

IEPs

PLANS

If It's Written, Is It Done?

GOALS

Revolutionary Common Sense by Kathie Snow

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IHPs

Every day, in conference rooms all across the country, I-Plans (IEPs-Individualized Education Plans, IHPs-Individualized Habilitation Plans, and an entire alphabet of other Plans) are written for children and adults with disabilities. And every day, many of these carefully crafted documents end up stuck in someone's in-box, buried in a file cabinet, or are otherwise never fulfilled!

Why does this happen? We might have the best of intentions, but our efforts and actions *are* influenced by our mindsets.

In some cases, the "entitlement mentality" appears to be the culprit. Parents, people with disabilities, and/or advocates may push for each and every service or benefit available. We may not be very *selective* about which services or benefits are truly helpful and relevant to an individual's unique circumstances; *we want them all!*

In other cases, and motivated by sympathy, a professional or parent may decide to "do everything possible" for a person with a disability. With good hearts, they want to help, help, help!

In either of these two situations, we may be biting off more than we can chew. There's not enough time, money, energy, or people to accomplish all that's planned! So what is written *does not get done*.

Then there's "magical thinking:" the belief that if we say, write, or agree to something, it will magically happen with little or no effort on our part.

You're probably familiar with magical thinking—it's common in personal relationships. For example, a disagreement between a husband and wife is settled after one or both agree to make a change. But a week or two later, marital discord rears its ugly head because the promised changes were never made. It's as if *saying it* (or writing it) makes it a "done deal," when, in reality, no *actions* were ever taken.

Regardless how we end up on the "if it's written, it's done" path, the person most affected is *the individual with a disability*. If the goals in a student's IEP are not achieved, we may have wasted an entire year of her life! Ditto if it's an I-Plan for an adult! How can we do this to people?

But there's more. Many I-Teams write I-Plans *without involving the person whose life (or education) is being planned!* When this happens, the goals, accommodations, supports, or other services may actually be irrelevant, unnecessary, or unimportant *to the person with a disability*. We may then do the unthinkable: "blame" the individual if he doesn't achieve the goals! Perhaps we should first look at how our *own* actions contributed to this mess!

What can we do to avoid the "if it's written, it is done" trap? Several solutions come to mind.

We can eliminate the "entitlement mentality" by resisting the temptation to have one of everything from the "services menu." We're not kids in a candy store! Let's examine what's available and then carefully consider whether a person with a disability really needs, wants, and will benefit from a particular service. We can ask ourselves: will this really make life better? Can I find it in the community (or the classroom) and/or use natural supports instead of depending on the system? Am I willing to give up privacy, autonomy, and freedom for this service?

The second dilemma—"doing everything possible"—can be resolved if we presume competence in the person with a disability and ensure that *his stated hopes and dreams* determine what goals, actions, and activities are undertaken. When this happens, we'll probably do less, instead of more. Success and long-lasting change will be more easily achieved when an individual with a disability "owns," or is invested in, his own goals and/or activities.

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The third dilemma—"magical thinking"—can be resolved with several simple strategies, which are also connected to the previous two issues. First, we can let go of the notion that "more is better." Some of us seem to be in love with long, detailed IEPs and other I-Plans. It's as if we think the *length* of a report demonstrates our intelligence, dedication, expertise, or some other quality. A parent may even boast, "My son's IEP is 27 pages long!" But how in the world can we expect educators or others to implement such a humongous Plan? There aren't enough hours in the day! And I have great empathy for the person with a disability whose life is so extensively programmed!

If we follow the suggestions for the first two dilemmas, we'll no longer have 27-page I-Plans. (Would *you* want such a document written for *your* life?) Instead, an I-Plan will be brief, and will include only those services, goals, activities, etc., that are wanted by, and relevant to, *the individual with a disability*.

Second, we can write the Plan in plain language. Many goals/activities never get done because *no one can understand what's written!* A goal in an I-Plan is supposed to be an outcome which a person with a disability can achieve within a specific time period. Many goals are written in what is essentially a foreign language: professionalese! How can we expect a classroom teacher, for example, to implement a goal that was written in special ed or therapeutic jargon? How can we expect an employer to understand a goal that uses VR jargon? *Most importantly, shouldn't goals be written in a way that makes sense to the person who is supposed to achieve the goals?*

Writing goals/plans simply—using precise, common, and easy-to-understand language—can increase the probability that the goals will be met. Isn't it better to have fewer, clearly-defined, achievable, relevant goals than numerous, hard-to-understand, unachievable, irrelevant goals? "Less" really can be "more."

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Finally, goals are more likely to be achieved if the I-Plan becomes a *Living Document!* Many parents report that their children's IEPs are never seen by the general ed classroom teacher, due to "confidentiality" issues. But how can the teacher help the student achieve the goals if she doesn't know what they are? The goals/activities of an I-Plan (written in plain language) can be transferred into another document, placed in a notebook, and given to the teacher who will (hopefully) use it as her daily guide. *And shouldn't we also give it to the child or adult with a disability so he has this Living Document, too? Whose Plan—and Life—is it, anyway?*

You may feel these ideas have merit, but you may also be thinking, "This will never work in our school/organization." Perhaps you're required to follow a policy that dictates the writing of Plans or goals in a prescribed manner. Or you may be thinking these ideas would be difficult to implement. And you may be right. Change can be hard and time-consuming. But surely if we have the will, we can find the way! And since when should we avoid doing the right thing just because it may be difficult at first?

If trying new methods will bring adversaries out of the woodwork, try this: instead of boldly trying to push through a big change, quietly "try it" or suggest a trial period. Negotiate: "What if we write one-third of the goals in this new way, then see what happens?" People of all kinds—bosses, parents, educators, and others—may be reluctant to adopt new methods, so a few trial attempts that prove successful may help your case.

In the final analysis, when we ensure the child or adult for whom a Plan is written is always involved in the planning process; when the Plan reflects the *individual's* needs, desires, and interests (not ours); when we write Plans simply, using precise and plain language; and when the Plan becomes a Living Document, what is written *will be done*.