

The importance of writing meaningful and relevant goals was discussed in another article (“Goals: Meaningful and Relevant or Garbage?”) But we

can push the envelope further when we think about the *outcomes* of goals, therapies, and other services for individuals with disabilities.

This assistance is, in general, provided with the best of intentions. But *unintended* consequences follow, many of which can have profound and negative effects, as demonstrated by one experience of my family (and thousands of others, as well).

When the doctor wrote a prescription for occupational and physical therapy for my infant son many years ago, this treatment seemed logical and appropriate for the diagnosis of cerebral palsy. But the unintended consequences were numerous and detrimental, not only to my baby son, but also to my daughter and our family, as a whole.

First, the three or four therapy sessions each week disrupted little Benjamin’s daily schedule. Naps had to be planned around therapy; some days I had to wake him up from his nap or have him go without in order to meet the therapy schedule. Second, family time, play time, and the schedules of other family members were compromised by the therapy schedule. Third, I quickly learned that my daughter, two-year-old Emily, was not welcome at therapy sessions: her presence, I was told, caused “disruptions.” So I began taking her to our church’s Mom’s Day Out program on the way to therapy. She hated it, and cried; I hated it, and cried. She probably felt I loved her little brother more. And fourth, I felt ragged most of the time—physically and emotionally.

For years, I thought this way of life was the “norm” (and wearily accepted it) until Benjamin, at age six, tearfully begged not to go to therapy anymore, saying, “I’ve been going *all my life*, Mommy. I just want to go home after school like everyone else. Going to therapy doesn’t make me feel like *a regular person*.” At that point, Benjamin’s therapy “career” ended, and

Go Beyond GOALS: Think **OUTCOMES!**

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we found more natural ways of giving him the assistance he needed—a decision that had a *positive* effect on the entire family.

The goals of therapy for my

son were numerous. But no one ever discussed the *outcomes*—the consequences (unintended or intended). I don’t know if therapists or the physician even considered them—I didn’t at the time. But we learned a valuable lesson: to try to anticipate what outcomes—both positive and negative consequences—might result from our decisions and actions.

There’s a vast difference between goals and outcomes: a goal (whether it’s a written goal in a “program” or an *unwritten* goal of therapy, an activity, or service) is something we *hope* will occur, and an outcome is *what really does occur*. And while no one has an infallible crystal ball, it seems we *can* be more thoughtful and question, wonder, and/or do whatever it takes to anticipate outcomes before going too far down a path. And, as an old Turkish proverb advises, “No matter how far you have gone on a wrong road, turn back.”

What, for instance, might be the outcomes of providing a full-time aide to a student who receives special ed services? The *goal* may be to ensure the student’s success. (Although some educators, if they’re honest, might admit that the real purpose is to save the classroom teacher from being “burdened” by a student with a disability.) The *outcomes* of a child being attached at the hip to an adult can include: the child learning helplessness and dependence, the classroom teacher not taking responsibility for the student, classmates not becoming friends with the student because the adult gets in the way, and more. Similar outcomes may occur when an adult with a disability, upon starting a new job, is assigned an attached-at-the-hip job coach.

Alternatives to one-to-one assistance are many. A student (or a new employee) can seek and receive the assistance of peers (classmates and/or co-workers) through both structured and unstructured methods.

