



JUNE, 2025

# SCHOOL SOCIAL WORK GUIDE TO PROVIDE EVIDENCE-BASED PRACTICE THAT IS GROUNDED IN CRITICAL DISABILITY THEORY: A PRACTICE BRIEF

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## EXECUTIVE SUMMARY

New Mexico (NM) has a wealth of diverse students, landscapes, and needs. As of 2022, there were 315,023 students enrolled in public schools in NM; employing 21,572 teachers and having 890 schools (National Center for Educational Statistics a [NCES], 2024). In the 22-23 school year, 17.8% of school age children in New Mexico were identified to have an educational disability, compared to the national average of 15% (NCES b, 2024). In NM public schools the population of children with disabilities is 63.6% Hispanic or Latino, 21.2% White, 10.2 % American Indian or Alaska Native, and 2.2 % Black (Civil Rights Data Collection [CRDC], 2025). In New Mexico, social workers provide a range of services to children with disabilities under the Individuals with Disabilities Education Act (IDEA) Sec. 300.34 (c) (14). As such, school social workers (SSWs) often collaborate with teachers and administrators to determine interventions and supports for special needs students to succeed in schools. The way in which SSWs understand and respond to disability as a construct has important implications for their practice. As practitioners tasked with supporting, advocating for, and empowering individuals with disabilities, SSWs must possess an understanding of different models of disability and their implications for practice. This practice brief will explore these models and provide an introduction to critical Disability Theory (CDT) as an essential theoretical framework in which SSWs can anchor their practice.

There are several models of disability although medical and social models of disability are among the most commonly utilized in schools. The medical model of disability views the disability to be pathological, asserting that the disabled person needs to be fixed or cured, to be normal.

The person with a disability needs an expert, typically a non-disabled person, to do this. The medical model is clinical in nature and based on deficits (Olkin, 2022; Siebers, 2011).

The social model of disability differs substantially from the medical model. The social model of disability affirms that disability adds to social diversity and that barriers experienced by people with disabilities are a result of social attitudes, and environmental factors rather than the disability itself. Disability is a part of a person's identity much like race/ethnicity, therefore the environment should be modified to allow for full participation and inclusion; not the person (Olkin, 2022).

Additionally, the social model recognized that people with disabilities encounter oppression, stigma, bias, prejudice and discrimination from society, that impacts their lives (Mackelprang, 2013, Schriver, 2020).

Understanding these basic models can help SSWs, critically assess their own practices and values. Do we routinely practice under the medical model where we prescribe interventions and suggestions which expect the student with disabilities to adapt to the environment, or do we look at how the environment can be modified to support the student?



CDT is rooted in the social model of disability, while highlighting the lived experience of the person with disabilities, identifying the child, person, and family as the expert in their own life rather than the professional (Ruaume, 2014). Hosking (2008) identified seven core tenants of CDT: (1) adopts a social model of disability (2) multidimensionality, that disability comes in all forms and intersections (3) valuing diversity of disability in all forms (4) rights to promote self-determination and equal participation (5) voice of those from the disabled community to hear their prospective and experience (6) language, and its ability to empower and disempower (7) transformative politics as a tool foster inclusion, autonomy, and equality. The alignment between CDT and social work values and ethics make it an important foundation for school social work practice.

### **INCORPORATING EVIDENCE-BASED PRACTICE TO CHAMPION CDT**

SSWs should ask themselves, how they can elevate CDT in everyday practice? This goal can be reached by understanding how the tenants of SSW fit into daily actions and choosing evidence-based interventions that complement the social model of disability, and that at times, this may compete with the schools focus to cure or fix the disability to participate in the environment instead of modifying the environment to meet the needs of the students. Broadly, SSWs can translate CDT through examining how the social environment in schools creates barriers for students with differences, by questioning the ways in which schools equate disability and deficit, and by educating others about these realities (Knox, 2024).

There are also more concrete opportunities for CDT to inform evidence-based practice (EBP) in SSW. The principles of CDT align well with many EBPs in special education and SSW more broadly. Evidence based practice does not only refer to interventions, but to all contexts within schools. SSWs weave in CDT practices when collaborating with teachers, administrators, and educational stake holders, when working with families; and with direct intervention and support for students with disabilities.

When collaborating and consulting in schools, SSWs can focus on challenging stereotypes and generalizations of disability to create awareness of the multi-dimensionality and intersectionality of disability. SSWs should advocate for individualized interventions to meet specific needs of students.

To ensure individualized assessment and interventions for behavioral support, a Functional Behavior Assessment (FBA) should be thoughtfully conducted to create a supportive learning environment. Special consideration should be given to how the environment can be modified to meet the needs of the student; the intervention should not solely be based on behavior modification of the student.

The office of Special Education (OSEP) provided updated guidance and webinars for schools to conduct FBAs and provide behavior supports focusing on thoughtful assessments and environmental changes (OSEP, 2024; Office of Special Education and Rehabilitation Services [OSERS], 2024).

When implementing and considering interventions with students and families, SSWs must center voices of those we are serving. Students and families are experts in their own needs and goals. As social workers, we advocate to bring about change, however, we are not experts in others' lives. We are experts in social work, ecological systems, and have advanced knowledge in intervention and family systems. In practice we can coach students and families to find their own voice of advocacy for a pathway to empowerment.

One way to engage in advocacy practice is to educate students and families about their rights and protections that they are entitled to. We can connect with families to explain and educate them about the procedural safeguards 34 CFR 300.504 (IDEA, 2007) which is often referred to as parental rights. This important document is intended to protect the rights of their exceptional child, independent evaluations, prior written notice, consents, due process, mediation, and access to records. This is a simple action that can have a powerful outcome for students and families.

The disproportionality of discipline for special education students, especially students of color in special education in New Mexico represents a concern with direct implications for CDT. Hispanic and Black students with disabilities are disciplined at a higher rate than White and Native American students with disabilities, and overall, across all race and ethnicity factors, student with disabilities are disciplined at a higher rate than their non-disabled peers (Legislative Finance Committee, 2023). Whereas disciplinary responses root the problems within individual students, other approaches consider the impact of the environment on behavior and the intersections between diverse student identities and their responses to the school environment.

## **Advocacy: CDT in Action**

Positive Behavioral Interventions and Supports (PBIS) is an EBP that SSWs can draw on that aligns with the CDT principle of celebrating diversity of abilities, rights to self-determination and engaging voices of students and families with disabilities. PBIS uses universal interventions that foster a positive supportive environment that is culturally responsive and fosters family and school partnerships (PBIS, 2025). When PBIS is implemented students with disabilities show have improved social/emotional/behavioral outcomes, increase prosocial behavior and emotional regulation, and reduce exclusionary discipline outcomes. PBIS is inclusive of all students regardless of disability status, and should be implemented at the tier 1 level, meaning all students benefit from improved social, emotional, and behavioral outcomes when PBIS is implemented with fidelity in inclusive settings (PBIS, 2022).

In order to comply with PBIS, school personnel and related service providers should identify, "what needs to change in the adult behavior to change student behavior?" To promote a positive school behavior ecosystem, expectations should be clearly defined, positive behavior should be recognized, and positive behavior reinforcement should be applied as the normative action rather than focusing punishment or discipline to attempt to decrease undesired behavior. Even though PBIS is a way to promote positive discipline to all students, the intervention has also been criticized for being culturally neutral and may not encourage teachers to understand cultural influence of student's behavior that may lead to misinterpretations (Cramer & Bennett, 2015; Monroe, 2006).

SSWs must engage in culturally responsive practices and cultural humility to understand disproportionality and respond to equity for all students (Gadd & Butler, 2020). By strengthening collaborative partnerships with families, SSWs can be both culturally responsive and promote CDT.

Schools and social workers can accomplish school family partnerships by engaging in relationship building by being interested in their perspectives and experiences, inviting them to the school and classroom, engaging in bi-directional communication, valuing family choice for engagement, sharing positive notes/feedback, having empathy, and reflecting on our own biases or perceptions (Choi & Bigelow, 2024).

SSWs can further ground their practice in CDT through advocacy by encouraging and assisting in self-advocacy first and foremost. If barriers exist for self-advocacy, SSWs should advocate alongside offering support. Student and family voices and lived experiences need to be listened to and honored. SSWs may advocate on behalf of students and families with permission, if the student and family decide social work advocacy is the best course of action to overcome barriers. SSWs can model identity and person first language. Critically, SSWs should challenge deficit-based disability language, as this is harmful and stigmatizing (Hosking, 2008; Knox, 2024).

SSWs can engage in transformative politics and work to create and identify policies and practices in schools that model inclusive actions, accessibility supports for full participation, and make autonomy possible in schools (Hosking, 2008; Knox, 2024). To protect students with disabilities from discrimination IDEA specifies exceptional students have the right to a Free and Appropriate Education. This entitles exceptional children to accommodation and modifications to participate in the general education classroom. Aligning the core values of CDT is a powerful tool to create an inclusive environment that is individualized based on the needs of the child, not the needs of the school. Additionally, exceptional students have a right to education in the Least Restrictive Environment (LRE), which allows inclusive education and practices. By advancing the social model of disability, SSWs should assess and support others in considering how the school environment can be modified to support exceptional students so all students can learn together.

## **Conclusion**

In conclusion, SSWs can incorporate the core tenants of CDT in everyday practice in schools to elevate inclusiveness and accessibility in schools for all children. By replacing a medical model of disability with the social model, we will identify how the environment can be shifted to meet the needs of exceptional students instead of focusing on what needs to be "fixed". SSWs should champion and celebrate the diversity that exists in the disability community. Their general work and the evidence-based practices that they employ should promote self-determination and equal participation, emphasize the voice of the disability community, use empowering language, and advocate for transformative policies to foster inclusion, autonomy, and equality. SSWs can shift the dominant narrative around disability in schools, celebrating the multidimensionality of disability and enacting the belief that students with disabilities are, Temple Grandin, the renowned expert on autism and self-advocate said, "different, not less".

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