Medical and Social Disability – The Difference and Interconnection

Including a Path Forward for a More Inclusive SOC Framework

Introduction

In the United States, the concept of disability is not singular—it has at least two distinct interpretations: **medical disability** and **social disability**. These perspectives shape everything from access to benefits and services to opportunities for employment and independent living. For individuals with intellectual and developmental disabilities (IDD), the interaction between these frameworks can deeply affect their life path—and that of their families.

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1. Defining Disability in the U.S. Context

Medical Disability

In the **medical model**, disability is seen as a **health condition or impairment** located within the individual. This model is foundational in:

- **DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition):** Defines intellectual disabilities based on impairments in intellectual functioning and adaptive behavior, diagnosed before age 18.
- **SSA Blue Book (Social Security Administration):** Lists impairments that qualify individuals for **Social Security Disability Insurance (SSDI)** or **Supplemental Security Income (SSI)**. Intellectual disability is listed under **Section 12.05**, which includes IQ criteria and limitations in adaptive functioning.

Medical definitions are **diagnosis-driven**, and serve as gatekeepers for federal and state benefits, accommodations, and services.

Social Disability

The **social model of disability**, in contrast, sees disability as the result of **environmental, social, and attitudinal barriers** that prevent full participation in society. Under this model:

- A person with IDD may be capable of working, learning, or living independently—**if supports are in place**.
- Lack of accessible transportation, inadequate inclusive education, or workplace discrimination are seen as **primary disabling factors**—not the condition itself.

Federal frameworks like the **Americans with Disabilities Act (ADA)** and **IDEA (Individuals with Disabilities Education Act)** incorporate elements of this model by mandating accessibility and inclusion.

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2. Where the Models Intersect—and Clash

These two models coexist but often **conflict** in practice. For example:

- An individual with IDD may be **medically certified as disabled** and receive SSDI.
- At the same time, they may want to pursue **full-time competitive employment**, yet encounter systemic barriers (e.g., benefit loss risks, employer biases, or lack of on-the-job supports).

The **interconnection** lies in the **policy tension**: medical definitions are needed for eligibility and funding, but **social barriers are what actually disable people in real life**.

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3. Impact on Employment Opportunities

Barriers from the Medical System

- **SSDI and SSI discourage work** by limiting how much individuals can earn before losing benefits.
- Medical evaluations often **underestimate capacity**, especially for those who gain skills through supported employment or coaching.

Gaps in Social Systems

- Many **employers lack understanding** of how to support employees with IDD.
- Vocational rehabilitation systems can be **underfunded or fragmented**.
- **Lack of standardized job coaching, inclusive quality standards, and inclusive job descriptions contributes to marginalization.**

Outcome: Individuals with IDD are often forced to **choose between security and ambition**, when they should be allowed to have both—with structured supports.

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4. The Family Dynamic: When Support Becomes a Limitation

Consider a **single mother** who receives SSDI and lives with her adult son with IDD. She may:

- Fear losing shared household benefits if her son works full-time.
- Depend on his SSDI to manage rent, utilities, and food.

Meanwhile, her son dreams of:

- A high-paying job.
- Living independently.
- Building a social life outside the family home.

But sometimes the **gravity of the family system**—especially when the parent relies on pooled income—**creates an emotional and financial barrier**. Even when the individual with IDD is fully capable of working five days per week and living in affordable housing with a circle of Direct Support Workers (DSWs), **family pressure to remain cohabitating and low-income can override the individual's desire for independence**. In some cases, families prefer to **maximize combined benefits** by encouraging limited part-time work while continuing to receive SSDI or SSI, rather than supporting full economic autonomy.

In these situations, the **job coach is often placed in a difficult position**—caught between the individual's right to pursue full employment and the family's desire to preserve financial stability. A young adult with IDD may ask the job coach to support their goal of full-time work and independent living, while the parent may advocate for the opposite. When the job coach chooses to stand firmly with the individual's aspirations, it can **temporarily strain family relationships**. However, in many cases, after several years—when the individual becomes successful in employment and begins to contribute meaningfully to the family's financial and emotional well-being—the family may look

back and say: **“Thank you for standing by him.”** The initial conflict gives way to respect for the coach’s role in empowering the individual to thrive.

This is a **real and painful contradiction**. The **disability safety net**, designed to help, can inadvertently **trap families in dependency**—especially if employment services are not person-centered and proactive.

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5. Reframing SOC Job Classifications: From Limitations to Capacities

One concrete step toward inclusion is to **reframe disability in job classifications (Standard Occupational Classification or SOC)** to reflect what people **can** do—with or without support—not just what they **can’t** do.

🔁 The Broader Principle

Many SOC definitions implicitly assume that job tasks must be performed **independently and without accommodations**—even though **U.S. federal law (ADA)** allows for a wide range of reasonable accommodations in any job, including:

- Visual checklists
- Job coaching or supported supervision
- Modified work schedules
- Assistive technology
- Segmented or scaffolded task execution

These accommodations do **not change the essential function** of the job; they simply **enable the person to meet the standard in a different way**.

🔍 Illustrative Example: SOC Code 43-9061 – Office Clerks, General

Official SOC 2018 Definition:

“Perform duties too varied and diverse to be classified in any specific office clerical occupation, requiring knowledge of office systems and procedures. Clerical duties may be assigned in accordance with the office procedures of individual establishments and may include a combination of answering telephones, bookkeeping, typing or word processing, office machine operation, and filing.”

Illustrative examples:

- Administrative Clerk
- Office Assistant
- Real Estate Clerk

This classification describes a wide range of clerical responsibilities, yet it makes no mention of how accommodations could allow individuals with IDD to successfully perform these tasks.

✅ Proposed Inclusive Addendum:

Tasks may be performed using visual templates, segmented steps, assistive technology, or with the support of a job coach, where appropriate.

⚠️ Does This Mean Rewriting 800+ Occupations?

No. A full rewrite of all SOC occupations is unnecessary and impractical.

✅ A Strategic, Scalable Approach:

1. Add a Universal ADA Clause in the SOC User Guide

"Tasks listed in occupational definitions may be performed with reasonable accommodations as defined under the ADA. The presence of accommodations does not affect the occupational classification if the essential functions of the job are met."

2. Update Illustrative Examples in Key Occupations

Focus on 20–50 high-frequency or gateway occupations (e.g., janitor, retail clerk, office clerk, food service worker). Revise examples to show that tasks can be done with support. This provides visibility without structural overhaul.

3. Develop Crosswalk Tools for Service Systems

Create external guides (e.g., by agencies like AMSI or state VR programs) that map:

- SOC codes → Real-world IDD-friendly roles
- With notes on accommodations commonly used

This improves accuracy in classification, reporting, and funding decisions without burdening the federal SOC system.

6. Moving Toward Integrated Solutions

To bridge the gap between medical and social models, **policy and service systems must evolve**:

- **Redefine work incentives** under SSDI/SSI to promote gradual transitions to employment.
- **Invest in voluntary consensus standards** for support roles like job coaching (e.g., AMSI VRJ1).
- **Reframe SOC classifications** to reflect capacities with support, not just independent execution.
- **Encourage family-centered transition planning** to navigate intergenerational goals and needs.

Conclusion

Understanding the difference—and the **interconnection**—between medical and social models of disability is not an academic exercise. It is a necessary step in reshaping employment, policy, and family systems so that individuals with IDD can live the lives they choose.

Only when we combine **clinical understanding** with **social inclusion** will true equity be possible.