

Toulmin's Model of Argument



How to use this worksheet:

Toulmin's model is an effective tool to help you question your sources and the essential elements of your own argument.

Use a separate copy of this worksheet to evaluate each of your sources. Once you've identified the specific parts of each argument, compare the claims, the data, the warrants (along with any qualifiers, rebuttals, or backing). Note where arguments are similar or different, weaker or stronger, supported by more or less (or by convincing or unconvincing) data.

Use another copy of the worksheet to plan your own argument.

Decide on a claim that is supported by the data and the warrants you have discovered through your research. Knowing the elemental structure of your argument is an essential step toward producing an effective argument.

Source:

List each claim made in the argument.

Record the data used to support each claim.

Identify the warrants. (What assumptions make the data support the claims?) Are these warrants implicit (implied) or explicit (clearly stated)?

Record any backing given for the warrant(s).

List any qualifiers.

List any rebuttals.

What is your overall evaluation of the strength or weakness of this argument? What reasons can you give to support your evaluation?

TOULMIN MODEL OF ARGUMENT:

The twentieth-century British philosopher Stephen Toulmin noticed that good, realistic arguments typically will consist of six parts. He used these terms to describe the items.

Data: The facts or evidence used to prove the argument

Claim: The statement being argued (a thesis)

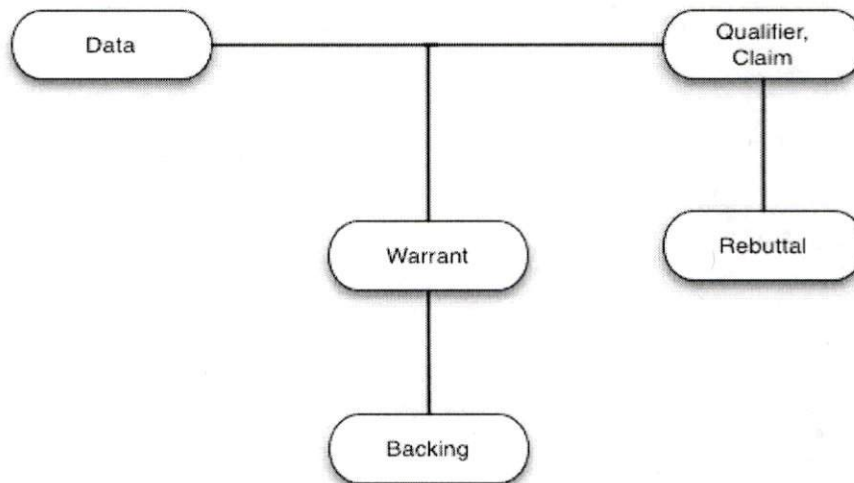
Warrants: The general, hypothetical (and often implicit) logical statements that serve as bridges between the claim and the data.

Qualifiers: Statements that limit the strength of the argument or statements that propose the conditions under which the argument is true.

Rebuttals: Counter-arguments or statements indicating circumstances when the general argument does not hold true.

Backing: Statements that serve to support the warrants (i.e., arguments that don't necessarily prove the main point being argued, but which do prove the warrants are true.)

Toulmin's diagram of arguments typically looks something like this example:



Toulmin Model of Arguments

An argument written in this manner unfolds to reveal both the strengths and limits of the argument. This is as it should be. No argument should pretend to be stronger than it is or apply further than it is meant to. The point here isn't to "win" or "beat" all the counter-arguments; the point is to come as close to the truth or as close to a realistic and feasible solution as we possibly can. Note that opening structure of "Data" leads to "Claim with qualifiers" is similar to the structure of a thesis in the form of an enthymeme, in which [one clause presenting a reason or evidence] leads to [another clause presenting an argument.]

Toulmin's model reminds us that arguments are generally expressed with qualifiers and rebuttals rather than asserted as absolutes. This lets the reader know how to take the reasoning, how far it is meant to be applied,

and how general it is meant to be. Here is an example from John Gage's *The Shape of Reason* in which the various parts of an argument are labeled:

Congress should ban animal research (Claim #1) because animals are tortured in experiments that have no necessary benefit for humans such as the testing of cosmetics (Data). The well being of animals is more important than the profits of the cosmetics industry (Warrant). Only congress has the authority to make such a law (Warrant) because the corporations can simply move from state to state to avoid legal penalties (Backing). Of course, this ban should not apply to medical research (Qualifier). A law to ban all research would go too far (Rebuttal).

So, the law would probably (qualifier) have to be carefully written to define the kinds of research intended (claim #2).

The Toulmin model is useful for analyzing an argument you are reading. That was Toulmin's original purpose--the analysis of how arguments work. On the other hand, some students find it useful to use the Toulmin model as a basis for structure and organization. We might organize our essay in the following manner:

- I. Introduction of the problem or topic.
 - A. Material to get the reader's attention (a "hook")
 - B. Introduce the problem or topic
 - C. Introduce our **claim** or thesis, perhaps with accompanying **qualifiers** that limit the scope of the argument. (NB: This will help you cut the topic down to a manageable length.)
- II. Offer **data** (reasons or evidence) to support the argument.
 - A. Datum #1
 - B. Datum #2
 - C. (and so on)
- III. Explore **warrants** that show how the data logically is connected to the data.
 - A. Warrant #1
 - B. Warrant #2
 - C. (and so on)
- IV. Offer factual **backing** to show that logic used in the warrants is good in term of realism as well as theory.
 - A. Backing for Warrant #1
 - B. Backing for Warrant #2
 - C. (and so on)
- V. Discuss counter-arguments and provide **rebuttal**
 - A. Counter-argument #1
 - B. Rebuttal to counter-argument #1
 - C. Counter-argument #2
 - D. Rebuttal to counter-argument #2
 - E. (and so on)
- VI. Conclusion
 - A. Implications of the argument, summation of points, or final evocative thought to ensure the reader remembers the argument.

BOOKS

Doing an About-Face on 'Overmedicated' Children

By Abigail Zuger, M.D.

Feb. 22, 2010

Picture a cupped hand. A capsule and a pill lie in the palm. The hand is extended toward a small child. The caption reads, "Take your vitamins."

It's better than a Rorschach test, that image: most people will erupt with a passionate visceral reaction, especially if they deduce that the proffered medications are not vitamins at all, but strong psychoactive drugs like Ritalin and Prozac.

For some, the picture symbolizes the best kind of parenting, proactive and nurturing. For others, it is an evocative summary of everything that is wrong with our culture, as pushy parents blithely dose hapless children with unnecessary medication in the name of conformity and achievement.

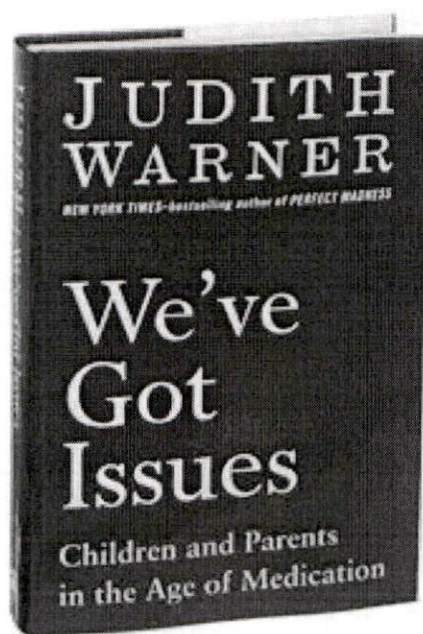
The journalist Judith Warner was a die-hard member of the second camp, and wanted to spread the word. Six years ago, she happily landed a book contract to explore and document the overmedication of American youth.

Readers of Domestic Disturbances, the online column Ms. Warner wrote for The New York Times until December, will be familiar with what happened next. She sallied forth to interview all the pushy parents, irresponsible doctors and overmedicated children she could find — and lo, she could barely find any. After several years of dead ends, missed deadlines and worried soul-searching, she was forced to reconsider her premise and start all over again.

"We've Got Issues" is the product of that unusual cycle. Journalists who cobble together enough anecdotes to support a preset agenda are all too common, and presumably Ms. Warner could have managed to do just that. Instead, she actually let her research guide her thoughts: it whirled her perspective a full 180 degrees and, as she would be the first to affirm, lifted the scales from her eyes.

"A couple of simple truths have become clear," she writes with the passion of a new convert. "That the suffering of children with mental health issues (and their parents) is very real. That almost no parent takes the issue of psychiatric diagnosis lightly or rushes to 'drug' his or her child; and that responsible child psychiatrists don't, either. And that many children's lives are essentially saved by medication, particularly when it's combined with evidence-based forms of therapy."

How could she have been so convinced otherwise? Half the book is rueful legwork devoted to answering that question.



William P. O'Donnell/The New York Times

Ms. Warner points out that she was hardly alone in her previous assumptions: it is accepted wisdom in some circles, including, oddly, liberal-left "moms" and right-wing radio audiences, that the milder variants of attention deficit disorder, bipolar disorder and autism are just different ways of saying "normal, but not good enough."

Both groups share a disdain of parents who buy into those diagnoses, a horror of the medications used to treat them and a deep nostalgia for the simpler childhoods of past eras, when the child in question would definitely have been left alone.

Ms. Warner is sympathetic: "Believing that our toxic world is either producing symptoms in children or classifying them as abnormal when they don't conform is seductive. After all, there is so much wrong with the lives of children today."

She concedes that all the pressures to achieve socially, intellectually and financially can make a toxic brew. "We have to do something about our current social environment," she writes, "because it's creating some pretty big problems."

But she remains immutable on one point: the myth of the overmedicated child is just that □ an allegory but not a reality.

Ms. Warner reported out the spectrum of pediatric psychiatric disorders with dozens of interviews. Most of the stories are variations on a theme: well-educated, sophisticated parents, unwilling, at first, to recognize a sick and miserable child who needs professional help.

Once help is finally sought, it is often quite difficult to obtain: there are few child psychiatrists in this country (about 7,000, by most estimates), fewer still good ones, and the usual plethora of dubious alternatives to orthodox medical care. Finally, after a reasonable facsimile of care is obtained, the child is usually better, but nowhere near perfect. "We don't know if he will have an independent life or will be institutionalized for life" is a typical conclusion.

But the big picture is far brighter than its components. Ms. Warner argues that child psychiatry is actually one of the major public health success stories of our time. As one expert tells her, when it comes to mental health, "the horse is out of the barn by adulthood." Treating troubled children is more than symptom management for a calmer classroom: the medications seem actually to change the structure of the brain, helping it develop in what all evidence indicates is the right direction. More children in treatment should spell the beginnings of a healthier adult world.

By her last section, Ms. Warner has worked herself up into something of a lather as she argues passionately for health care reform to ease access to treatment, for more good doctors who understand medications, for better drug research and far tighter reins on the pharmaceutical industry. Much of this has been stated somewhat more expertly and elegantly elsewhere.

But then again, we are all inured to expert voices preaching on these topics. Those who disagree stopped listening long ago, and Ms. Warner's earnest, wide-eyed exhortations will not bring them around. But for the choir, her version of the sermon will make a pleasant change.

Little people, lots of pills: Experts debate medicating kids

By **Madison Park**, CNN
May 24, 2011 7:05 a.m. EDT



COURTESY ROB GORSKI

Gavin Gorski, seen here with his father takes about 17 pills everyday to treat his behavioral disorders.

STORY HIGHLIGHTS

Gavin Gorski takes about 120 pills every week for schizoaffective disorder

Increasingly more U.S. kids are taking behavioral drugs, according to several studies

Misdiagnosis, drug abuse and medicating kids for parental relief could be factors

RELATED TOPICS

Adderall
Children's Health
Psychotic Disorders
Parenting
Ritalin

Editor's note: Americans have been led to believe -- by their doctors, by advertisers and by the pharmaceutical industry -- that there is a pill to cure just about anything that ails them. This week, the networks of CNN go deep into the politics and the pills.

(CNN) -- Gavin Gorski, 11, opens his hands as his father dispenses the pills.

An orange tablet, a green pill, white oval shapes and oblong ones -- nine drugs total -- fall into his palm. The fifth-grader scoops them into his mouth. Later in the day, he takes eight more pills.

Gavin takes 119 pills every week.

The clozapine helps him with the hallucinations and voices he hears. The lithium stabilizes Gavin's mood. Without them, he stays up for nights and has no impulse control.

"We couldn't exist without him being medicated," said Rob Gorski, Gavin's father. "We struggled with it at first. Nobody wants to medicate their kids, but it comes to a quality of life issue. When he is un-medicated, his quality of life is really low."

Gavin started taking several drugs at age 5.

Increasingly more U.S. kids are taking behavioral drugs, according to several studies.

The majority of cases are not as severe as Gavin's. The most common reasons for use of antipsychotics by children are intellectual disability, attention deficit/hyperactivity disorder and disruptive behavior disorder.

But children's conditions could be misdiagnosed and drugs prescribed for minor symptoms, experts say. Putting kids on multiple

NewsPulse

Most popular stories right now

Univision fires anchor for racist Michelle Obama insult

'Star Wars Episode 8' to be released May 2017

Buffett's \$1 billion NCAA bet goes bust

Talking Barbie is too 'creepy' for some parents

Scammer tries to swindle top tax-crime fighter

Explore the news with NewsPulse »

ADVERTISEMENT

ADVERTISEMENT

There also is potential for abuse, with parents intentionally medicating their children to make their behavior more manageable.

Drugging kids for parents' relief called abusive

"If the child is horrendously disruptive -- self-injury and hurting themselves -- yes, use medication in young children," said Dr. Mani Pavuluri, director of the Pediatric Brain Research and Intervention Center at the University of Illinois at Chicago. "But it's always cautious to wait until they're a bit older than 5."

Pharmaceuticals should be the last resort after therapies and behavioral interventions, Pavuluri said.

From 1999 to 2001, 0.78 per 1,000 children ages 2 through 5 used antipsychotic drugs. That rate increased to 1.59 by 2007, according to a study published in the Journal of the American Academy of Child and Adolescent Psychiatry.

In a Columbia University study, the rates of antidepressant use increased among people age 6 and older from 5.84% in 1996 to 10.12% in 2005.

Six years ago, Gorski and his wife mulled whether to put their eldest son on several prescription drugs. The Gorskis felt uneasy about putting their then-young son on so many drugs.

Gavin has Asperger's syndrome and schizoaffective disorder, which is similar to schizophrenia.

Without taking 17 pills each day, Gavin boasts that he can jump out the window and fly. He can't differentiate between reality and hallucinations. He loses all fear and runs in front of cars. Sometimes, he becomes violent to his family members.

The drugs help him so much, his father said.

"There is stigma attached to it," Gorski said about putting his son on several drugs. "People think you can manage it with diet and that you're making your child worse, that they're poisoned. If you take meds for the right reasons, it serves a purpose. It gives them a better life."

Other parents have expressed shock at the number of pills Gavin needs to consume.

"We don't medicate him because it makes life easier. We medicate him because it's best for him," said Gorski, a father of three special-needs children in Canton, Ohio.

Medication for mental illnesses is the cornerstone of treatment, especially when patients are aggressive and manic, said Pavuluri, an American Academy of Child and Adolescent Psychiatry spokeswoman.

She recalled a dramatic case of a 6-year-old patient who was using Google to search the word suicide and trying to eat the carbon off a pencil to harm herself.

In such cases, medication may be necessary, but doctors should try to rely less on pills for milder psychological disorders and examine the child's life as a whole, Pavuluri said.

"It's very important to see that behavior is related to how kids are being parented," Pavuluri said.

according to a 2010 report from the Centers for Disease Control and Prevention.

Not all ADHD cases require medication, medical experts said. There are nonpharmaceutical routes such as making sure the child's home life is more organized. Parents can limit screen time and teach planning skills to overcome some distractions, several medical experts said.

ADHD: Who makes the diagnosis?

There could be bigger issues affecting children's behavior and attention, like a death in the family, an abusive relationship and other life experiences, experts said.

The problem could be a result of poor parenting, said Dr. Elizabeth Roberts, a child and adolescent psychiatrist.

"We are medicating children sometimes for ferociously awful behavior based on poor parenting," she said.

The behavior is construed as ADHD, and more severe cases are diagnosed as bipolar disorder, she said.

While stressing there are legitimate cases that call for medicating children, Roberts, who practices in Murrietta, California, warned against throwing pills at a problem.

Sometimes, parents fake a condition for the child in hopes of getting drugs for themselves, she said.

Some parents request prescription drugs because their kids misbehave in school, get low grades or got a lower SAT score than they had hoped for, Roberts said.

ADHD drugs such as Adderall and Ritalin have become popular on college campuses for students who don't have the condition but want to boost their academic performance through better focusing.

A 2010 CDC survey found that one in five U.S. high school students said they had taken a prescription drug such as OxyContin, Percocet, Vicodin, Adderall, Ritalin or Xanax without a physician's prescription.

"Who holds the key to the medicine?" Roberts said, about who controls access to the prescription drugs. "Not the drug companies, the parents, the teachers -- the doctors. They should stop this in the tracks."

FOLLOW THIS TOPIC 

Search CNN...



US

World

Business

Opinion

Tech

Video

Coupons

new

More...

 U.S. Edition +

© 2020 Cable News Network. Turner Broadcasting System, Inc. All Rights Reserved.
CNN Sans™ & © 2016 Cable News Network.

[Terms of Use](#) | [Privacy Policy](#) | [Accessibility & CC](#) | [AdChoices](#) | [About us](#) | [CNN Studio Tours](#) | [CNN Store](#) | [Newsletters](#) | [Transcripts](#) |
[License Footage](#) | [CNN Newsource](#)

U.S. Kids Might Not Be Over-Medicated After All

Study found 14% of teens with conditions like ADHD are treated with psychiatric drugs

Dec. 3, 2012

By Steven Reinberg

HealthDay Reporter

MONDAY, Dec. 3 (HealthDay News) -- A large new study challenges the notion that too many U.S. teens with attention-deficit/hyperactivity disorder (ADHD) and other mental health conditions are prescribed psychiatric drugs, when in fact only 14 percent of such adolescents receive them.

Concerns that drugs like Ritalin have been inappropriately prescribed to children and adolescents are based on anecdotal evidence or the results of studies that didn't use clinical information but instead only reviewed prescription databases, the researchers explained.

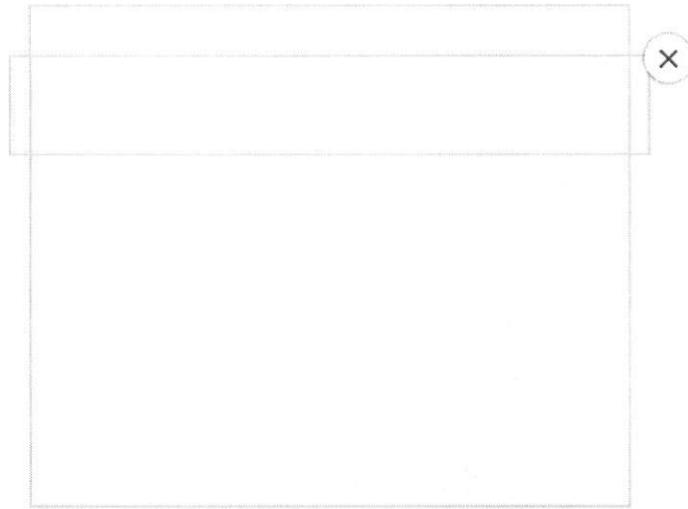
"We did not find overuse of medications and there did not appear to be misuse of medications among those who had a mental disorder during the last year," said study author Kathleen Merikangas, senior investigator and chief of the genetic epidemiology branch at the U.S. National Institute of Mental Health.

"There are more kids out there who have chronic disorders who are not on medications than who are on medications," Merikangas noted.

Of these children, about half are getting mental health treatment, she said. Many children with mental disorders, however, go undiagnosed and untreated. In some cases, parents don't want their child evaluated. In other cases, parents don't want their children on medications, she said.

Merikangas advised parents of children with these problems to see a mental health professional who can decide how best to treat the problem. However, a limited number

of mental health professionals exist to meet the needs of all the children with mental disorders, she said, with waiting lists to see a psychiatrist taking six to 15 months. In addition, many schools aren't equipped to deal with these issues, she said.



The report was published in the Dec. 3 online edition of the *Archives of Pediatrics & Adolescent Medicine*.

Researchers collected data on more than 10,000 teens, aged 13 to 18, who took part in a nationally representative survey between February 2001 and January 2004, and who had mental health conditions listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Overall, 14.2 percent of teens who had a mental disorder had been treated with drugs. About 20 percent had been diagnosed with ADHD.

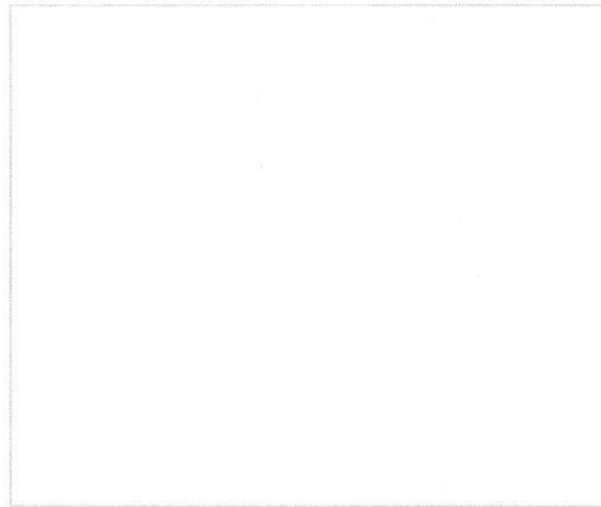
Others had diagnoses of mood disorders, eating disorders, behavior disorders, substance use or anxiety disorders. Medication use was highest among those with ADHD (31 percent), followed by those with mood disorders (19.7 percent), eating disorders (19.3 percent), behavior disorders (19.3 percent), substance use disorders (14.4 percent) and anxiety disorders (11.6 percent), according to the study.

Antidepressants were most often prescribed for mood disorders, while stimulants such as Ritalin were most often prescribed for ADHD.

Antipsychotic drugs were prescribed infrequently and mostly for teens with serious developmental disorders, the survey found.

Most children taking these drugs are, however, are not getting any psychotherapy, which could help them manage their disorder, said study co-author Dr. Mark Olfson, a professor of clinical psychiatry at Columbia University Medical Center, in New York City.

"This suggests that more needs to be done to increase access and availability of this alternative treatment," Olfson said. "Parent management training, cognitive problem-solving skills training and other therapies are examples of promising but underused treatments for young people with disruptive behavioral problems."



Although drugs can deliver rapid improvement in children with severe conduct problems and aggressive behaviors, it is not clear whether they are helpful for the larger group of children with ADHD, Olfson said.

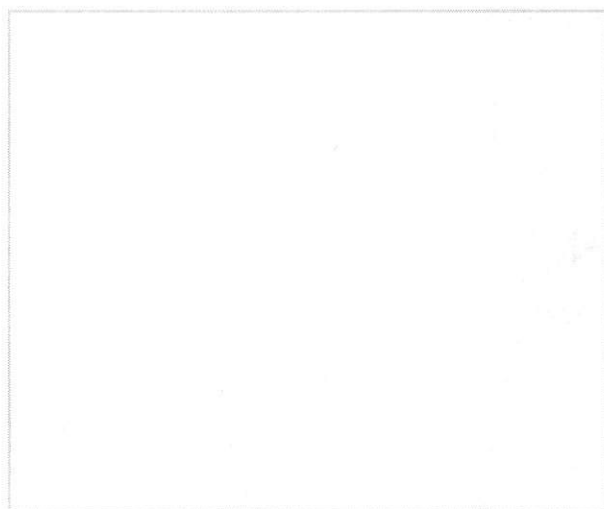
"There are also uncertainties over the long-term effects of these medications on social, cognitive and physical development of children," he said. "For these reasons, there is an urgent need to develop safe, effective and readily available alternatives to help children and adolescents with clinical aggression."

Dr. David Rubin, who wrote an accompanying journal editorial, said that "rather than arguing about who is right -- those who think children are overusing medication, versus those who think this issue is overstated -- the conflicting data really tells a story of very different experiences for children in this country depending on where they're from and the resources their family has."

Many families with typical health insurance simply cannot afford mental health care for their children, he said.

"At the same time, for our most high-risk children in the Medicaid program, who may be provided services for free, those services are highly skewed to medication treatments that may carry significant safety concerns," said Rubin, co-director of the PolicyLab at the Children's Hospital of Philadelphia and an associate professor of pediatrics at University of Pennsylvania School of Medicine.

"It should bother us that many children do not have access to the appropriate services they need, and that rates of medication use -- whether high or low -- are really a symptom of mental health system that does not meet the standard of what any parent -- whether rich or poor -- would hope for their children if they were in crisis," Rubin said.



More information

To learn more ADHD, visit the U.S. National Institute of Mental Health.

Copyright © 2012 HealthDay. All rights reserved.

Tags: eating disorders, behavior, children's health, depression, mental health, prescription drugs, ADHD

RECOMMENDED

The 10 Worst Presidents	
-------------------------	--

Cartoons on President Donald Trump

Photos: Obama Behind the Scenes



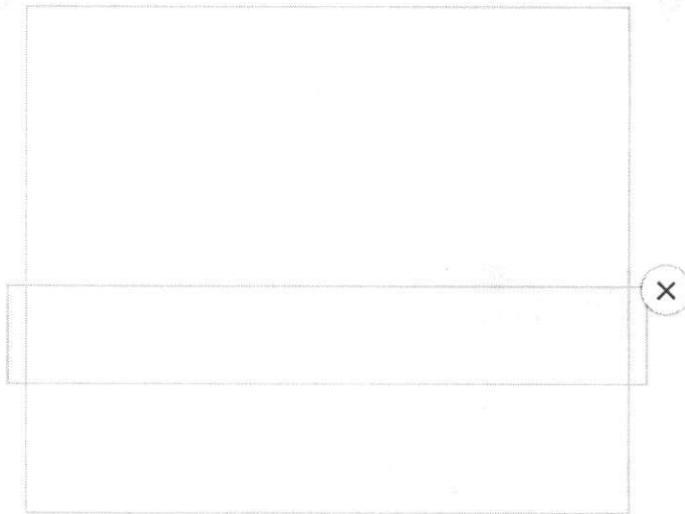
Photos: Trump and His Supporters

Stocks Dive Amid Virus Fears

Iranian Election Likely to Empower Hard-Liners

Feds: Cruise to Asia at Your Own Risk

WHO: Iran Virus Deaths 'Very Concerning'



NOAA: 2020 Will Be a Top 10 Hottest Year

White House Report Takes Shots at Obama Economy

Load More

BEST COUNTRIES

BEST STATES

HEALTHIEST COMMUNITIES

NEWS

CITIES

LEADERS

THE REPORT

PHOTOS

AMERICA 2020

EVENTS



[About](#) [Contact](#) [Press](#) [Advertise](#) [Newsletters](#) [Jobs](#) [Site Map](#)

[Store](#)

Copyright 2020 © U.S. News & World Report L.P.

[Terms & Conditions/Privacy Policy/California Privacy Notice/California Do Not Sell My Personal Information Request](#)