

Exploring the relationship between language and ableism in developmental pediatrics case formulations

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Background and Rationale

In healthcare, disability is often viewed through a **deficit-oriented medical model lens**¹

- Within case formulations, clinician's impressions of a child and their family shape how professionals perceive children and their families
- Limited understanding of how ableism appears within medical documentation²



Research Question

1. How is disability being conceptualized and described in case formulations of first-visit developmental pediatrics patients?
2. How do these conceptualizations and descriptions influence ableism in practice?



Design and Methods



283 charts

Jan 2019 to Mar 2025

Ages 0 to 19 years old

120 females (42.4%), 163 males (57.6%)



1. Selected charts from 3 Holland Bloorview clinics

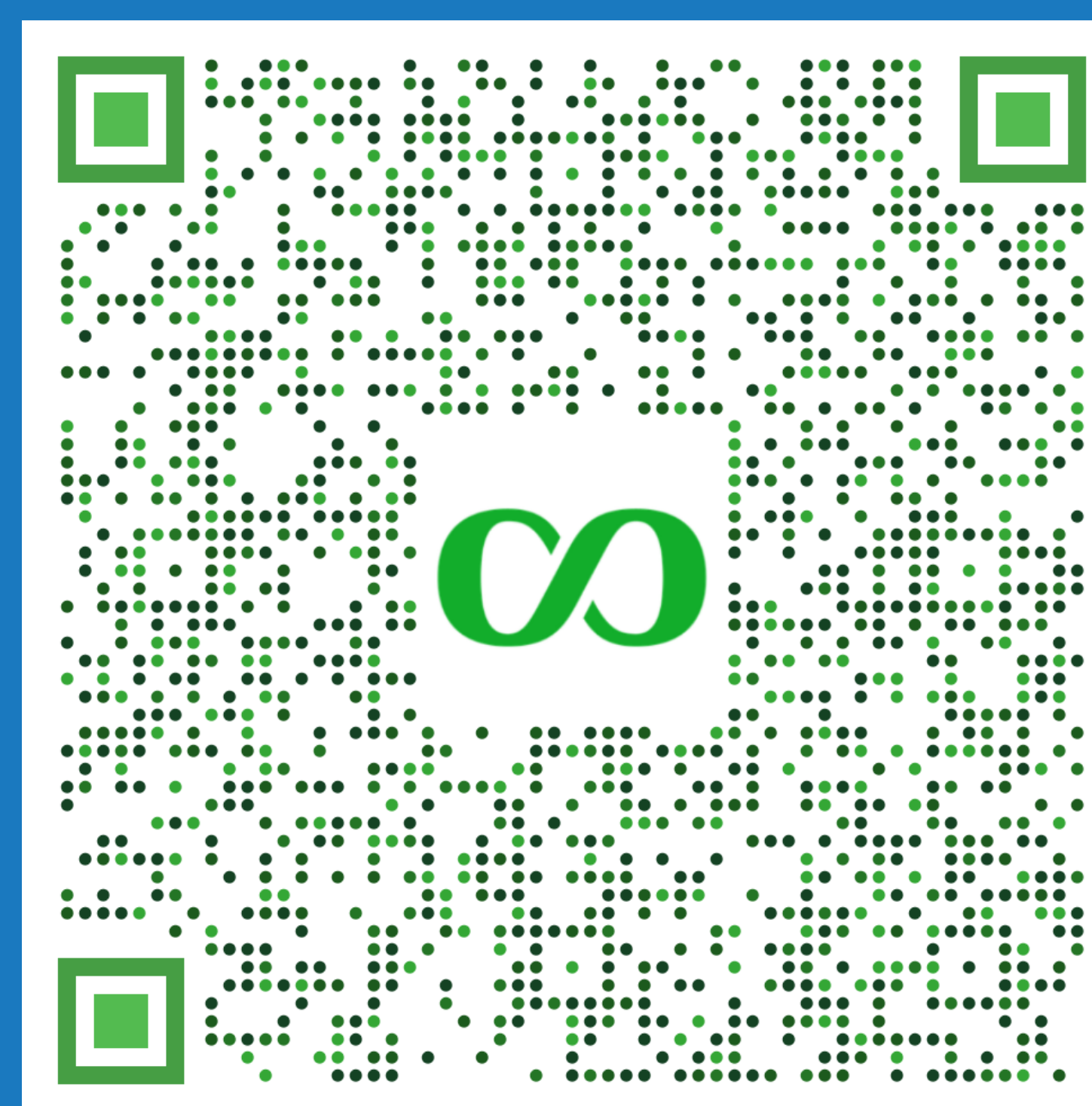


2. Transcribed the "Impressions" or "Summary" section of each chart



3. Drew upon Critical Discourse Analysis methods to analyze charts³

Ableism manifests in case formulations through descriptions of children and their families, unexplained medical language, and formal text structures that require deficit-oriented language



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Preliminary Results

- **Ableist, patronizing and negating language** was used to discuss children's strengths and difficulties
- **Assumed Knowledge:** Medical language was frequently used to describe children's diagnoses without explanations for parents



- **Disability Models:** A medical model informs diagnoses, while a biopsychosocial model is used to develop recommendations
- **Text Structure:** A tension exists between the formality required for case formulations (e.g., using DSM-5) and providing a true description of the child's developmental profile

Relevance to Holland Bloorview

Understanding how ableism manifests within case formulations can support clinicians with reflecting on any ableist biases they hold and how their language impacts the ways in which children and families experience and navigate social systems.

Conclusions and Next Steps

Integrate into medical education:

- Alternative disability models and studies
- Clinical practice guidelines for (1) writing case formulations and (2) understanding power of language



Future research should consider:

Investigating the differences between what is written in case formulations and said during clinic consults

How case formulations are used and by whom (e.g., parents, schools, government)

Explore case formulation content across other hospitals and clinics

Acknowledgements

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