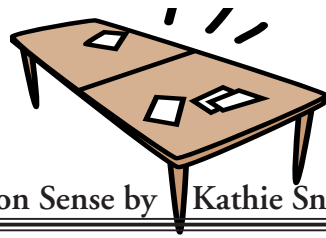


WHEN THE



IS TURNED

Revolutionary Common Sense by Kathie Snow, www.disabilityisnatural.com

As a special ed teacher for more than twenty years, Linda has always seen herself as a diligent, effective advocate for the students she taught and their parents. Her experiences have run the gamut, from teaching in horribly labeled self-contained classrooms (SLIC-Severely Limited Intellectual Capacity) years ago, to supporting students and teachers in inclusive general ed environments.

During IEP (Individualized Education Program) meetings, she felt she was on the “side” of the child and his parents, much to the chagrin of some of her coworkers and supervisors. She did what she could to move students into inclusive general ed classrooms, contrary to the wishes of other educators who continued to support segregated settings. Her bold and brave actions often led others to see her as a “rebel” or “not a team player.” Still, she persevered, believing she was a positive force and a strong advocate for children with disabilities and their parents.

Then her third child was born with Down syndrome. When the nurses in the hospital brought her new baby to her, she recalls, there was great sadness and pity in their demeanor. Her friends at the time (most were special and general ed teachers) dutifully expressed, “I’m so sorry,” and other pitiful responses. Linda was astounded, sad, and angry that no one joined in *celebrating* the birth of her precious Ryan.

Then one day, a team of professionals arrived for Ryan’s first IFSP (Individualized Family Support Plan) meeting. As she listened to the multitude of negative pronouncements about her baby son, Linda was reduced to tears. (Many more meetings would follow and none were much better, in Linda’s opinion.)

After this first meeting, Linda dried her tears and thoughtfully analyzed the situation. Although she was an experienced professional in the developmental disabilities arena, the IFSP meeting and the actions of others ripped a hole in her heart. But the members of

the IFSP team weren’t mean, cruel people—they were just “doing their jobs”! Reflecting on the number of IEP meetings she had attended over the years, seeing herself as on the side of the child and parent, she felt deep remorse, recognizing that profoundly negative outcomes could arise *even with* all the “good” she tried to do at IEP meetings.

She spent time thinking about how, as a special educator, she could have done things differently at all those IEP meetings, and she resolved to do things differently in the future. It was only when the table was turned—when she was sitting at a meeting as a parent instead of a teacher—that she saw both sides of the situation.

My 86-year-old stepfather, Robby, is a retired military chaplain, who never really retired. For the last 40 years, he has served as a civilian minister and hospital chaplain. While spending countless hours visiting patients in medical settings, he frequently—and informally—“joined” the medical team, encouraging patients to follow the directives of the medical professionals.

About a year ago, Robby had a mild heart attack. After spending a few days in the hospital, he was transferred to a rehab center for “four to six weeks of cardiac rehab therapy,” which consisted of physical (PT) and occupational (OT) therapies. When he and my mother told me about the inpatient rehab, I asked them to explore other options—like Robby going home and getting outpatient therapy. It seemed ridiculous to spend 24/7 in a rehab center when he was only going to be seen by therapists for an hour or two per day!

But my mom and stepdad were determined to follow the doctor’s orders. This is what “good patients” do, right? And after forty years of telling others to follow the doctor’s orders, as part of the “hospital team,” Robby wasn’t about to change his tune.

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So he did the “right thing,” and entered the rehab center. But after two nights, Robby bolted. The reasons? There were several.

Occupational therapy activities included Robby playing cards to limber up his stiff hands; physical therapy included leg lifts; and both therapies were things he could do himself. Robby didn't feel the need to stay immobile in a bed all day, waiting for the therapists, when he could be doing these things—like playing cards with my mom—in the comfort of their home!

Later, I learned from another cardio-rehab professional that the primary reason Robby was referred to inpatient, instead of outpatient, therapy was probably because he had “good insurance”—and that patients *without* good insurance were almost always referred to outpatient rehab. That was a real eye-opener—but maybe we should have been able to figure that out...

Another reason for Robby's escape involved his accommodations. His roommate was hooked up to a variety of beeping machines. The first night, one of the nurses turned down the volume of the machines so Robby could sleep. The second night, a different nurse told Robby it was “just too bad” if he couldn't sleep, that the *nurses* needed the volume up on the machines at all times. When Robby protested about the “damn noise,” Nurse Ratchit proclaimed she would “turn him in” for using profanity. This was really an atmosphere that was conducive to recovery, wasn't it?

After this very personal learning experience, and in his role as hospital chaplain, no longer does Robby routinely encourage patients to robotically “follow orders” of medical personnel. Instead, he suggests they ask questions, be thoughtful, and take more responsibility for their own care and decision-making. When the table was turned, he gained a very different perspective.

You may have been in situations where the table was turned. Hopefully, these experiences resulted in positive changes in your attitudes and actions. Unfortunately, some people adopt negative behaviors after such an experience, embracing the, “They got me this time; but I'll get them next time,” mentality.

In the best-case scenario, however, valuable lessons in empathy can be learned when we experience situations first-hand. And it's important to embrace these lessons and then determine how we can apply them in situations with others whose lives we touch.

It seems that some people have more empathy than others. But one's ability to empathize is not fixed and unchangeable. While it probably *is* a genetic trait—studies have shown very tiny babies crying

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in empathy with another distressed infant—we can increase the *depth* of our empathy and the *frequency* of showing empathy through deliberate practice. It's a choice—one can choose to be empathetic or not. And it seems

if we made the choice to be more empathetic, more frequently, our society would become more civil, kind, and patient.

Even if we don't always have the opportunity to learn through personal experience—and become more empathetic in the process—we can still make a great effort to learn what another's life is like. If we care enough, if we take the time, if we're courageous enough to face the truth, and if we make the choice to ask children or adults with disabilities to tell us about their lives and experiences, as well as their hopes, dreams, interests, and more, we *can* learn—and in the process, we'll make the world a better place.

Today, in your imagination or in real life, “turn the table” with a person in your life who has a disability. Be thoughtful and be honest—be really, really honest—about what it feels like to be that person. Then make some changes: in your thoughts, words, and actions—and change a life in the process.