability systems. This report, also referred to as NCEE 2012-4056, provides that at the United States nationwide level, that the 1997 amendments to the Individuals with Disabilities Education Act (IDEA) set the groundwork for answerability of students with disabilities. On the word of NCEE 2012-4056, the foundation was laid that States include students with disabilities in state and district appraisals and to convey the students' inputs and performances (2012). Through the legal mandates, the medical model, and the social model, evolves (Hunter College, 2012) the critical beginnings of disabilities studies education (DSE) in 1999.

Reviewing social inclusion is important as it relates to DSE. According to Crowson and Brandes (2010), even though the word 'inclusion' might not be acknowledged or comprehended by persons inside narrow community locales, many seem to concede occasions in which inclusion was applied. This usage was mainly when the application of the term was implemented unsuitably. The example given about the understanding of inclusion by Crowson and Brandes (2010) was "…such as when parents complain that a student with severe intellectual disability is included in a regular education class" (p.121).

Educators and practitioners, to include human resources education and development, are faced with the transitioning of two diverse disability models. The medical model is used to explain, diagnose, treat, and 'cure' disability as pathology and is embedded into the education system. "Many historical/materialist accounts of disability are also objectivist in their assumptions i.e., that their version of the world is [are] the 'correct' and 'true' version[s]" (Gabel & Peters, 2004, p. 588). The world that advocates inclusion gave rise to a second model, the social model of disability. The social model describes the manner disability is framed by academicians and requires a call to

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