

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!**

Revolutionary Common Sense by Kathie Snow  
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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.

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The teacher or work supervisor can: (1) model the behavior expected from others, such as treating the individual with a disability as an equal, valued member of the group; (2) ensure assistance is provided in the most natural and respectful ways possible, etc.; and (3) modify the environment so that everyone works as a group and mutual assistance is the norm. Finally, assistance from a paid professional can be provided on a limited and specific basis, then faded as quickly as possible.

What might be the outcomes of enrolling a very young child in a segregated special ed preschool? Many parents have discovered a variety of negative consequences.

One parent was shocked that her daughter with autism was learning more “autistic-like behaviors” from classmates who also had autism. Another was told her son’s speech would improve in the special ed preschool. Instead, however, the three-year-old learned to screech and wail, imitating the other preschoolers who did not yet have effective communication.

Many parents initially believed a special ed preschool would be helpful for their young children, but they later learned that participation in this “special” setting led their children straight into an elementary special ed resource room, instead of the hoped-for regular ed kindergarten room. The reason? Many educators don’t believe children from special ed preschools can succeed in the general ed environment. The “history” of being in a “special” setting has effectively branded them! But the parents didn’t know this at the time. On the contrary, many were led to believe a special ed preschool was *the ticket* to inclusive ed! They never considered—and no one told them—that any negative outcomes were possible!

What about children with disabilities who spend their entire school careers in special ed resource rooms, life-skills classes, or other segregated settings? Students are placed in these classes because educators and/or parents believe this is where they’ll learn best.

But the estimated 75 percent unemployment rate of adults with disabilities (which has remained static for 30+ years), should cause us to wonder if these settings can prepare a student for a successful adult life. An unintended outcome of growing up in segregated settings is that a student is prepared only for life in segregated settings as an adult.

What is the outcome of a child or adult with a disability spending most of his time in any type of “special” setting for people with disabilities? In my son’s case, he believed—at age four—that *every child* learned to walk by going to therapy because that’s what he saw on a regular basis! Adults who have spent years in segregated, “special” sports activities have said, “What I learned from ‘special’ sports is that everyone wins. But in real life, everyone *doesn’t* win!”

Consequences or outcomes follow every action. Outcomes of getting to work on time include getting the job done and not getting fired for tardiness. Eating too much and not exercising causes one to gain weight. We routinely consider the outcomes of our actions many times each day. Shouldn’t we also consider the outcomes of our actions that profoundly impact the lives of individuals with disabilities?

And what about the outcomes when we *do not* do something? What if we *do not* provide a child or an adult with the assistive technology (communication device, power wheelchair, and/or other high- or low-tech devices) she needs? Would this action significantly limit her opportunities for success?

What if we *do not* treat a person as “a person with [whatever]”? What if we recognized the label for what it is—a medical diagnosis—instead of as an indicator of a person’s potential?

When we move beyond goals and think in terms of outcomes, our vision will be expanded so we can see the Big Picture. In the process, we can prevent negative outcomes and ensure positive results. If we adopt outcome-based thinking, and help others do the same, imagine the possibilities!

**Outcome:**  
**final consequence or result.**  
*Webster’s Dictionary*