

# Investigating Student Teaching Directors' Definitions of "Teacher" and Paradigms of Disability in Canadian Teacher Education Programs

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*Directors of Student Teaching from teacher preparation programs across Canada were surveyed and then interviewed in follow-up focus groups to determine the opportunities and barriers they perceived during processes of placing pre-service teachers with disabilities into practicum settings. These data are interrogated within three theoretical frameworks about disability—the medical model, the social model, and the critical disability theory—to determine whether decision-making by Directors of Student Teaching reflects a predominant paradigm of disability. Deconstructions of the current concept of "teacher" are presented with reference to these three paradigms of disability.*

*Les directeurs de stages des programmes de formation à l'enseignement de tout le Canada ont été interrogés, puis interviewés dans le cadre de groupes de discussion de suivi, afin de déterminer les possibilités et les obstacles qu'ils perçoivent au cours des processus de placement des enseignants ayant un handicap dans des milieux de stage. Ces données sont étudiées selon trois cadres théoriques sur le handicap - le modèle médical, le modèle social et la théorie critique du handicap - afin de déterminer si la prise de décision des directeurs de stages reflète un paradigme prédominant du handicap. Des déconstructions du concept actuel « d'enseignant » sont présentées en référence à ces trois paradigmes du handicap.*

## Background

In our experiences as educators of teacher candidates (TCs), we have noted in our own university classrooms an increase in the diversity of those pursuing a career in teaching, including greater representation of students with disabilities. Greater diversity and representation in our own TCs affords more diverse perspectives and peer experiences amongst our students and promotes more inclusive practices in our own teaching, yet we are frequently asked whether TCs with disabilities ranging from blindness to psychological disabilities (for examples, depression, anxiety, and bipolar disorder) can truly become teachers. It cannot be assumed that the accommodations that support TCs' success as students within university classrooms will serve the same function when these TCs are placed on practicum and are given the responsibility for student learning and safety. Directors of Student Teaching (DST), who sometimes hold concurrent roles as assistant or associate deans, are responsible for the placement, supervision, and evaluation of pre-service

teachers during practica. These individuals are bestowed with special responsibilities in terms of teacher preparation in that they are ultimately responsible for deciding whether or not a TC has demonstrated the classroom-based skills necessary for teacher certification. We conducted both survey research and focus groups to determine the lived experiences and challenges of the DST role. The purpose of the current work is to re-examine the themes previously reported in the findings of these studies (Sokal et al., 2017; Wilson et al., 2018) within disability theorizing to gain a more fulsome understanding of how disability, legal rights to accommodation, and teaching certification standards intersect in DST's perceptions of the role of "teacher."

## **Literature Review**

A global movement toward inclusive schooling of students with disabilities was highlighted in 1994 by the Salamanca Statement, where 94 countries agreed that schools "should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic, or other conditions" (UNESCO, 1994, p. 6). In keeping with this movement, teacher education programs and researchers have worked to develop educational experiences for both TCs and practicing teachers to ensure that they are prepared to be effective inclusive educators (Darling-Hammond et al., 2009; Guskey, 2003; Male, 2011). In the twenty-five years since the signing of the Salamanca Statement however, a whole generation of Canadian students has completed their kindergarten to grade 12 studies in inclusive classrooms, and some have enrolled in university programs, including teacher education programs. Ironically, the same focus on diversity and inclusion that has framed education by teachers has not permeated education of teachers. Moreover, current TCs have come through a kindergarten to grade 12 school system that has arguably become more inclusive and supportive over time, and some have come to view accommodations and supports as a normal part of the school system. The increase in the representation of and expectations of students with disabilities in universities has in turn put pressure on teacher education programs to examine their own practices, and to balance the needs of teacher candidates with the professional standards of the field. Framed within three frameworks of disability theorizing, the current study examines teacher education programs' responses to increased TC diversity from the perspective of Directors of Student Teaching in Western Canada.

## **Theoretical Frameworks**

Theorizing about disability can be understood within three broad frameworks: the medical model, the social model, and critical disability theory. The medical model of disability (Gilson & DePoy, 2002)—sometimes called the individual model (Oliver, 1983)—posits that disability refers to inherent, often static deficits within individuals. From this perspective, individuals without disabilities are viewed as the norm, whereas individuals with disabilities as viewed outside the norm. Disability is responded to with interventions and compensatory measures in order to counterweigh weaknesses and differences within individuals who fall outside the norm. From this viewpoint, disability is viewed as something negative within one's body or mind that is to be cured or corrected (Dolmage, 2017). "Ableism" is the mechanism by which the medical model of disability creates and maintains this social hierarchy, as it values able-bodiedness as the ideal, and is characterized by "a pervasive system of discrimination and exclusion of people with disabilities ... privileging temporarily able-bodied people and disadvantaging people with

disabilities" (Griffen et al., 2007, p. 335). Drum (2009) explained the terms "disabled" and "impaired" are viewed as synonyms within the medical model of disability, clearly conceptualizing disability as a fault within an individual.

In contrast, the social model of disability challenges this construction. Sherry (2007) suggested that from the constructivist perspective, disability is solely the result of environmental barriers rather than a characteristic of an individual. Marks (1999) stressed that a person with a bodily or psychological impairment is disabled in some settings, but not in others, therefore placing the disadvantage to that person as resulting from the environment rather than characteristics of the individual. The social model views diversity as the norm and holds that disability is a system constructed and maintained in response to the environment's inability or unwillingness to adapt to differences within the human condition (Creswell, 2007; Hahn, 1994). Viewed through the lens of the social model of disability, responding to the lived experiences and abilities of people with disabilities by changing environments to fit them extends the rights and opportunities enjoyed by able-bodied people to all people, although ableism works to prevent these changes.

A third framework, critical disability theory, offers a balance between the medical model and the social model, in that it acknowledges both impairment within an individual as well as the environmental response to it, with the goal of creating a more equitable society. It should be noted that critical disability studies also look at other ways that specific groups are viewed and disenfranchised such as the global South, Black people, and others (see Goodley, et al., 2019, for example), although the focus in the current study is less broad. In relation to the current study's focus, critical disability theory espouses four main beliefs (Evans, et al., 2017):

1. Disabled people are diverse, rather than a homogeneous group that is defined by their difference from able-bodied people.
2. To learn about a person's lived experiences, these experiences must be examined within that specific context.
3. The focus of disability studies should include not only political issues, but also the human rights and emancipation of individuals in ways that are meaningful to them personally.
4. Both impairment and disability are important. Impairment is individual and embodied within a person, whereas disability is the environmental response to that condition.

Critical disability theory posits that individual emancipation is most likely when the relationship between impairment and disability is understood as fluid, rather than causal. It seeks not to "fix" the individual, as does the medical model, nor does it consider only the environment, as does the social model. Instead, this approach looks at the self-defined emancipation of individuals by acknowledging the impairment and the goals of individuals, and then working collectively to gather the resources needed to reach the individual's goals.

### **Legal Issues, Teaching Standards, and Teacher Candidates with Disabilities**

Canadian school systems are demonstrating a willingness to adapt to diversity in their student populations over a range of ages and programs. Canadian law (Canadian Human Rights Act, 1985) as well as provincial human rights legislation protect people with disabilities by challenging infrastructure and practices that privilege ableist perceptions of humanity. In all Canadian university programs, students are legally entitled to classroom accommodations that are intended

to “level the playing field” and result in equal opportunities for academic success (Sireci et al., 2005, p. 457). Jay Dolmage (2017) has provided an excellent analysis and critique of the Canadian response to disability in higher education, examined its limitations, and proposed universal design as the next logical step in responding to student diversity. Likewise, Evans et al. (2017) stressed the need for the moral response of fair treatment and opportunities for all people that is inherent in social justice thinking. In their explorations of models of disability, Evans and her colleagues argued for “the elimination of ableism and the critique, redefinition, and expansion of what it considered normal so that all types of physical, mental, and sensory differences are accepted and appreciated” (p. 2). It may be surprising then that, in considering the broad range of human conditions and advocating for universal design, Evans et al. clearly acknowledged that “some people’s minds and bodies can ... create challenges that even the most inclusive environments cannot solve” (p. 2).

The issue of determining if and when the circumstances described by Evans et al. (2017) occur in teacher preparation programs is often within the purview of DSTs in Canadian teacher preparation programs. These individuals are tasked with the decision of whether teacher candidates have demonstrated the skills necessary for teacher certification during their teaching practica. Tensions develop when professional standards and human rights legislation collide, and the Meiorin test has been developed for use in these circumstances (Hatfield, 2005). The Meiorin test addresses the issue of bona fide occupational requirements. That is, when the required competencies of a professional role can be clearly outlined and when a disability prevents an individual from meeting those competencies even with accommodations, it is not considered discrimination to prevent that particular person from serving in that role. For example, if a pilot were required to have the skills to navigate a plane including the ability to land the plane manually during emergency situations, then it would not be considered discrimination to choose not to hire a pilot whose disability precluded the use of their arms and hands, as they could not fulfill the bona fide occupational requirements of this position, and no type of reasonable accommodation is available that would allow them to do so.

When the role of teacher is considered, the Meiorin test presents a special challenge. First, meeting the Meiorin test requires that the specific competencies of teachers are listed. Although many of us can conjure up a stereotype of the teaching role, great variety is exhibited across Canada in terms of the job descriptions, the bodies of oversight that create and uphold teacher standards, and the specificity of a teacher’s role. For example, in Canada the provinces of Ontario and British Columbia have published a list of professional standards that all their teachers must demonstrate. They include, for example, that teachers in Ontario will “treat students equitably and with respect and are sensitive to factors that influence individual student learning” and further, that those teachers must “promote and participate in the creation of collaborative, safe, and supportive learning communities” (Ontario College of Teachers, 2016). Likewise, the Professional Standards for BC Teachers include requirements for teachers to be “responsible for the physical and emotional safety of students” and “accountable for their [own] conduct on duty and off duty” (British Columbia Ministry of Education, 2019). In contrast, in Manitoba, there are no such province-wide standards. Instead, teaching responsibilities are defined by collective agreements specific to each school division, and the teacher’s role differs from context to context. Without a clear and consistent standard of bona fide occupational requirements, it is difficult to certify that graduating TCs are prepared to teach in all sorts of classrooms. Even when standards are clear and consistent through provincial legislation, the requirements around the soft skills required by teachers are difficult to operationally define.

The second challenge with the Meiorin test arises when one considers whether the accommodations required by a specific TC with a specific disability are reasonable or not. The law requires that universities and employers must provide accommodation up until the limits of "undue hardship," yet in practice this is an elusive principle. In some cases, accommodation—such as providing a teacher with a physical disability that affects the ability to speak loudly with voice amplification equipment—is an easy and clear response to disability. In other cases, such as in the case of a TC who is blind or a TC with psychological disabilities such as intermittent panic attacks, the appropriateness of accommodation is less clear, because the criterion for undue hardship often uses student safety rather than financial cost as the reference point. Although undue hardship is determined as an individual ruling based on the specifics of each case, in general, the standard is more often met where safety rather than financial costs form the substantive proposed hardship (Watkinson & Chalmers, 2008). For example, if a specific TC with a panic disorder often needed to suddenly leave the kindergarten classroom and these young children were left unsupervised, an argument could be made that this teacher could not be "responsible for the physical and emotional safety of students" (British Columbia Ministry of Education, 2019) and therefore the threshold of undue hardship (to the students) had been met. Given the diversity of classrooms across Canada and the accompanying differences in the safety needs of children based on students' ages, settings, and abilities, it is difficult to determine whether a practicum setting where the specific TC's disability creates undue hardship on student safety would be similar to or different from the safety requirements of the setting with older students, or to the setting in which the TC would eventually be employed. It is unclear whether a student who is unsuccessful in one practicum setting could be successful in a different classroom as a teacher, therefore making issues of reasonable accommodations related to student safety different from setting to setting.

The third challenge related to the Meiorin test relates to the configuration of teacher education programs in general. Oftentimes, programs are configured so that TCs learn the basic principles of instruction as well as demonstrate university-level skills in their teachable subject areas before they are placed in practicum settings. Thus, typical school-based accommodations assist TCs with disabilities in demonstrating competence in their roles as students, yet the types of accommodations change when they move into the teaching roles during their practicum, raising new questions about the appropriateness of accommodations. Ryan (2011) found that practicum courses are in a distinct position in teacher education programs. In some sense, the perfect storm is created in that these courses not only have academic requirements but also have the additional responsibility of ensuring that the professional standards stipulated by the professional body are met. In cases where the professional standards differ from context to context or where provincial standards are interpretable, discrimination—whether intentional or not—is more likely to occur (Williams, 1998).

In determining who has met and not met standards of certification during their practica, Directors of Student Teaching are placed within an important role in defining what a teacher should be and do. The current research sought to examine their perceptions of their roles, as well as their challenges, in making these decisions. The re-examination of the collective data through theoretical lenses was prompted by the work of Dolmage (2017) and Evans et al. (2017), who presented persuasive analyses of ableist processes in higher education. The current analyses add to that literature by examining the complexities inherent when post-secondary students with disabilities enter practica that include additional professional certification standards.

## **Description of the Data Sets**

The current project is a re-examination of a synthesis of findings of our previous studies (Sokal et al., 2017; Wilson et al., 2018). Our intent is not to re-iterate our previous collection of findings, but rather to examine how the processes and decision-making of DSTs reflect their adoption of the tenets of specific theories of disability and conceptions of teacher. The data on which these analyses rest was the result of two studies. The first reported on an anonymous survey of ten DSTs from Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia (Sokal et al., 2017), with two participants from each province. The second study (Wilson et al., 2018) reported on two follow-up focus groups of 1.5 hours each involving 14 DSTs from four Western Canadian provinces (2 from Manitoba, 4 from Alberta, 6 from British Columbia, and 2 from Saskatchewan), allowing more in-depth analysis and understanding of the survey results. Given that the surveys were anonymous, it is possible that some participants took part in both studies. For the current project, the complete, original data sets from both studies were re-examined through a theoretical rather than thematic lens, and new data are presented here to support the existence of the three models of disability in DST's decision-making in practicum placements for students with disabilities. Given that we used a theory-driven approach, the coding for the study was predetermined (Krippendorff, 2012; Schreier, 2012). The data were analyzed by each researcher independently to determine whether evidence existed to support the enactment of each paradigm of disability within the DST's comments. The researchers met to discuss and resolve any differences in findings through re-examination of the transcripts and audio recordings.

### **Evidence of Models of Disability**

An examination of the occurrence of the various paradigms of disability—the medical model, the social model, and the critical disability theory—must be prefaced with several caveats. First, each model addresses impairment and its response in different ways, yet each acknowledges both. As such, at times the comments of the DSTs do not fit neatly into only one paradigm. Second, DSTs do not make decisions in a vacuum. Rather, they are bound by institutional constraints—the policies and practices within their universities, their provincial licensing bodies, and the law. In each of these bodies, in creating their policies and practices an effort has been made to create standards. Issues arise when the standards, often an attempt to create or reflect a normative stance, are not responsive to the diversity of the human condition. It is in these situations where moral, ethical, philosophical, and social justice issues arise, and these issues will be highlighted throughout the examination of the DSTs' perceptions through a theoretical lens.

### **Evidence of the Medical Model of Disability**

Hibbs and Pothier (2006) proposed that current reactive processes of accommodation in post-secondary settings serve to reinforce individualized biomedicalized conceptions of disability. Likewise, Dolmage (2017) argued that the system by which post-secondary students apply for and acquire accommodation is based on the medical model that is composed of processes of “defining disability medically, treating it in a legalistic and minimalistic manner designed to avoid getting sued [through responding with] the legal minimum accommodation” (p. 27).

Our previous research with post-secondary students across disciplines showed that some post-secondary students viewed the risks of disclosure as outweighing the benefits, and as a result

many students were reluctant to disclose their disabilities to their programs due to stigma and fears of discrimination (Sokal & Desjardins, 2016). The current research with TCs in particular is no exception to this observation, as numerous DSTs commented on TCs' unwillingness to disclose. It should be noted that even when students had registered with Accessibility Services and received accommodation in university classes, the decision to receive accommodation on practicum and potentially disclose their disability to a potential future employer rested with the students themselves. DSTs spoke of situations where TCs chose not to disclose their disabilities at practicum in addition to situations where students with documented disabilities also waived opportunities for accommodations in university classes due to fears of discrimination at the time of employment in schools: "Many choose not to declare. In some cases, this fear stems from concern that school divisions would get this information, and it may impede job opportunities." Conceptualizations of disability as deficit within an individual are key features of the medical model, and DSTs reported that TCs assumed, feared, or knew that these perceptions were held by school personnel. Reluctance to disclose disability is widespread in higher education: Dolmage (2017) estimated that there are over 200,000 post-secondary students who are entitled to accommodations, but never request them. This should not be surprising when one considers the anticipated responses to their disabilities. Stigma from other students (Olny & Kim, 2001), from professors (O'Shea & Meyer, 2016), and the requirement of justifying their needs for accommodations to Accessibility Services staff through documentation and intake meetings, only to be offered limited and often "band-aid" solutions are not strong incentives to disclose.

Other evidence of the medical model was evident when DSTs made comments regarding the teaching certification standards and practicum requirements, such as: "These are the conditions for teaching. And is this the right profession for you? There are lots of ways to be involved with children and educations, but a K-12 teacher: This is what that profession looks like." This comment seems to imply a finite, homogeneous, and clear description of what a teacher is and what a teacher can do, in the term "this is what that profession looks like." This phrase is problematic in the sense of the diversity of the teaching role as well as the processes of teacher certification.

In terms of the teaching role being homogeneous, some provinces—for example Ontario—require different certification criteria for elementary and secondary teachers. This suggests that the skill sets for these two teaching positions are not identical, otherwise one of the certificates would be redundant. In contrast, teachers in Manitoba are certified to teach all subjects from kindergarten to grade 12 under their standard teaching licence, suggesting MB certification standards support the belief that "a teacher is a teacher." Given the over-abundance of teachers in Manitoba, this belief is rarely tested, as it is very unlikely that a teacher who has trained in early years English Language Arts would be hired to teach high school Science. It is interesting that it is rarely questioned why teachers in Manitoba are certified to teach courses on which they have no training and no expertise—courses that one could argue are beyond their ability. And yet, when a teacher with a visual impairment who intends to teach high school applies for an education program, issues of safety—were this teacher hired to teach younger children—are raised. In our focus group study, we presented the DSTs with a scenario where a teacher with a visual impairment wanted to teach and issues of safety were raised.

Well, how accurately are we helping her prepare herself then? ... because she's not taking on that piece of classroom management—that supervision of students—that is a big part of what we would expect a student teacher to do.

But, someone like that could probably be a very effective EA.

Questions were raised about the overall suitability of a TC with a disability in the general context of teaching, rather than considering the multiple roles and conceptualizations of teacher. It seems that holding fast to a finite, homogeneous, and immutable definition of teacher gives license to exclude students who are viewed as impaired by the medical model. Furthermore, rather than looking at specific situations where a TC's disability would affect their teaching and where it would not affect their teaching, comments from these DSTs tended to extend the disability from a limitation in one teaching setting to all teaching activities, generalizing the specific disability to a global disability.

In contrast, some DST's programs offered non-teaching streams to TCs who could not meet professional standards for teaching children and youths. These actions can be classified in several ways. First, they could be interpreted as falling within the medical model, as the impairment is seen as within the TC so an alternate (non-teaching) setting is found. Alternatively, this could be viewed as a response to diversity within the social model of disability, in that a setting that does not disable the TC is found. It should be noted that under both these interpretations, the alternative is still labelled as a non-teaching stream, reifying the concept of teacher as static, finite, and homogeneous.

### **Evidence of the Social Model of Disability**

The social model of disability places disability not within the body of the individual but instead within society's lack of appropriate response to disability. This stance would posit that TCs with impairments may be disabled in some teaching settings and not in others. In contrast to the medical model, this model would support a more fluid and diverse definition of teacher. This stance was evident in the comments of some DST's, such as:

I consider placement with teachers that may be more understanding or considerate of students with a disability.

And what if I'm an admin. in a school, and I have an open concept, multi-age primary classroom with multiple teachers, and yes, we can absolutely [support a blind student teacher]. There are schools out there that are willing to say "absolutely." I bring my dog to school, we have multiage, we have a number of teachers, etc. So, it's not the typical practicum situation necessarily, but those are becoming more and more typical.

In response to the safety concern regarding the student teacher who is blind in the scenario presented, one DST suggested moving the student to an older classroom: "The safety is different in a primary versus an intermediate classroom."

This interpretation of the role of teacher as being fluid and the setting as responsive was held by some DSTs and clearly articulated in their focus group responses. DSTs who held this worldview also stated that they faced organizational challenges to it. In one focus group, the DSTs raised a discussion about situations where a TC was permitted to complete a practicum block in half days rather than full days, due to psychological disabilities, resulting in the same duration of successful practicum days completed. A DST stated,



We might feel that with the accommodation the student has met the outcomes of the program and that we recommend them for certification. But then the Certification Branch could look at us and say, "No, we do not certify part-time teachers."

Together these examples suggest that some DSTs are adopting a social model of disability, but they are not universally supported in this stance. Historic models of teaching and disability are still evident in both the thinking and the structures that support the medical model of disability as well as their manifestations in universities as described by Dolmage (2017), creating barriers for DSTs who enact the social model in their decision-making.

### **Evidence of Critical Disability Theory**

Evidence of critical disability theory was found in the comments of the DSTs that honoured working with individual students within collaborative teams and respecting their agency in their own educational and practicum process. Their comments respected the reciprocal relationship as well as the respect for individuality necessary to work with TCs within fluid relationships rather than standardized, causal, and categorical processes, therefore meeting the criteria set out by Evans and her colleagues (2017). When DSTs answered the survey questions asking, "Whose responsibility is it at your university to determine appropriate accommodations for particular students with disabilities during practica?" not one mentioned the student in the long list of individuals who contributed to these decisions. This observation highlights the limitation of survey research and shows the value of our follow-up focus groups where ideas were more easily shared and probed. Indeed, when asked during the focus groups about what works best with students with disabilities on practicum, many participants spoke about the importance of student agency and voice:

Working with students so they are their own best advocate; getting students to a point where they manage their disability in a way that allows them to have success AND be a teacher [works best].

Open communication about needs and what is needed in the practicum [works best].

I really tuned in on [the idea of] honest, sometimes difficult discussions. This is really a bad generalization, but teachers tend to be very kind and nice. And sometimes the people who are the closest to the situation, the teacher mentor and the faculty advisor, see the issues but it's really hard for them to give respectful but really specific feedback to help the person. That's an area where we've really been trying to work with our faculty mentors over the past couple of years—empowering them to have those conversations, giving them catchphrases and scripts and that sort of thing—because a student knows when they're not doing well and when they're floundering.

The description of this process stands in sharp contrast to the treatment of TCs with disabilities within the medical model or moving a TC into a new practicum setting where constructions of their impairment are better understood and accommodated. The need to have "honest conversations" speaks to the transformative power of this approach to hear and honour the individual within the teaching context and to plan together for success. This response not only opens doors with TCs, but also calls on us to question the outdated practices for addressing diversity within university programs in general, as well as within teacher education programs in particular. Without this critical lens, inclusion in the current climate can be defined by "doing

something as opposed to looking to find the right thing” (Dolmage, 2017, p. 75) that comes at the cost of a student “becoming the object of the medical gaze, and hence the object of therapeutic and corrective pedagogy” (Dolmage, 2017, p. 81).

### **Psychological Disabilities: A Special Case?**

Within the critical disability stance, and within medical and social constructions of disability, we would be remiss if we were not to discuss the hierarchy of disability that is evident in both the literature and in our own survey and focus group findings. Many of the DSTs in our studies noted increases in the incidence of teacher candidates with psychological disabilities within their practicum programs.

Given the term “mental disability” versus “mental health,” we’re really grappling with it as a whole program. I think legal and ethical decisions around working with students with physical and learning disabilities has been, it seems, a little bit more clear-cut than mental health, especially since sometimes our students have been told they’re not anxious enough or depressed enough to have formal accommodations, but we know they’re struggling. So, that’s been a struggle for us.

Our survey showed that DSTs were least confident about both their legal and ethical decisions about students with psychological disabilities as compared to those about students with physical or learning disabilities, and these quantitative measures were supported by qualitative data within the focus groups.

And I think the mental issues are really challenging, especially for those of us who have really, really, really high standards about who we want to let into the profession without seeming like you’re against people who have mental disabilities. I mean, it’s just a tension, right?

These findings could be interpreted within the hierarchy of impairment proposed by Deal, (2003), who found that the more hidden the disability, the less likely people are to be sure the person with the disability deserves accommodation. Likewise, Dolmage (2017) described how, “... so-called invisible disabilities are particularly fraught in an educational setting in which students with disabilities are routinely and systematically constructed as faking it, jumping the queue, or asking for advantage” (p. 9). Dolmage further warned of “ableist apologia,” a lens that can easily become the framework by which individuals avoid addressing the tensions around impairment, disabilities, and standards. That is, ableist apologia can be interpreted as throwing up one’s hands in recognition that the situation is regrettable but unfixable. The apologetic aspect is not personal in the sense of an apology from an individual, but rather an apology for the state of affairs. Together, the qualitative and quantitative findings suggest that psychological disabilities are more likely to provoke use of this lens than are physical or learning disabilities.

This situation is alarming, as mental disabilities such as anxiety and depression are the most commonly reported medical conditions in university students (ACHA-NCHA, 2016; AUCCCD, 2014). These diagnoses bring unique challenges to DSTs in that a defining feature of these conditions is their intermittent effects. As compared with hearing and vision disabilities that are often consistent in their manifestation, mood disorders differ not only between individuals but often within individuals over time. This makes the processes of verifying that teaching standards are being met even more difficult for DSTs, as not only are the standards different from setting to

setting, but the particular TC is different from day to day. The variable nature of psychological disabilities stands in sharp contrast to responding with a set accommodation found in the medical model, or a carefully chosen practicum setting found in the social model of disability. Although many practicing teachers experience psychological disabilities, the processes and standards in university settings have not developed in ways that allow DSTs to have confidence in their ethical or legal decisions regarding students with psychological disabilities and their teacher certification. However, the variability of psychological disabilities and their manifestations within each individual and over time may be a silver lining, in that it will force us to recognize the inadequacies of the medical and social models of disability in addressing the variability and fluid nature of humanity. In addressing these needs in teacher education programs, we may become more responsive to variability both between and within people with disabilities. Indeed, the Canadian government has recently announced 11.9 million dollars in funding to study how people with intermittent disabilities can be more fully included in the Canadian workforce (Canadian Institutes of Health Research, 2018), suggesting that teacher education programs will likewise have to evolve in their thinking and interactions around TCs with psychological disabilities.

### **Conclusions**

I believe that students with disabilities need to be given every opportunity to succeed. However, the teaching standards need to still be met. Accommodations can occur without modifying standards and expectations. The first priority must remain the needs of students in schools.

Right, like we're in a unique position, in that we have obligations to our students, but we also have an obligation to students in classrooms. That's sometimes where the tension is, I find. You want to help the students you're working with and give them every opportunity and support them, but also that's within a classroom of kids' education. So that's the bottom line.

These statements reflect the thinking of the majority of DSTs in our studies. On their face they seem reasonable and justifiable. However, by deconstructing these statements through the lens of models of disability, it becomes evident that many of the key components are interpretable and fraught in their entanglement in theorizing about disability and what it means to be a teacher. Our analysis raises the issue of the interchange between impairment and environment that differentiates the models of disability. As we move toward the goal of more inclusive schools, careful examination of the structures, processes, and people that create inclusion will be necessary to develop a more equitable, representative, and inclusive school system. The current research highlights some of the dilemmas that continue to provoke ethical and legal questions about what makes a good teacher. Canadian DSTs are currently working to answer these questions, and we can learn from the progress they have made as well as from the answers that remain elusive.

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