



# APPLYING A TRAUMA INFORMED FRAMEWORK TO THE IEP PROCESS

5/14/2021

Presented by

Eric Rossen, PhD, NCSP  
National Association of School Psychologists



**eLuma**  
online therapy

Moderated by

Jeremy Glauser,  
Founder/CEO, eLuma Online Therapy

# Agenda

Introduction 1:00 pm EST (5 minutes)

Presentation 1:05 pm EST (30 minutes)

Q&A 1:40 pm EST (10 minutes)



# Who is eLuma?

## eLuma Online Therapy

- › Dedicated to solving problems in the areas of special education and mental health
- › Provides live services online with dedicated therapists
- › Founded in 2011
- › Comprised of 299 dedicated team members
- › Over 22,000 students served in 36 states



# The Webinar

## Housekeeping

- › Part of our eLumanated Webinar Series
- › Recording will be posted to Webinars page at [elumatherapy.com](http://elumatherapy.com)
- › Slide Deck and Certificate of Attendance will be sent within 72 hours



# Dr. Eric Rossen

PhD, NCSP

- › Director of Professional Development & Standards, National Association of School Psychologists
- › Editor of *Supporting and Educating Traumatized Students: A Guide for School-Based Professionals, 2nd Edition*
- › Co-author of *Apply a Trauma-Informed Framework to the IEP Process: From Referral to Development*
- › Has worked in public schools and in independent practice, and has served as a college instructor and adjunct faculty.
- › Has presented across the US and internationally, and published dozens of articles and book chapters related to school psychology, school safety, and trauma.



## APPLYING A TRAUMA INFORMED FRAMEWORK TO THE IEP PROCESS

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MAY 14, 2021  
eLuma

Eric Rossen, PhD, NCSP

Tweet: [@E\\_Rossen](#)  
[eric@ericrossen.com](mailto:eric@ericrossen.com)

Not here representing NASP

Actually got interested before working at NASP

Zoom isn't ideal , but if you're zoning out, you don't even need to pretend you're paying attention to spare my feelings – I won't even notice.

I won't spend a ton of time on background stuff – many of you have heard about ACEs, etc. So, a little time on a shared understanding about trauma, and then we'll get into principles of trauma-informed schools, some applications in tier 1 and 2, and then a discussion of trauma-informed approaches to the IEP process.

“If you’ve seen one school, you’ve seen one school”

• Natalie Turner

You may have also heard – “one size fits one”

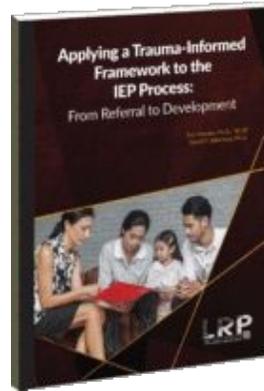
Reminder that there is no formula or cookie-cutter approach

We must recognize that each child, each school, each community is different, so to some degree we are forced to think in generalities and then apply those to our unique contexts.

Also a reminder that we should avoid assumptions

## ~~Self-promotion alert~~ Disclaimer

- A lot of content pulled from this text
- **Applying a Trauma-Informed Framework to the IEP Process: From Referral to Development**
- LRP Publications
- [https://www.shoplrp.com/product\\_p/300723.htm](https://www.shoplrp.com/product_p/300723.htm)



Worked on this with David Bateman

# Trauma Informed IEPs

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“The Child Find requirement and recent research on trauma together establish the legal and moral imperative for making evaluations, specialized instruction, and related services and accommodations under IDEA trauma-responsive.”

--Nicole Tuchinda, Visiting Assistant Professor and Director of The Juvenile and Special Education Law Clinic (JSPED) at the University of the District of Columbia David A. Clarke School of Law (UDC)

<https://www.nyulawreview.org/wp-content/uploads/2020/06/NYULawReview-Volume-95-Issue-3-Tuchinda.pdf>

## The Real Lawyers of DC

Health Justice Alliance lawyer:

- “If trauma is part of the child’s disability, trauma should be described in his IEP, and his accommodations should be trauma informed.”

The school’s attorney

- “We just have to be really careful to not go outside of what is needed for a free and appropriate public education. We can discuss ADHD in his annual goals, but not trauma.”

So, a case in DC that included lawyers from the Health Justice Alliance wanted to make a student’s IEP trauma informed.

by the end of the meeting, the IEP team decided to describe the impact of trauma in Rondell’s IEP and to provide him with trauma-responsive specialized instruction and accommodations, including graphic organizers, breaks throughout the day, and therapy.<sup>8</sup>

## Inconsistent application

- N.C. ex rel. M.C. v. Bedford Central School District
- SCHOOL
  - because the child had been through a “terrible ordeal, [the child] could be expected to act out, and therefore his behavior was not inappropriate for the purposes of the IDEA.”
- COURT
  - “we must consider **what would be appropriate behavior for a child who had never experienced any of the horrors experienced** by [the child], and determine whether [the child’s] behavior is appropriate in relation to that child’s conduct.”

The school’s social worker reported that the child experienced an “extremely traumatic history beginning when he was twelve years old,” [CHRONIC SEXUAL ABUSE] that his oppositional behavior escalated during tenth grade, The student in N.C. was suspended three times in less than three months for fighting with other students and for drug possession. He talked about killing himself and self-reported attention problems, rule-breaking behavior, and aggression.

Applying the definition of emotional disturbance, which includes “inappropriate types of behavior or feelings under normal circumstances,” the school district in N.C. determined that the child’s behavior and feelings were not “inappropriate under normal circumstances” because the traumatic events in the child’s life made his circumstances “anything but normal.” Accordingly, because the child had been through a “terrible ordeal, [the child] could be expected to act out, and therefore his behavior was not inappropriate for the purposes of the IDEA.”<sup>314</sup> Thus, according to the school district, he did not qualify for special education under the emotional disturbance disability category

The Southern District Court of New York disagreed with that approach and determined that, instead, “we must consider what would be appropriate behavior for a child who had never experienced any of the horrors experienced by [the child], and determine whether [the child’s] behavior is appropriate in relation to that child’s conduct.” The district court found that the child’s worsening substance abuse and heightened aggression were characteristic of social maladjustment rather than emotional disturbance and accordingly held that the child did not qualify for special education

## Inconsistent application

- Horne v. Potomac Preparatory P.C.S.
- SCHOOL
  - the child's emotional issues "can mostly be attributed to familial transitions and traumatic events."
- COURT
  - Child qualifies for SPED under Emot. Dis.

The local educational agency denied eligibility to receive special education to a six-year-old child who attempted suicide by jumping out of a school window. The agency justified its decision by claiming that the child's emotional issues "can mostly be attributed to familial transitions and traumatic events." The U.S. District Court ultimately held that the child qualified for special education under the category of emotional disturbance

## Should students who have experienced trauma receive special education services?

- If so, what would be the appropriate exceptionality?
  - What if behavior is not a primary concern?
- Benefits?
- Negative or unintended consequences?

Difficult to tease apart whether traumatized students have a disability that requires services, or if they are responding as we might expect based on an adverse experience or trauma.

Do these students have a disability? Are they responding in a typical, developmentally appropriate way to a lack of secure attachments and rituals?

Is there risk of over-identifying impoverished communities if we focus on stressors rather than whether the subjective outcome of trauma is present?

Or those experiencing trauma as a result of chronic and systemic racism and discrimination?

## What Does Trauma Look Like In School?

Trauma Symptoms	Looks Like
Difficulty processing instructions; Working memory	OHI (ADHD); Learning Disability
Inattention and lack of focus	OHI (ADHD)
Aggressive; anger management problems	Emotional Disturbance
Low achievement	Learning Disability
Difficulty maintaining relationships	Emotional Disturbance
Heightened vigilance; inaccurate perception of danger	Emotional Disturbance
Withdrawal; Depression	Emotional Disturbance
Rapid response to perceived threats without considering consequences	Emotional Disturbance; OHI (ADHD)
Phobia; Generalized Anxiety	Emotional Disturbance

Not an all inclusive list

Keep in mind that this is not a conscious process. These are biological, unconscious processes.

But this highlights one of the issues with trauma – it manifests as behaviors that align with a range of other disabilities.

### HOW DO YOU TELL ONE FROM THE OTHER?

And it's not always either/or - A student can have both ADHD and a trauma history, and need multiple supports. But I can tell you this – ADHD medication alone is not sufficient to support a student with a trauma history – often, it's not even sufficient for a student with ADHD alone.

Sometimes it's an impossible knot to untie, and it's not clear to me whether it's the most critical question to ask other than recognizing the student's multiple needs, potential for a complicated history of stress that is contributing to the negative outcomes we are seeing, and what strengths they bring to the table.

## How Do I Tell Trauma vs. something else?

- Often, you can't
- Not necessarily either/or
- Worry less about untying the knot
- Instead, address the multiple needs of the student



Trauma vs. adhd, or a range of other disabilities. A disability is based on a set of behaviors that as a whole are responsive to a set of interventions.

And it's not always either/or - A student can have both ADHD and a trauma history, and need multiple supports. But I can tell you this – ADHD medication alone is not sufficient to support a student with a trauma history – often, it's not even sufficient for a student with ADHD alone.

You may see a constellation of concerns without knowing a student's history. And we know disclosure rates are often low – we shouldn't require a burden of students or families to tell you everything.

And even if you did know, determining whether behaviors result from trauma, a pre-existing disability, or some combination remains a nearly impossible knot to untie

## Pop Quiz

- One study in Los Angeles found that children experiencing 4 or more ACEs were HOW MANY TIMES more likely to be diagnosed with learning and behavior problems?

Here's another worthwhile fact - one study of children in Los Angeles found that **children experiencing four or more ACEs were 32.6 times more likely to be diagnosed with learning and behavioral problems.**

## P.P. et al., v. Compton Unified School District, 66 IDELR 121 (C.D. Cal. 2015)

- Filed as a class-action lawsuit
- Invokes 504 (not IDEA)
- Asks Compton Unified School District to implement school-wide trauma-sensitive practices.

There are 2 court cases in the US that are worth mentioning which may impact special education services related to trauma

This case, filed in Los Angeles by Public Counsel and Irell & Manella LLP on behalf of a class of students and three teachers, demands that Compton Unified School District incorporate proven practices that address trauma—in the same way public schools have adapted and evolved in past decades to help students who experience physical or other barriers to learning.

Rather than taking reasonable steps to address the needs of students affected by trauma, the suit claims that the Compton Unified School District frequently punished and excluded these children in ways that have made it nearly impossible for them to succeed in school.

Lawsuit was filed as a class-action lawsuit, claiming that students with a trauma history should be considered as students with a disability under ADA (invoking 504, not mentioning IDEA) - Experiences have substantially impacted learning, thinking, reading, and concentrating.

TRAUMA-SENSITIVE – specifically, professional dev't for staff, development of safe and supportive campus through restorative practices, and employing appropriately training mental health staff to implement these strategies.

## Doe v. NYC Dept. of Education (Filed April, 2019)

- Claims failure to protect students from sexual harassment and consequent “trauma-related disabilities”
- Request for relief includes
  - Policies, practices, and training for staff on sexual harassment
  - Acknowledgement that failure to re-evaluate students with trauma-related disabilities a violation of IDEA, 504, and ADA
  - Agree to “assess and evaluate students suspected of having trauma-related disabilities”

All these cases will answer the question about whether students with trauma histories qualify as students with disabilities.

## Special education, section 504, and trauma

- Special education
  - “...there will be a referral for evaluation for early intervention services of a child who experiences a substantiated case of trauma due to exposure to family violence (as defined in section 320 of the Family Violence Prevention and Services Act).”
    - IDEA, Title I, Part C (Infants and Toddlers), Section 635
- Section 504
  - PTSD - may be eligible for accommodations under 504
    - Mental impairment that limits
    - Major life activity
    - Substantial extent

Trauma is not represented in any existing disability category within the IDEA.

Technically, no student can received SPED services specifically for trauma or a known history of adversity.

Remember too – no MH diagnosis is required, BUT, there must be negative functional impact on student’s educational performance that can be connected to an identified disability within IDEA, coupled with the need for services to obtain educational benefit. So, even identifying students with a history of ACEs with no direct observable impact and without clearly meeting eligibility criteria for a disability category would not make them eligible.

504 has no limiting list of recognized impairments

If you proceed with the IEP or 504 process...

...how do you maintain a trauma-informed approach?



If you do, it should be done on an individual basis. We discussed this in an earlier session – but it's possible to have both characteristics of emotional disability, and have a history of trauma. Knowing that history may help inform your intervention plan and specific services.

I am going to attempt to walk through every step of the IEP process, from inviting parents to completing an IEP. It's a tall order in a short time, though I'm of the belief that a good IEP must start before we get to the table.

## Writing Trauma-Informed PLAAFP

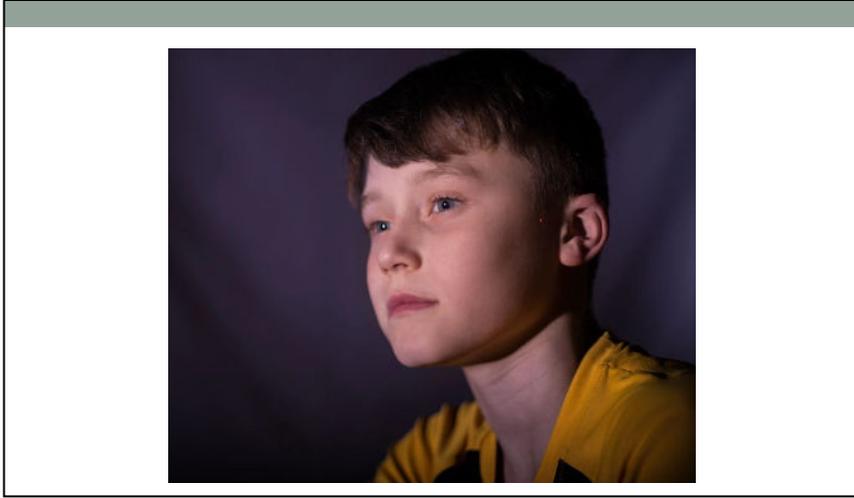
- Often, PLAAFPs simply describe observable “problem”
  - This then informs a sub-par goal
  - Fails to consider skill deficit vs. performance deficit
- In other words, PLAAFPs should not simply be compliance statements

Present Levels of Academic Achievement and Functional Performance – or present levels

Each IEP must contain a PLAAFP that includes how the child’s disability affects their involvement and progress in the general education curriculum

So, a PLAAFP might be – talking during instruction without raising hand. The goal might then be to just reduce or eliminate that behavior (raise a hand before talking 4 out of 5 times, or do not talk during instruction without raising a hand). But doesn’t address WHY

Skill vs. performance – does the student lack the skill to sit still, or is it that they won’t. Because stress & trauma are often associated with functional skill deficits, including deficits in working memory, relationships, sustained attention, etc., we need to shift our thinking to recognize the potential that the observable problem is not a matter of motivation.



Imagine a scenario where your IEP has focused on reducing trips to the teacher's desk, as it's been highly disruptive. You've shared with the student your goal – fewer visits during class. You set up a self-monitoring system, and we successfully reduce those visits.

The question is, how has this benefited the student? He now remains at his desk. He looks calm on the outside, but is he calm and prepared to learn on the inside. What skills have we taught him, other than the lesson that his needs are a disruption?

## Trauma informed IEP

- Consider a focus on building self-regulatory skills rather than *only* the behavior itself
  - “What skills does the child need?”
  - What RESOURCES does the child have?
  - NOT just “How do I get student to act the way I want?”

What is driving the behavior

Ensuring environment fits child, rather than ensuring child fits into environment. [what stressful factors trigger behavior?] Why wouldn't an IEP perhaps introduce strategies to improve the experience arriving, or even getting to school?

Recognition that stress drives behavior, rather than behavior being a choice. Perhaps asking – what are the influences on this student's difficulties, and how can we mitigate them?

Compliance, or a measurable behavior that want to occur, can be a metric in which you can monitor progress, though the goal of the intervention should be skill development. Teaching a child to never speak, for example, is not the skill we want – but we do want them to learn how to actively engage in the classroom in a respectful and productive way.

### RESOURCES

*Object* resources (e.g., shelter, car)

*Condition* resources (e.g., healthy, financially stable)

*Personal* resources (e.g., self-esteem, optimism)

*Energy* resources (e.g., knowledge, skills)

## Words Matter

- Individual needs provide a basis for annual goals
- How those needs are phrased drives the IEP process



Prime example – Autistic student vs. student with autism.

Usually, IEP language is written around what the EDUCATOR wants or needs, rather than the student.

## Remember the Marshmallow Study

- Student easily gives in to temptation
  - Student lacks the regulatory skill to avoid eating the marshmallow
- 
- Student avoids teacher recommendation to wait to eat the marshmallow
  - Student struggles with applying regulatory strategies when given a marshmallow

Imagine we have a student that always eats the marshmallow and lacks impulse control. Our PLAAFP may correctly state that, a trauma-informed PLAAFP might consider the potential self-regulatory skill-deficit.

Both describe outcome, yet those on the right frame the problem as a potential skill deficit. This can better inform our goal setting.

LESS about WHAT we see, and MORE about WHY we are seeing it.

## Another Example

- Student regularly acts out in anger during instruction

can be modified to

- Student lacks the ability to self regulate independently when angry, resulting in frustration and disruptions to learning.

## Modify These Actual IEP Statements

- “The student’s attention-seeking behavior results in frequently interrupting the teacher”

can be modified to

- “Student frequently seeks regulatory assistance through maladaptive communication”
- “Student relies on direct attention from teacher to help regulate during instruction.”

Forbes, H. T. (2012). Help for Billy. Boulder, CO: Beyond Consequences Institute, LLC.

Modify them in a way that focuses more on viewing behaviors as a function of self-regulatory problems rather than voluntary behavior problems or willful disobedience.

The wording makes a difference – even if it’s in how we think about things.

## Modify These Actual IEP Statements

- “Student avoids the demands of activities he finds demanding through resistance or withdrawal”

can be modified to

- “Student becomes overwhelmed by demanding activities and seeks to regulate frustration with resistance or withdrawal from the activity.”
- “Student regulates frustration and feelings of being overwhelmed through withdrawal.”

Forbes, H. T. (2012). Help for Billy, Boulder, CO: Beyond Consequences Institute, LLC.

Modify them in a way that focuses more on viewing behaviors as a function of self-regulatory problems rather than voluntary behavior problems or willful disobedience.

## Modify These Actual IEP Statements

- “Student’s poor anger management skills result in acting-out behaviors.”

can be modified to

NOW YOU TRY

Forbes, H. T. (2012). Help for Billy. Boulder, CO: Beyond Consequences Institute, LLC.

Modify them in a way that focuses more on viewing behaviors as a function of self-regulatory problems rather than voluntary behavior problems or willful disobedience.

Also, the word “poor” is not measurable, and is more judgmental.

“Student’s compromised and underdeveloped self-regulatory skills result in acting-out behaviors.” or

“Student regulates anger through maladaptive actions during instruction.”

The wording makes a difference – even if it’s in how we think about things.

## Are we failing to consider the role of the adults in our IEPs?

- “Student will respond in a calm manner when consequences are administered”

Forbes, H. T. (2012). Help for Billy, Boulder, CO: Beyond Consequences Institute, LLC.

How are consequences delivered? What is the tone? PERSONAL SPACE? Are they delivered consistently and with equity to all students? Is teacher projecting their own frustration on the student that would prevent this? What is needed for the student to get calm in the first place?

So if we are thinking about this from the perspective of creating self-regulation, how do we help co-regulate.

## Goal setting

Don't do it  
Or  
Do it differently?

Maria will decrease protesting to 0 times per day

COULD INSTEAD SAY

Maria will effectively communicate and advocate for what she needs

- Our goal is less about stopping something we don't want. That is an outcome. Our goal, though, is to teach and develop the skills and alternatives that enable the student to regular whatever might be leading to that behavior. This again is grounded in the idea that a history of stress or adversity may impact outcomes.
- Less about stopping it
  - Benefits educator
- More about finding an alternative
  - Benefits student and educator

## Dead Man's Rule for IEP goals...

Can a dead man achieve the goal?

If so, is this a good goal for our student?

## Traps

- Goals involving “seeking attention”
- Goals that disempower or remove sense of control
- Goals that make assumptions
  
- Goals that...make no sense [these are from actual IEPs]
  - “Grace will stay in the classroom 4 out of 5 times.”
  - “John will not take his clothes off at school in 7 out of 10 opportunities.”

“they just want attention” what’s so wrong with that????

**DISEMPOWERING** So for example, a goal that states that a student will follow a teacher’s directive 4 out of 5 times

Assumptions might be made about the students skill, or maybe that what we are asking is just as rewarding as what we want them to stop doing

Grace – how about a goal that identifies that Grace will demonstrate effective ways to meet her need for \_\_\_\_\_ in the classroom

John – how about when feels a need to get undressed, he will request to go to the bathroom, and then put his clothing back on before returning.

## IEP Goals

- **Ineffective**
- Student will decrease the number of times he asks for help at the teacher's desk from 5 times a class period to 0 times a class period
- **More effective**
- Following direct instruction from the teacher on how and when to raise a hand, Student will increase his use of hand-raising to get the teacher's attention from a level of 30% of opportunities to 80%, and reduce time spent standing at the teacher's desk from 5 times a class period to 1 time per class period

Now, why is the one on the right more effective?

The original goal focuses on the student NOT doing something and reducing attention seeking behavior, both missteps to avoid.

The new goal includes a component of teacher instruction, focuses on active responses from the student, and defines the appropriate expected behavior for classroom participation. This is a meaningful goal – the one on the right is a compliance goal.

The one on the right also sets the stage for an intervention strategy that teaches the student to effectively raise their hand – a skill we might assume kids know.

## IEP Goals

- **Ineffective**
- Student will decrease the frequency of redirection needed by staff from 10 per day to one
- **More effective**
- When given directions by the staff, student will improve his rate of following directions, including asking for clarification, from 30% to 70% as measured by teacher observation

Now, why is the one on the right more effective?

Purpose of the goal is to improve behavior, including a focus on teaching the skill of asking for clarification when directions are misunderstood or confusing. This then drives the process of a focus on teaching how to do that.

Do your goals focus on  
Outputs or Outcomes?

The **outcomes** are what you want **or** need to achieve. The **outputs** are the actions **or** items that contribute to achieving an **outcome**.

## Goals can focus on maintaining and building strengths

- Heather will continue to use her strength of curiosity to ask for clarification on assignments at least once per day.

Include strength based goals. For example: Heather will continue to use her strength of curiosity to ask for clarification on assignments once a day as measured by her goal progress chart. In my humble opinion this identifies and reinforces student STRENGTH and includes it in a plan to address needs. My student have found it helpful because it takes away the stigma of an IEP “ being all bad”. Also, starting every IEP meeting with the phrase –

“Let’s talk about what’s strong with you ...” is truly a game changer!!!

What is wrong with you? = where you've been

What's strong with you? = where you may go

## Related Services/Goals/Accommodations

- Identifying and reducing/preventing triggers
  - E.g., recess adjustments
  - Bells between classes
  - Class transitions/busy hallways
  - Long school breaks/holidays
- Increasing predictability
- Self-identifying stress response – self-regulation
- Looking at use of “breaks”
- Identify a trusted adult in times of stress

Triggers can be identified sometimes through a good FBA – maybe the recess period is too stressful and loud; maybe being hungry; maybe sitting too long. Adjust as needed

learning to self-identify physiological responses to stress and anxiety AND appropriate responses to help calm the brain. Is our environment geared for that? Can they excuse themselves briefly? How do they save face????

A lot of times we see plans to have breaks built in, though are the breaks purposeful? Many times, students need assistance in finding effective regulatory tools during a break period.

## Family-School Collaboration

- Pop quiz
  - In an analysis of local and state procedural safeguards provided to families, how many were written at a college reading level or higher?
    - A- 52%
    - B- 68%
    - C- 75%
    - D- 94%

D - (Mandic, Rudd, Hehir, & Acevedo-Garcia, 2012)

**39% scored in the graduate or professional range**

## Before Meetings

- Provide clear communication about
  - Timing
  - Parking and transportation options
  - Participants
  - Topics to be discussed, and potentially some of the concerns about the student that may arise
  - Roles and rights
  - Contact information for questions or concerns

## Family Engagement

- Opportunity to talk before meeting.
- Greet family on arrival
- Listen
- Encourage active input and participation
- Think about how to set up the room and seating arrangements to minimize intimidation.
- Clarify plans for follow up at the end of the meeting
- Walk the family member out of the school
- Create multiple pathways to communicate and ask questions after the meeting.
- Evaluation?

If possible, consider calling the family prior to the meeting to address any questions or concerns, or identify questions or topics they would like addressed at the meeting. In many cases, families may feel more comfortable asking questions to one person than in front of an entire team of professionals.

Have someone greet families when they arrive. Offer water and ideally minimize wait time.

Listen to concerns of the family member, and use this as an opportunity to learn more about the student's life beyond academics.

Think about how to set up the room and seating arrangements to minimize intimidation. Some schools have included a picture of the room and the table where the meeting will be in order to help the family member mentally prepare for the meeting.

Walk the family member out of the school, which provides an opportunity to ask questions and process after leaving the large group discussion.

Agree on a process to openly communicate important information, which may include important dates or events (e.g., visiting an incarcerated parent, birthday of a deceased family member, etc.).

## How about our reports?

- Parents, as consumers of psychoeducational reports, do not understand the information presented (Harvey, 1997, 2006; Miller & Watkins, 2010; Weiner & Kohler, 1986).
  - Use of psychometric jargon
  - High readability levels
  - Lack of clear conceptualization of the child's needs
  - Recommendations that aren't useful

Psychoeducational reports are often written at a college reading level but approximately 50% of Americans are unable to read at the high school level (Harvey, 1997; Weiss et al., 1998).

### WHAT HAPPENS WHEN THEY DON'T UNDERSTAND?

- Barriers participating in decision-making (Mandic et al., 2012).
- Less likely to engage in making important choices (Teagle, 2002).
- Silencing effects and reduced ability to advocate (Harry, 1995).

## Pop Quiz

- The average reading level of psychological reports, based on an analysis by Harvey (2006)
  - A- 12.8
  - B- 14.6
  - C- 18.5
  - D- 21.2

C

in comparison, Stephen Hawking describes Einstein's theory of relativity at a reading level of 11.3.

It was over 20 for clinical-neuropsych reports

## Consequences of Erudite Vernacular Utilized Irrespective of Necessity: Problems With Using Long Words Needlessly

Oppenheimer, 2006, *Applied Cognitive Psychology*

Experiments found that efforts to sound smarter by using more complex words had the opposite effect – they were judged to have less intelligence.

Writing in a complex way is taken as a sign of both poor intelligence and low credibility. Speak simply. Speak clearly. Speak plainly.

## Carriere (2021)

- “It is my contention that any statement found in psychological reports could be made comprehensible to any literate individual of at least average intelligence” Klopfer, 1960
- “I think a psychological report can be written so most people can understand it.” Carriere, 2010
- John has not experienced any significant illnesses, injuries, or hospitalizations. (**Bad, 17.8 readability**)
- John has not experienced any significant changes related to his health and development in recent years. (**OK, 12.0 readability**)
- John has not had any significant changes in his health in recent years. (**Better, 6.7 readability**)
- John is healthy. (**Best, 1.3 readability**)

## Writing Useful, Accessible, and Legally Defensible Psychoeducational Reports

By Michael Hass and Jeanne Anne Carriere

## Consumer Oriented Reports

- Language, content, organization
- Focuses on child, not the test
- Empowering to families
  
- Parents (and teachers) report significant differences in usefulness of consumer oriented reports (Hite, unpublished research)

The model for consumer-focused assessment was adopted from healthcare research that identified the importance of the “Four Rs: relevance, response, relationships, and results.” (English, 2000).

Research in health literacy suggests parent reading difficulties affect the health outcomes of children because parents are unable to understand important information about their child’s needs (Hironaka & Paasche-Orlow, 2008).

## Consumer Reports (Lichtenstein, 2013, 2014)

- Providing data summaries as an appendix
- Reduce emphasis on reporting tests and test scores in the narrative.
- Categorize information by theme (e.g., area of functioning, referral question) rather than by test.
- Eliminate long descriptions of each test or subtest
- A summary section should focus on the student (e.g., describing student's cognitive strengths and weaknesses rather than re-reporting test scores).
- Consider writing the Summary and Recommendations sections *before* writing up the test results and conclusions, forcing a process of identifying the important and relevant takeaways.
- Apply the "So what?" test

- Language, content, organization
- Focuses on child, not the test
- Empowering to families
- Parents (and teachers) report significant differences in usefulness of consumer oriented reports (Hite, unpublished research)

Eliminate long descriptions of each test or subtest, which can often be achieved when describing themes rather than tests - those interested in subtests can refer to the data summary in the appendix.

The summary can describe what was learned, and the recommendations describe what should be done.

So what? Do not include information in a report unless it somehow contributes to better understanding the student's needs or circumstances.

Social-Emotional Test Results

Ruth's mother and teacher each completed Conners Comprehensive Behavior Rating Scales to evaluate Ruth's behaviors and emotional state. Ruth has good social skills, behaves and thinks in typical ways compared to other children her age. The only area of concern Ruth's mother and teacher have are language difficulties that make schoolwork hard.

They don't need every index described, with t-scores. Those are in the appendix for those that want to know more

## Procedural FAPE

- (ii) Procedural issues
  - In matters alleging a procedural violation, a hearing officer may find that a child did not receive a free appropriate public education only if the procedural inadequacies—
  - (I) impeded the child's right to a free appropriate public education;
  - (II) **significantly impeded the parents' opportunity to participate in the decisionmaking process regarding the provision of a free appropriate public education to the parents' child;** or
  - (III) caused a deprivation of educational benefits.

20 U.S.C § 1415

One could argue that pedantic reports violate FAPE

## Should we include information about trauma in a report?

You may wonder whether to document a history of ACEs or trauma in a formal report..  
May have concerns around stigma, or confidentiality.

I believe that the benefits of informing an appropriate plan and documenting these experiences far outweigh the costs.

Confidentiality – these should only be shared with those with a legitimate need to know anyway, relieving some concern over confidentiality. It should also pass the “so what!?” test – does it help the reader understand the student’s unique challenges in a way that will better inform our planning.

2019 study – 100 students receiving SPED services. Half of parents reports contained mention of at least one ACE.

4% of psychoed reports included mention of ACEs, and 17% of IEPs included mention of a history of ACEs.

Maybe perceived irrelevance?

Suggestion –

Include it

Work with caregivers and/or student by discussing value and importance of that information, reinforce confidential nature of the documents, and allow them to give input on the language used to describe the history. This also helps with the concept of empowerment.

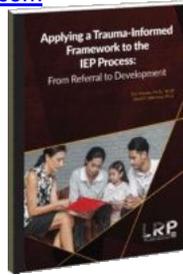
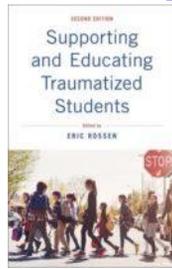
# Questions? Comments? Insults?

Eric Rossen, PhD, NCSP (call me Eric, please)

[Ericrossen.com](http://Ericrossen.com)

Twitter: @E\_Rossen

[eric@ericrossen.com](mailto:eric@ericrossen.com)



hoho

## Next Webinar



### Planning for Uncertainty: How Pandemic Anxiety is Disrupting School Systems

Friday, June 11, 2021

Presented by: Dr. Peter Faustino

This presentation will provide strategies to address anxiety in young people and families, discuss school transitions, and review a MTSS framework for targeting school based mental and behavioral health supports. Participants will be able to review resources and discuss best practices in school re-entry and recovery.



Dr. Peter Faustino



**Thank You**

For more information contact:

[www.elumatherapy.com](http://www.elumatherapy.com)