

Meeting All Students' Individual Needs

Seattle Special Education PTSA



Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



Washington Office of Superintendent of
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Returning to School After The Pandemic

Children and Adolescent Reactions to Stress/Trauma

Young Children (Up to 6)	Older Children (6-10)	Adolescents (11+)
A sense of helplessness	Preoccupied talking about the event	A sense that the world is less safe
Fear	Diminished concentration	High-risk behaviors
Irritability	Sadness	Social anxiety
Seeking affection/Being clingy	Fear of recurrence	Feelings of being overwhelmed



5 Years After: The Post-Katrina Impact on Children



Children displaced by Katrina were 4.5 times more likely to have symptoms consistent with serious emotional disturbance (SED)

45% of parents that said their children were experiencing emotional or psychological problems that they did not have prior to Katrina.

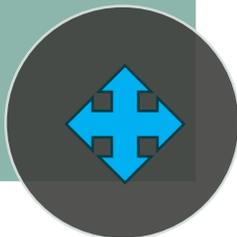
52% of parents who thought their children needed professional help for these problems, but did not receive it.



Big Ideas

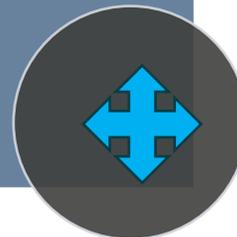
- No two disasters are alike.

Reality



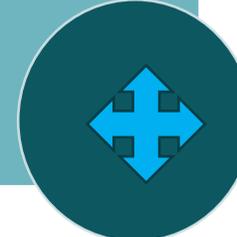
- Multiple factors affect how and to what degree people will be emotionally and behaviorally affected.

Multiple factors



- Students look to their teachers for encouragement and stability, the community looks to schools to provide safety

Collaboration





This is About Stress and Trauma

What is Trauma?

- Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

SAMHSA, 2014, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf



Types of Trauma

- **Acute Trauma**

A single, isolated event.

- **Chronic/Repetitive Trauma**

Experiences that are prolonged and repeated.

- **Complex Trauma**

Chronic exposure that begins early in life, often with caregiver, leads to short and long-term effects.

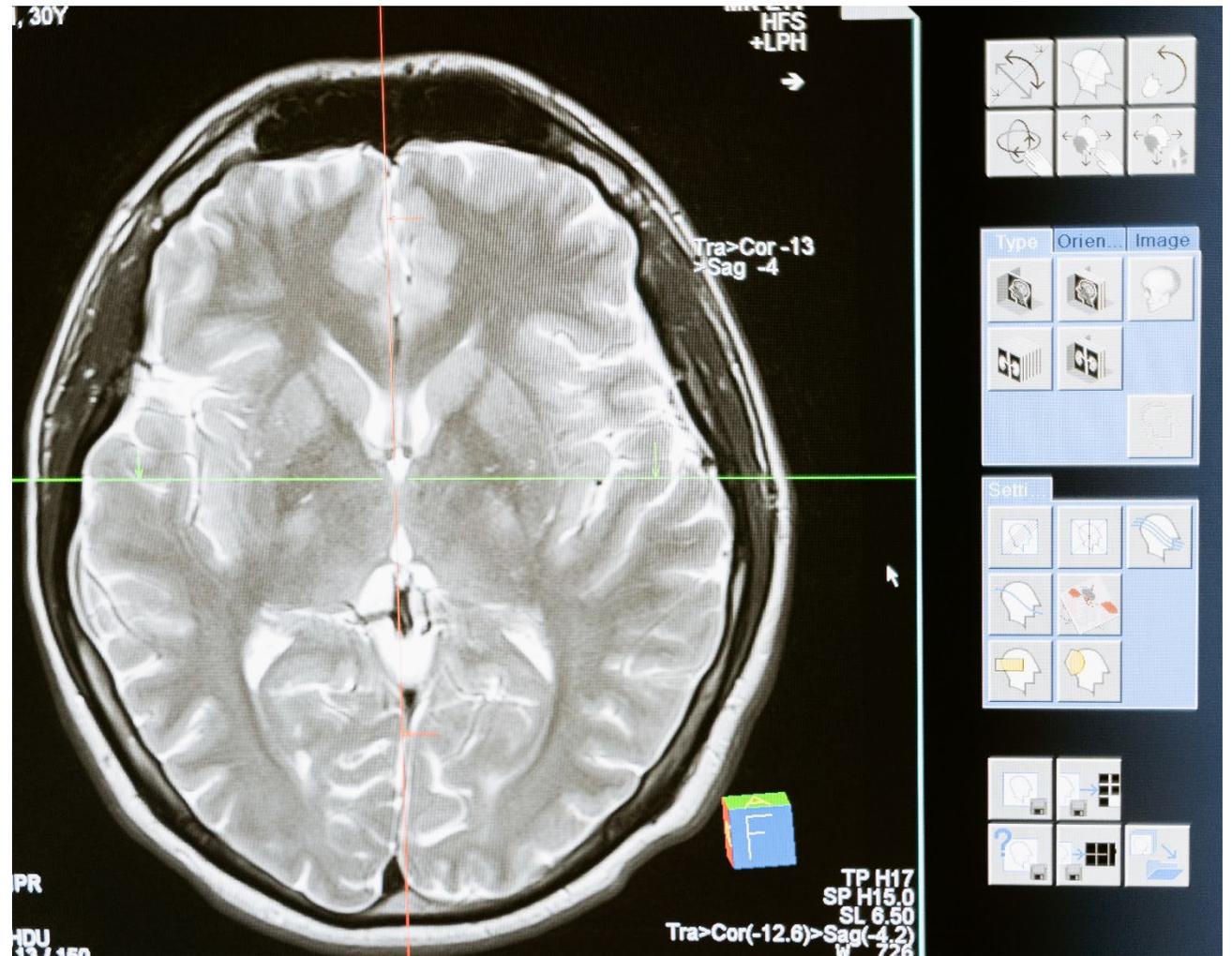
- **Historical Trauma**

Collective and cumulative trauma experienced by a group, across generations.



Impact of Trauma

- Trauma in early childhood can have a detrimental effect of the developing brain.
- Brain structures that regulate emotion, memory, and behavior can be impacted; decreased integration of brain hemispheres and irregular brain activity correlated with poor emotional control & aggression.
- Abnormally high levels of stress hormones



How Children Are Impacted



Every child reacts to trauma differently. Reaction will depend on:

- Developmental level
- Premorbid functioning
- Previous life experiences
- Level of exposure to the trauma
- Parental reactions
- Subsequent changes in living situation

Adverse Childhood Experience (ACEs)

Abuse of Child

- Recurrent Severe Emotional abuse
- Recurrent Physical abuse
- Contact Sexual abuse
- Mother treated violently
- Imprisoned household member
- Loss of parent – (by death, by suicide, - or by abandonment)

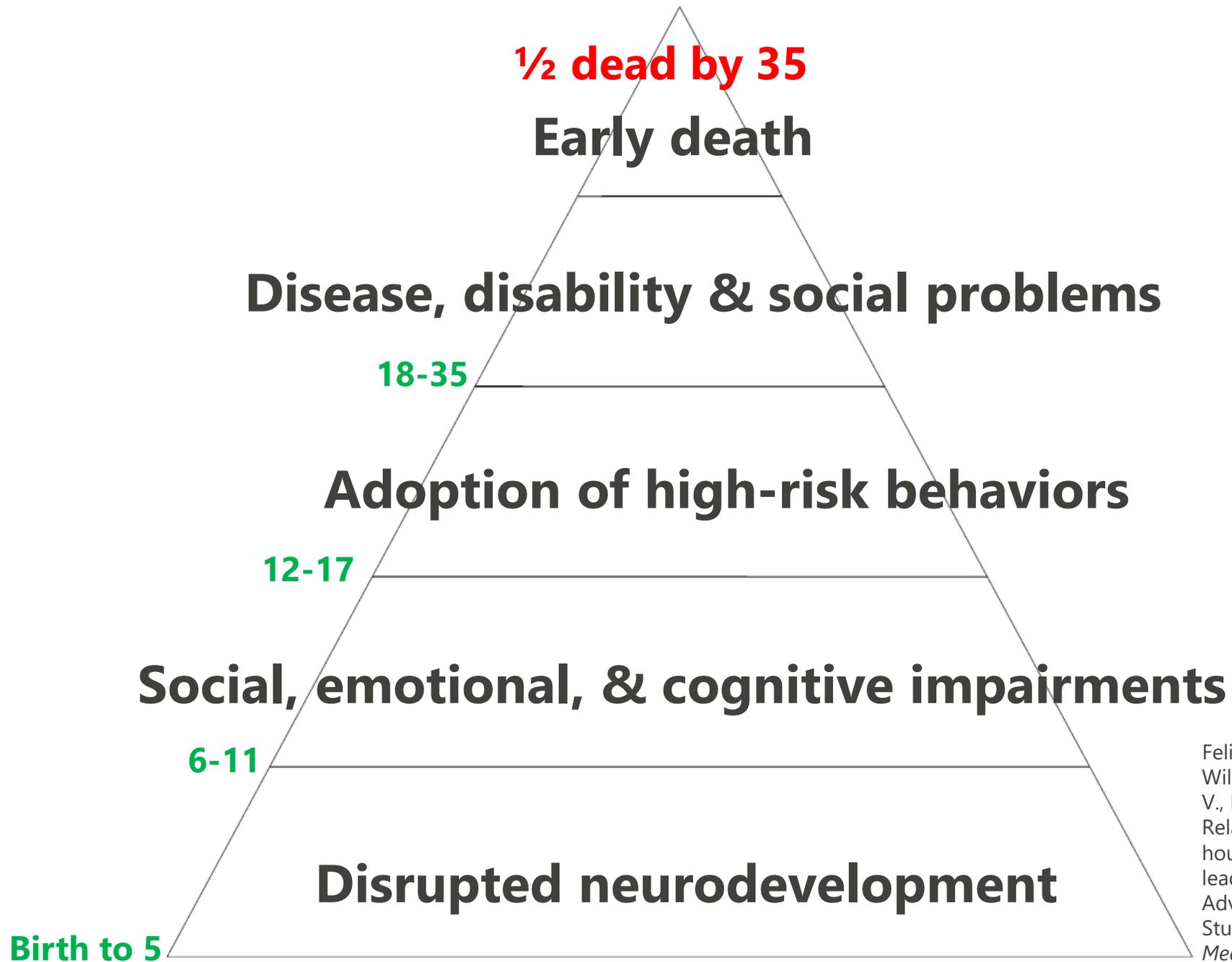
Trauma in Child's Household Environment

- Substance abuse
- Parental separation or divorce -
- Chronically depressed, emotionally disturbed or suicidal household member

Neglect of Child

- Abandonment
- Child's basic physical and/or emotional needs unmet

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.



Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.

The ACE Score and a Lifetime History of Depression or Suicide Attempts



The Kauai Resiliency Study

- Longitudinal Study in Kauai (Werner, 1995 & 1996)
 - 698 individuals born in 1955, followed through age 32
 - 1/3 high risk (poverty, perinatal stress, family discord, divorce, parental alcoholism, or mental illness)
 - 2/3 developed serious learning or behavior problems by age 10 or chronic attendance and school discipline problems, mental health problems or pregnancies by age 18.
 - 1/3 competent adults (who had experienced 4 or more risk factors)

Emmy E. Werner,
The children of Kauai: Resiliency and recovery
in adolescence and adulthood,
Journal of Adolescent Health,
Volume 13, Issue 4,
1992,
Pages 262-268,
ISSN 1054-139X,
[https://doi.org/10.1016/1054-139X\(92\)90157-7](https://doi.org/10.1016/1054-139X(92)90157-7).
(<https://www.sciencedirect.com/science/article/pii/1054139X92901577>)



Kauai (cont.)

- Protective Factors within the Individual
 - Infancy and Early Childhood
 - Temperaments that elicit positive responses: active, affectionate, cuddly, good-natured
 - Developed coping patterns: autonomy and ability to ask for help
 - Middle Childhood and Adolescence
 - Good problem solving and communication skills
 - Not gifted, but used talents effectively
 - Figure out strategies for coping with adversity, either through their own efforts or reaching out to others for help



Kauai (cont.)

- Protective Factors within the Family
 - Close bond with one person—grandparents or siblings
 - Had religious/spiritual/community connections that provided stability and meaning
 - Boys: household with structure and rules; encouragement of emotional expressiveness
 - Girls: emphasis on risk taking and independence; reliable support from female caregiver



Kauai (cont.)

- Protective Factors Within the Community
 - Rely on peers and elders for emotional support
 - Seek out others for counsel and comfort in times of crisis
 - Teachers played a critical role
 - All resilient high-risk children in this study could point to at least one teacher who was an important source of support
 - Teachers listened, challenged, and rooted for them



Summary of Kauai Findings

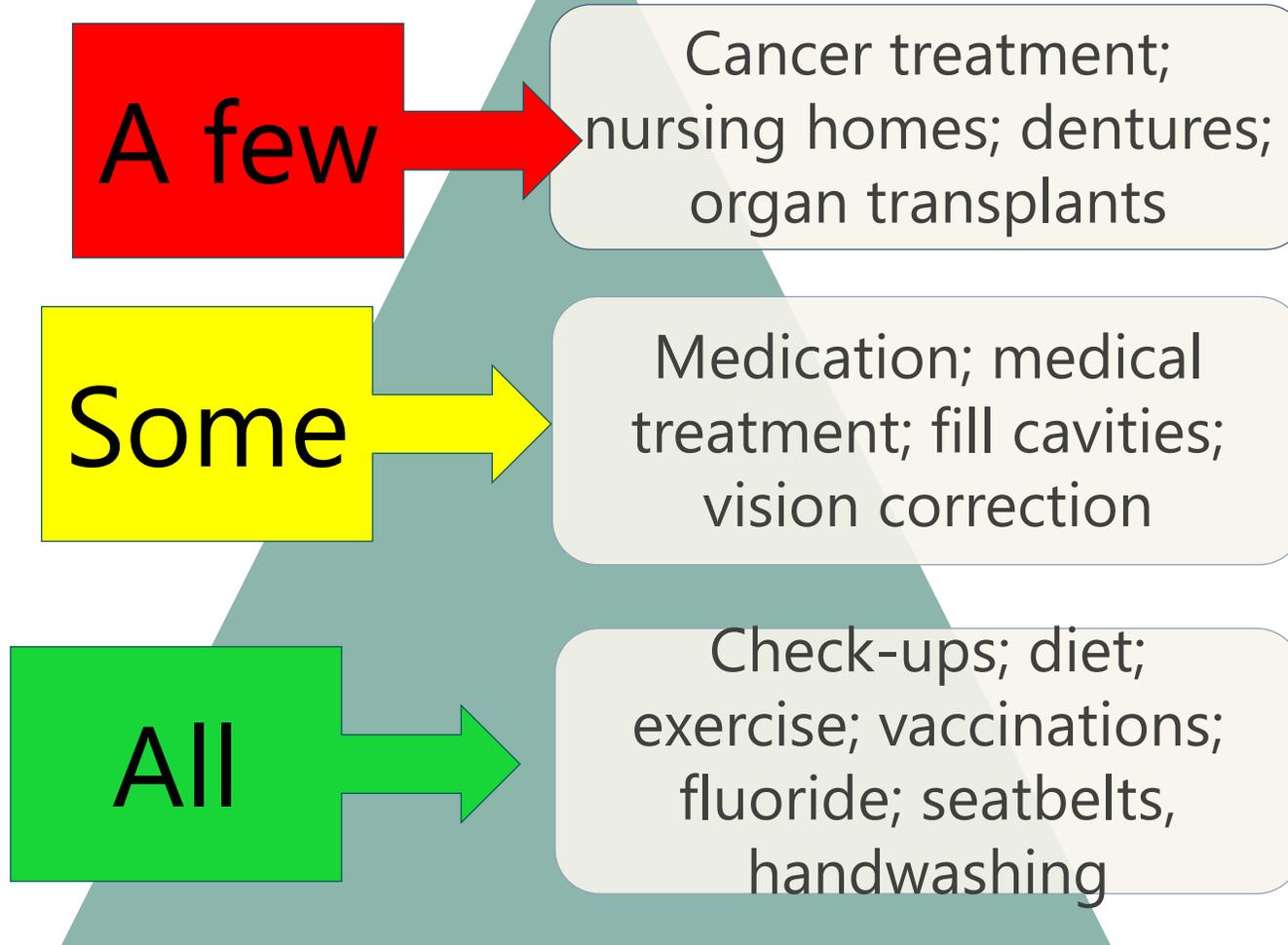
- Clusters of protective factors—internal and external
 - Individual Temperament
 - Skills and Values
 - Sought out Emotional Support
 - Supportive Adults
 - One Teacher
 - Choose Compatible Life Opportunities





How Schools Help

U.S. Public Health: Tiered Logic Model



Public Health Implementation Framework

Social Emotional and Behavioral Health

- **We organize our resources**
 - Multi-Tier Mapping, Gap Analysis
- **So kids get help early**
 - Actions based on outcomes (data!), not procedures
- **We do stuff that's likely to work**
 - Evidence-Based interventions
- **We provide supports to staff to do it right**
 - Fidelity: Benchmarks of Quality
- **And make sure they're successful**
 - Coaching and Support
 - Progress monitoring and performance feedback
 - Problem-Solving process
 - Increasing levels of intensity



MTSS/PBIS Tier 1

Universal Precautions- “Handwashing”

- Safe, positive, predictable, school environment
- Care and Connections with ALL Students
- Community and Neighborhood effort with students and families
- Tier 1 Social Emotional Behavior Curriculum is embedded in ALL aspects of curriculum
- Wellness and Employee Assistance Plans for ALL staff
- Training for Suicide Prevention
- Increase MH literacy for ALL adults, youth within community
- Universal MH Screener
- Family Screener
- Family Navigation System

What Does “Trauma-Informed” Mean?

A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in students, families, and staff.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

SAMHSA: <https://www.samhsa.gov/nctic/trauma-interventions>



Trauma Informed Practice/Thinking

- Lack of skill, not intentional misbehavior
- Building missing skills, not shaming for lack of skills
- Nurture, not criticize
- Teach, not blame
- Logical and natural consequences, not punishment



Trauma and Disability

Pre-referral MTSS:

- A teacher or parent have concerns about a student's academic, behavioral, social/emotional progress
- Multidisciplinary team considers parent and teacher concerns
- Using a trauma lens the team should consider:
 - Student's past experience
 - Daily and cumulative experience of academic challenge
 - Relationships with peers, adults, and social isolation
 - Parental input



Consider Other Supports



- How can we build practices into the classroom that reduces the presence of the challenging behaviors?
- Engaging the student in conversation
- Encouraging collaboration with others
- Assisting in identifying trustworthy person in the school



Evaluation Teams:

Should consider the impact of trauma on the student's current behavior:

- Duration of symptoms
- Behaviors relative to peers
- What classroom interventions have been tried?
- Relationship
- Are there additional interventions that may help to reduce behaviors?



Trauma Informed Evaluation

Actual measures don't change but...

- Consider the impact of experiences on the student's test performance
- Integrate the student's strengths as well as resiliency factors into the report
- The report should aim to be sensitive to trauma history by using language that removes judgement and writer bias



Eligibility

“Trauma” does not have a specific special education category. For students with suspected trauma histories, who are diagnosed with or demonstrating features consistent with PTSD, anxiety and depression, they may meet criteria for special education under the classification of Emotional Disability or Other Health Impaired.

Trauma can impact all students with disabilities, no matter their diagnoses or disability category.



Eligibility for Special Education Services

- School districts must complete a comprehensive evaluation to determine eligibility for special education services
- Eligibility criteria:
 - 1) The student must have a disability
 - 2) The disability must have an adverse impact on the student's educational performance or experience
 - 3) The disability and adverse impact must create unique needs that cannot be addressed exclusively in general education and thus requires specially designed instruction (SDI) and related services

WAC [Section 392-172A-01035](#)

IEP Development

Consider services and accommodations that:

- Increase predictability
- Provide opportunities to build peer supports and relationships
- Consider movement and sensory opportunities
- Provide a safe and supportive environment
- Examples advance notice of fire drills, sitting close to a trusted peer, pass to see a trusted adult



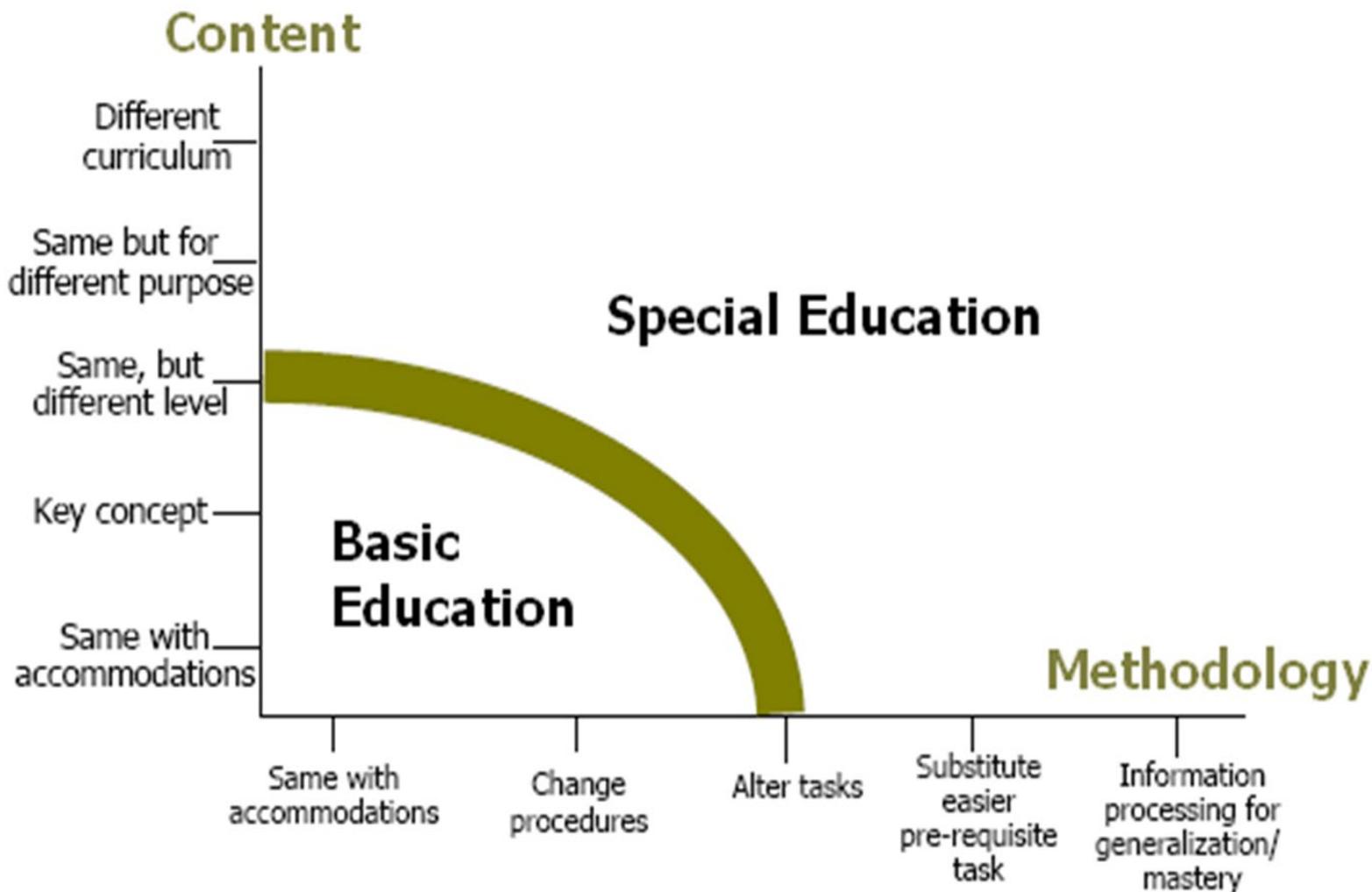
IEP Development



- What identifying skills need to be taught?
- How is the student approaching the world and their school environment?
- How can we reduce or prevent triggers?



What is Specially Designed Instruction (SDI)?



SDI is a set of **organized and planned instructional activities** which adapt, as appropriate, the content, methodology, or delivery of instruction to address the **unique needs** that result from a student's disability

What Are Related Services?

- “(1) Related services means transportation and such developmental, corrective, and other supportive services as are required **to assist a student eligible for special education to benefit from special education services**, and includes [...] speech-language pathology and audiology services, interpreting services, **psychological services**, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in students, **counseling services**, including rehabilitation counseling, orientation and mobility services, behavioral services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, **social work services in schools**, and **parent counseling** and training.”

How Do I Know the Difference Between SDI and Related Service?

- IEP teams must consider –
 - Is some type of mental health service needed to assist the student in benefitting from their SDI or other related services?
 - If yes, then it is a **related service**
 - Is some type of mental health service needed to assist the student in accessing and meeting the general educational standards that apply to all students?
 - If yes, then it is **SDI**

Example of an IEP Service Matrix with SDI and Related Services

Special Education and Related Services

Meeting Date: 10/31/2016

PURPOSE:The information on this page is a summary of the student's program/services, including when services will begin, where they will be provided, who will be responsible for providing them, and when they will end.

Services 11/01/2016 - 10/31/2017

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
Related							
No	Occupational Therapy	OT	OT	30 Minutes / 1 Times Weekly	Special Education	11/01/2016	10/31/2017
No	Occupational Therapy	OT	OT	15 Minutes / 1 Times Weekly	General Education	11/01/2016	10/31/2017
Special Education							
No	READING	Special Education Teacher	Special Education Teacher	60 Minutes / 5 Times Weekly	Special Education	11/01/2016	10/31/2017
No	MATH	General Education Teacher	Special Education Teacher	50 Minutes / 5 Times Weekly	General Education	11/01/2016	10/31/2017
No	ADAPTIVE/LIFE SKILLS	Special Education Teacher	Special Education Teacher	30 Minutes / 2 Times Weekly	Special Education	11/01/2016	10/31/2017
No	WRITTEN LANGUAGE	Special Education Teacher	Special Education Teacher	30 Minutes / 5 Times Weekly	Special Education	11/01/2016	10/31/2017
No	SOCIAL/BEHAVIOR	Special Education Teacher	Special Education Teacher	60 Minutes / 5 Times Weekly	Special Education	11/01/2016	10/31/2017
No	SOCIAL/BEHAVIOR	General Education Teacher	Special Education Teacher	40 Minutes / 2 Times Weekly	General Education	11/01/2016	10/31/2017

Total minutes per week student spends in school:

1750 minutes per week

Total minutes per week student is served in a special education setting:

840 minutes per week

Percent of time in general education setting:

52% in General Education Setting



How Do I Know the Difference Between SDI and Related Service?

- Areas of SDI require measurable annual goals, related services do not
 - Note – Districts and IEP teams can set higher standards and still require/choose to write annual goals for related services
- Not always a clear line distinguishing SDI from a related service
 - Focus more on the function of the service provided to the student rather than who is providing the service
- Remember – If a student is only in need of a related service, then that student is not eligible for an IEP with special education services

Case Study: SECC 21-09

- Parents alleged the District failed to appropriately consider their requests to add counseling services to the Student's IEP
 - 1st request made during Covid closures; 2nd request upon return to school; district waiting on evaluation already in progress
 - School-based counselor fluent in ASL available as part of general education since pre-Covid closures; student showing resistance to counseling
- Evaluator recommended considering counseling to support emotional health; IEP team decides not to add counseling services due to progress made with 200 minutes/week social-emotional SDI
- School-based ASL counselor stops meeting with student; not a good fit for needs; recommends mental health therapist who signs

Case Study: SECC 21-09

- **Findings:** IEP team properly consider need for service and documented decision, including the Parents' disagreement
- An IEP team is not required to provide the exact service requested by a parent, but rather to evaluate the student's need for services and make a determination based on student-specific factors
 - Progress made on goals related to social-emotional SDI
 - Multiple positive behavioral support strategies and accommodations included in IEP including some recommended by evaluator

Question: Is a reevaluation always needed to add a related service like counseling?

Response: Maybe; related services are based upon information in an evaluation and individualized, case-by-case decisions are needed

- Does the current evaluation already support the change that is being considered? If so, then the team may not need to reevaluate
 - Substantial increases/decreases in amount or type of services could be considered a significant change of placement and require a reevaluation
- What other needs of the student may also be changing that may need to be further examined/assessed? How current are the recommendations that were made by the evaluation group? How old is the current evaluation? Is it coming due relatively soon, or was it just completed?
 - A reevaluation can be completed using existing (current) data, it does not always require formalized or standardized testing

Question: What if my student already receives outside therapy?

Response: A district generally would not necessarily duplicate services, but the IEP team should be looking at how the student's mental health needs impact their educational needs

- Specific types of SDI or related services in the schools can support educational needs – e.g., weekly instruction or sessions to address de-escalation or anxiety; positive behavioral support strategies, etc.
- IEP teams might also want additional information to align the provision of services in school with the provision of outside therapy including – e.g., reevaluation, parental supports, etc.
- IEP teams should look at whether the outside therapy is sufficient and, in some cases, consider a “wraparound” approach from a variety of providers, including school professionals to address the student's education needs

Question: What if I think my student needs mental health services but the district disagrees?

Response: Keep talking with the IEP team; consider making a plan to revisit discussion after monitoring progress and a possible reevaluation

- Request documentation from the district – prior written notice (PWN) – explaining the student-specific factors for the IEP team’s decision, including parent disagreement and future plans
- Prepare to discuss the need for mental health services in relation to overall ability to receive free appropriate public education (FAPE)
- Consider procedural safeguards such as an independent educational evaluation at public expense or more formal dispute resolution

What Is FAPE?

- To meet its substantive obligation under the IDEA, a school must offer an IEP that is **reasonably calculated to enable a child to make progress appropriate** in light of the child's circumstances." *Endrew F. v. Douglas County School District* 137 S. Ct. 988 (2017)
- US Department of Education Office of Special Education and Rehabilitative Services (OSERS) [Questions and Answers \(Q&A\) on U. S. Supreme Court Case Decision Endrew F. v. Douglas County School District Re-1](#) (December 7, 2017)

What Is FAPE?

*"A reviewing court may fairly expect those authorities to be able to offer a **cogent* and responsive explanation** for their decisions that shows the IEP is reasonably calculated to enable the child to make progress appropriate in light of his circumstances."*

Andrew F., 137 S. Ct. 988 (2017) (emphasis added)



*Cogent definition: clear, logical, and convincing argument or case

Parent-Initiated/Private Evaluations

- Any evaluation (public or private) must be considered by the district
- Consideration means documenting how the information shapes or influences the team/district's understanding of how the student's disability might have an adverse educational impact on the student and thus relate to the student's need for services
- Districts and parents can agree to a reimbursement for the cost of a private independent evaluation obtained by parents to fulfill a request for an Independent Educational Evaluation (IEE) at public expense

WAC [Section 392-172A-05005](#)

Procedural Safeguards: Independent Educational Evaluation (IEE)

Rules:

- Right to request IEE exists anytime district completes an evaluation
- District response within 15 calendar days
- District must either agree or initiate a due process hearing
- District must provide information on where to get IEE; parent selects evaluator (even if not on list)

Things to Remember:

- IEE request in writing not required, but highly recommended
- District can ask parents why they disagree; answer not required
- Any IEE (public or private) must be considered

Procedural Safeguards: Dispute Resolution Options

Parents/families have formal [dispute resolution](#) options available through OSPI

- Mediation
- IEP Meeting Facilitation
- Special Education Community Complaint (formerly “citizen” complaint)
- Due Process Hearing

Resources

- [RAND: How You Can Help Students Recover from Traumatic Experiences](#)
- [Creating Trauma Sensitive Schools to Improve Learning: WI Dept. of Public Instruction](#)
- [Helping Traumatized Children Learn \[Trauma and Learning Policy Initiative\]](#)
- [Child Trauma Toolkit for Educators: NCTSN](#)
- [Massachusetts Trauma Sensitive Schools](#)
- [Trauma Responsive Schools Implementation Assessment](#)
- [Supporting and Educating Traumatized Students: A Guide for School-based Professionals](#)
- [Lost At School](#)
- [Child Trauma Academy](#)





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