PRESENTING DIFFICULT NEWS TO PARENTS AND THE IEP TEAM: A DISCUSSION OF THE ASSESSMENT AND PRESENTATION OF MENTAL RETARDATION

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PROJECT

Submitted in partial satisfaction of the requirements for the degree of SPECIALIST IN EDUCATION

in

SCHOOL PSYCHOLOGY
(Education Specialist)

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

FALL
2010
PRESENTING DIFFICULT NEWS TO PARENTS AND THE IEP TEAM: A DISCUSSION OF THE ASSESSMENT AND PRESENTATION OF MENTAL RETARDATION

A Project

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Abstract

of

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This workshop presentation will focus on best practices for presenting difficult news to parents and the Individualized Education Plan (IEP) team. Specifically, it will focus on the assessment and eligibility criteria of mental retardation. This presentation will explore who should attend the IEP meeting, how the examiner should prepare emotionally and mentally, and how to begin the IEP meeting. Information will be provided on specifics that should be covered in regards to mental retardation eligibility and how to best convey that the student meets this criterion. Implications of the assessment results will be discussed as will best practice for ending the IEP meeting. It is anticipated that professionals will gain knowledge of presenting difficult news to families.

__________________________________________, Committee Chair
Stephen E. Brock, Ph.D., NCSP, LEP

__________________________________________
Date
DEDICATION

We would like to dedicate this project to Joseph Church, a man who touched many lives with his kind spirit, world knowledge, and passion for special needs students. You will be forever missed, but always remembered…
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Chapter 1

INTRODUCTION

Purpose of the Project

Over 600,000 students in the United States, ages 6-21, received special education services under the eligibility criteria of mental retardation during the 2003-2004 school year, comprising about 11% of all student with disabilities in the U.S. schools (U.S. Department of Education, 2003). The causes of mental retardation vary widely and can be co-morbid with other disorders such as: fetal alcohol syndrome, genetic disorders like down syndrome and fragile X syndrome, environmental factors like lead poisoning, or disease such as meningitis. The American Association on Mental Retardation (2002) defines mental retardation as “a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills” (p. 1).

Students diagnosed with mental retardation display a wide variety of behavior. Some may demonstrate difficulty with expressive language, poor short-term memory, difficulty with meta-cognition skills, and poor use of logic and organization. Various students who meet eligibility criteria for mental retardation also display motor difficulties that can interfere with their education (Rizopoulos & Wolpert, 2004). Students with mental retardation exhibit wide discrepancy in strengths, weaknesses, interests, and motivation, all of which should be reflected in each student’s Individualized Education Program (IEP).
The term “mental retardation” is widely used and coded into federal law, but the term remains the subject of considerable controversy. Some advocacy groups and professional associations argue that the negative stigma of the term mental retardation could be eluded by using less loaded language. The ARC of the United States, one of the country’s largest advocacy organizations for people with mental retardation, avoids the term mental retardation in its mission statement in favor of “cognitive, intellectual, and developmental disabilities” (p. 1). In 2004, the Special Olympics updated its terminology from mental retardation to intellectual disabilities. However, for this project and presentation we will use the term mental retardation as a legal term defined by IDEA, while cognizant of this significant shift in terminology. Following the best practice of using clear terminology that coincides with the language used on the students IEP, we feel the term mental retardation is, for now, most appropriate. However, at a later date this presentation may need to be altered to use the term “intellectual disability.”

Although the label of “mental retardation” is shifting, the importance for parents and children will not. Delivering and receiving the message will continue to be a distressing experience. Many families are informed of this diagnosis during their child’s primary education years after a comprehensive psychoeducational evaluation has been completed and results are discussed at the initial IEP meeting. From a review of research, many parents indicate negative perceptions of the IEP process and are commonly found to be confused and overwhelmed.
Since 1975 active parent participation in all portions of educational programming for students receiving special education services has been legally mandated; initially with the Education for All Handicapped Children Act (PL 94-142), then in 1990 with the Individuals with Disabilities Education Act (IDEA) (PL 102-119), and most recently with the 1997 and 2004 versions of IDEA (PL 105-17, PL 108 446). From each reauthorization of IDEA, the IEP element has continued to lead student education goals and objects, placement, and evaluation criteria, as well as standards for educational performance and duration of programming modifications for special education services (Drasgow, Yell, & Robinson, 2001). The IEP meeting between educators and parents is the focal point for collaboration in the developmental of an educational plan. The quality of this collaboration is a significant determinant of the effectiveness of special education programs. Stroggilos and Xanthacou (2006) found that teachers and other professionals who play active roles in the IEP team do not systematically work with parents. As a result, parents do not set goals, but rather are asked to give their opinions on the goals set by other professionals. Furthermore, many parents report feeling alienated during the IEP process because educators continue to dominate the decision-making process (Turnbull & Turnbull, 1997). In Fish (2006), the IEP meeting was labeled a “meaningless ritual” where parent participation in the decision making process was nonexistent (p. 60). Parents are to approve pre-determined educational programs set up by various members of the team without parent input.
It is clear from the research literature on parent perceptions of the IEP team and meetings, that the IEP team decision making rarely considers parents in the process. What is most often the case is that many parents feel guilty and intimidated at IEP meetings. Furthermore, they do not feel like contributing members for the decision making process. Parents do not feel like they are able to address the concerns regarding their children’s education because they are unable to understand special education jargon and terminology (Fish, 2006). Given the central role of the parent-school relationship, it is imperative that professionals in the field of special education reflect upon and learn from the experiences of all IEP meeting participants. By shedding light on the perspectives of parents, we further an understanding of parental views of the special education process, and from this we gain insight that is vital to developing best practice guidelines for presenting difficulty news to parents and the IEP team, specifically addressing eligibility criteria under mental retardation.

Statement of the Research Problem

The research problem reviewed and addressed within this project focuses on best practice for presenting difficult news to parents and the IEP team, specifically discussing the assessment process and presentation of mental retardation eligibly. Currently, there is a lack of research how best to present difficult news at the initial IEP. Existing research mainly focuses on the technical skills for making the diagnosis and parent perceptions towards the IEP process. However, there remains a need for research and systematic
training on best practice in actually communicating the diagnosis and providing families with necessary supports before, during, and after the meeting.

**Objective and Specific Skills to be Shared**

The workshop seminar will offer school psychologists ideas for presenting difficult news to the Individualized Educational Plan (IEP) team. The presentation will include a discussion of the IEP process, team members who should be present, and parent perspectives. Furthermore, best practices for presenting difficult news will be addressed. Within the discussion, ideas on best practice of assessment and presenting the results of mental retardation will be discussed.

The purpose of this workshop will be twofold: (a) to examine current practices and perspectives of the IEP process and (b) to explore strategies for the presentation of difficult news to the IEP team, specifically mental retardation special education eligibility. A discussion of who should be included in IEP team and decision-making process will be included within the workshop. In addition, parent perspectives of IEP teams and their role in the decision making process will be shared. Within this conversation, the special education eligibility category of mental retardation will be discussed.

**Justification**

This research project will benefit current school psychologists working in educational settings. Through the implementation of this training, it is anticipated that school psychologists will feel better equipped and confident when delivering difficult
news to the IEP team in a way that helps the conversations move forward in a positive and supportive manner. In addition, it is assumed that school psychologists will gain tools for improving the experiences of parents and providing them with resources to assist with their struggles in accepting difficult news as well as increase their participation in the IEP process.

Limitations

Working with parents and other IEP team members who have diverse cultural traditions present additional challenges. The school psychologist may not be familiar with the manners, expectation for professionals, values, and assumptions that are dominant in the parents’ culture, especially in districts with great diversity. This project and presentation does not explore best practice when working with diverse cultures, it simply provides universal guidelines that were found to be most effective. Therefore, when school psychologists implement various techniques provided in this training they should use caution when working with diverse cultures and should investigate the family values first in order to present difficult news in the most appropriate fashion.

Organization of Remainder of Project

Following this introductory Chapter 1, a review of literature comprises Chapter 2. Data-gathering methods are outlined in Chapter 3, and a description of the project results make up Chapter 4. The focus of this project, a presentation on presenting difficult news to the IEP team, is located in the Appendix. A list of References concludes the project.
Chapter 2

REVIEW OF LITERATURE

The IEP: Meetings, Roles, Parent Perspectives

The Individualized Educational Plan (IEP) is one of the most important components set forth by the Individuals with Disabilities Education Act (IDEA). It serves to direct and monitor all components of a student’s specialized education program; which include, but are not limited to (a) emotional needs, (b) goals, (c) objectives, (d) placement, (e) present levels of educational performance and abilities, and (f) the duration of the program set forth (20 U.S.C §1400). To ensure that IEP meetings are comprehensive and successful, it is important to have a clear conceptualization of IEP process (prior, during, and after the meeting) and have all relevant members present (American Federation of Teachers, 2008).

In American Teacher (American Federation of Teachers, 2008), a comprehensive system of guidelines was described for the process of developing and coordinating IEP meetings. It delineates what is likely expected to happen four to six weeks before the meeting, such as coordinating a date, time and place with all members of the team, and gathering or reviewing data. Two weeks before the meeting, it is likely that an agenda for the meeting will be developed, parent notification/invitations will be sent out, and a few days prior to the meeting confirming attendance with team members would likely occur. Furthermore, it delineates what to expect during the meeting and after the meeting.
However, just as important as the IEP meeting process, the members and roles of the team play an integral part in developing and implementing an appropriate individualized education plan. Arivett, Rust, Brissie, and Dansby (2007) suggest that the actual roles of the members of an IEP team have been unclear, especially when defining the roles of the teacher and the school psychologist in relation to who provides assessment results and recommendations. This is especially important to address when considering that IEP’s are thought to be more effective and comprehensive when it is based on a team approach (Stroggilos & Xanthacou, 2006).

Research by Lytle and Bordin (2001) sheds light on what successful IEP meetings should look like. Effective teams share similar characteristics, like clearly defined roles, respect and value for varying perspectives, social support, proximity, and fairness, to name a few. Team members depend on one another and support each other in achieving a common goal. To be able to do this, team member roles should be clearly defined and a set of specific behaviors should be set. A person’s role may be formal or informal. A formal role “is a set of expected behaviors based on a specific indefinable label, like a special education teacher,” while an informal role “are those that a person chooses to play that are not necessarily expected,” such as the person that mediates when conflicts arise (p. 43). However, clear guidelines on who are the members that should be present were not clearly defined in the literature.

What were clearly defined within the research literature regarding IEP meetings were parent perspectives on the IEP team members and meetings. Overall, research
overwhelmingly suggests that parents do not feel like they are contributing members of
the IEP team, but rather, submissive bystander at the IEP meetings (Stroggilos &
Xanthacou, 2006).

As mandated by the Individuals with Disabilities Act, parents of children must
give their consent throughout the entire education process (Public Law 105-17, IDEA).
Most parents are aware of what the IEP means in relation to their child’s educational
programming and, usually, have a copy of the IEP at home. However, their involvement
is usually limited in terms of development and implantation of the actual IEP. Stroggilos
and Xanthacou (2006) found that teachers and other professionals who play active roles
in the IEP team do not systematically work with parents. As a result, parents do not set
goals, but rather are asked to give their opinions on the goals set by other professionals.
Furthermore, many parents report feeling alienated during the IEP process because
educators continue to dominate the decision-making process (Turnbull & Turnbull,
1997). In Fish (2006) the IEP meeting was labeled a “meaningless ritual” where parent
participation in the decision making process was nonexistent (p. 60). Parents are to
approve pre-determined educational programs set up by various members of the team
without parent input.

It is clear from the research literature on parent perceptions of the IEP team and
meetings, that the IEP team decision making rarely considers parents in the process.
What is most often the case is that many parents feel guilty and intimidated at IEP
meetings. Furthermore, they do not feel like contributing members for the decision
making process. Parents do not feel like they are able to address the concerns regarding their children’s education because they are unable to understand special education jargon and terminology (Fish, 2006).

Due to the importance of parent involvement as part of the IEP team, research has specifically addressed this aspect of special education, which has resulted in simple and effective strategies that IEP teams can engage in to promote active parent involvement. Encouraging parent involvement in IEP teams can be as simple as addressing the physical environment. Barbour and Barbour (2001) suggest that IEP teams can use seating arrangements that promote an atmosphere of equity among members by simply being seated beside parents on round conference tables, rather than in a hierarchal seating arrangement where parents are seated in front of the IEP team members. In addition, providing parents with information regarding meeting logistics such as location, time parameters and parking information can set an atmosphere of comfort and respect (Berry & Hardman, 1998). School professionals may choose to host special and general education open houses on the same night and provided general information about the school and/or programs. Furthermore, it has been suggested that difficult or controversial items be discussed with parents before the IEP meeting or during an informal time to enhance and promote effective ongoing communication (Lytle & Bordin, 2001).

Delivering Difficult News

In an effort to move towards making the IEP process a more positive experience for parents and caregivers, it is important to keep in mind the emotionality of the
information that is going to be shared with families about their children. School psychologists often have to share difficult news with parents and families. As such, an evaluation of how the language we use as well as the non-verbal communication we engage in is crucial. This section reviews the literature on how to use verbal and non-verbal communication to more effectively communicate difficult news to others.

When people communicate with each other face to face, an exchange of information is not only happening at the verbal level, that is, with the use of words, communication is also occurring non-verbally. Non-verbal communication involves things such as eye movement, intonation, gestures and other features of physical appearance (Yesil, 2008). For communication to be successful between two parties, verbal and nonverbal messages need to be consistent and complimentary to one another (Louwerse & Bangerter, 2005).

Research by Yesil (2008) found that the following non-verbal behaviors had an impact on communication during debates. Research participants were negatively affected by facial expressions, gestures, and physical appearance. Furthermore, participants were highly negatively affected by intonation. In terms of facial expressions, additional behaviors that were discussed included behaviors such as frowning, pouting, looking away, teeth clenching, and sarcasm. Gestures involved resting hands on a desk, animated hand/arm movements, standing up suddenly, and crossing legs. Physical appearance like unkempt hair, yellow teeth, wearing badges/symbols, and messy clothing were perceived negatively as well. Finally, the descriptor intonation was described as a high-pitched
voice, continual use of low pitched-voice or raising voice, and using slang. These non-verbal behaviors played a negative role in effective communication, especially for the women in the study.

Furthermore, when delivering any news, but particularly difficult news, the following non-verbal behaviors should be avoided. Talley’s (2009) research suggests the following tips for more effective delivery of information. Pointing fingers is never a good idea, even when calling out or identifying someone. An alternative hand motion that may be used is a hand with the palm up position. In addition, it is not recommended that hands be placed in pockets or behind the back. Finally, the length of time of eye contact is important. Extended eye contact may give the impression of intimidation or intimacy.

Communicating difficult news to families can be a difficult experience for new and experienced school psychologists. Lessons and tips on how to more effectively communicate difficult news, such as special education eligibility under the category of mental retardation, can be taken from the medical profession as health professionals deliver “bad news” on a daily basis. Results of a study conducted by Dosanjh, Barnes, and Bhandari (2001) provided effective guidelines for delivery of difficult news. These guidelines were divided into three subcategories: verbal delivery, non-verbal delivery, and supportive measures.

Under the verbal delivery category, clarification of professional roles, language, validation, offering something tangible, such as results from tests, empathy, and summarization of news were found to be integral components that should be addressed
when delivering difficult news. The non-verbal categories items such as face-to-face interactions, sitting down during conversations, and appropriate allocation of time were deemed as important components to take into consideration. It was suggested that professionals should meet in person, in a room where seating is available, and with adequate amount of time allocated to the delivery and “taking in” of the news by family and friends. Finally, within the supportive measures construct, the role of assessing supports for the family (do they exist?), judging family’s reactions, choices, patients comfort, and accepting outcomes among others (Dosanjh et al., 2001) were discussed as an area that should be addressed. These constructs played an important role in the effective delivery of difficult news.

The School Psychologist and the IEP

The school psychologist plays a formal role in the IEP meeting. An effective school psychologist must be able to create and establish the necessary positive emotional climate that will foster an environment where open communication between IEP team members can occur to ensure a successful meeting for all parties involved, especially the families. Good rapport building goes a long way in creating an environment that is conducive to successful communication.

Rapport can be established through specific actions and words that build trust and encourages others to provide information. Sandoval and Adams (2001) suggest specific strategies for good rapport building during the process of interviewing witnesses that are broken down into three areas: matching kinesis, matching language, and matching
paralanguage. It is advisable to consider carefully that matching is not to be confused with mimicking, that is, to copy or imitate closely specific behaviors.

Matching kinesis refers to the matching of another person’s body language and behaviors. It is described by the authors as one of the easiest strategies for rapport building. Behaviors that can be “matched” during interactions include facial gestures (smiling), posture (leaning in), and movements of the body, such as the arms, feet and legs. Like with matching kinesis, matching language and paralanguage (pitch, tone, and speech) can help in fostering good rapport (Sandoval & Adams, 2001).

Specific strategies on rapport building can include a wide array of behaviors. First, learning the names of IEP team members, and specifically, those of parents and children, goes a long way. Assessing and recognizing others “readiness” level, such as attitudes, motivation, level of skill or preparation, conveys understanding and fosters a “smoother” conversation style (Cottringer & Sloan, 2003).

Comprehensive Assessment of Mental Retardation

As with any psycho-educational assessment, the assessment of mental retardation should be based on a holistic developmental approach that includes data collection from a wide variety of sources. The evaluation of mental retardation must be comprehensive due to the high number of concurrent disability conditions (Sattler & Hoge, 2006). A framework for comprehensive assessment was established by Shephard, Kagan, and Wurtz (1998) and includes the following:
1. Gathering information from teacher, parents/caregivers to form a hypothesis about the child’s learning and behavior.

2. Determining a legitimate purpose for testing and then selecting assessments and gathering data to address this purpose.

3. Testing the hypothesis through data gathering from a range of sources that include observations, interviews, and formal and informal testing.

4. Using professional knowledge and training to form an opinion about the validity and reliability of the data.

5. Using professional knowledge and training to develop an interpretation based on the evidence that best addresses the purpose of the referral.

6. Communicating the assessment results in a timely, understandable and accurate manner.

7. Working with others to identify the educational implications of the assessment findings.

At a minimum, the assessment for mental retardation should include an evaluation of the child’s cognitive and adaptive skills that include behavioral concerns. Furthermore, a comprehensive assessment also includes an evaluation of the family, home, and/or classroom to guide resources that will be needed and to design interventions (Biasini, Grupe, Huffman, & Bray, 1998).

In designing an assessment plan for a child with a potential diagnosis of mental retardation, attention should be given to the appropriate assessment battery, review of
case history, medical reports, teacher reports and school grades. The testing instruments should take into account a child’s primary language and language development, as well as sensory or motor abilities (Sattler & Hoge, 2006). Sattler and Hoge suggest that the following are included as part of a comprehensive evaluation: establishing rapport, interviewing relevant people, interpreting intelligence test results, conducting observations, assessing adaptive behavior, and distinguishing mental retardation from developmental delay.

Presenting the Diagnosis: Mental Retardation Eligibility

The two main purposes of identification and assessment of students with disabilities are to identify what the student’s academic needs are and what services or supports they will require to assist them in their academic endeavors. When presenting the diagnosis of mental retardation to parents it is best practice to clearly explain eligibility and how their child meets this criterion. Fox, Vaughn, Wyatte, and Dunlap (2002) surveyed families regarding their involvement in the IEP meeting and found that parents expressed concerns about the unintelligibility of both special education law and how it relates to their child. Therefore, school psychologists should clearly define eligibility criteria and provide parents with materials that define special education jargon.

Eligibility for special education services requires two findings: first, the student must meet the criteria for at least one of the thirteen disabilities recognized in the federal Individuals with Disabilities Education Act (IDEA) or the counterparts thereof in state law (Code of Federal Regulations, 2009), and second, special education and/or related
services must be required for the student to receive an appropriate education (Sattler, 1996).

Under IDEA-Part B, eligibility for special education is determined by a “team of qualified professionals and the parents of the child” [§ 1414(b) (4)(A)]. The team must consider three types of assessment information in determining whether a child has mental retardation: general intellectual functioning, adaptive behavior, and school performance. To be eligible for special education under the mental retardation category, the child must demonstrate sub-average performance (significantly delayed) on a measure of general intellectual functioning. Most states highly suggest the use of intelligence quotient (IQ) test for this measure. However, this evaluation can be accomplished by testing “or by means other than testing” (such as curriculum based assessment) as long as the measures are valid and nondiscriminatory (Jacob & Hartshorne, 2003, p. 132). Sub-average is generally defined in state guidelines as performance at least two standard deviations below the population mean for the child’s age group (e.g., a standard score below 70 on the Woodcock Johnson Test of Cognitive Abilities; Woodcock, McGrew, Mather, Schrank, 2006).

The child also must demonstrate coexisting deficits in adaptive behavior and school performance. Measures of adaptive behavior focus on the child’s effectiveness in meeting age-appropriate standards of personal independence and social responsibility (such as self-help skills and the ability to appropriately interact with other individuals). These measures are typically based on observations of behavior and competencies
provided by an informant, such as a teacher, parent, or caregiver (Sattler, 2006). Deficits in school performance are most often assessed by standardized achievement tests and review of school records.

The American Association on Mental Retardation (2002), provides state regulations that further classify pupils with mental retardation into one of the four subgroups based on intellectual functioning and adaptive behavior: mild mental retardation (IQ level of 50-55 to approximately 70), moderate mental retardation (IQ level of 35-40 to 50-55), severe mental retardation (IQ level of 20-25 to 35-40) and profound mental retardation (IQ level below 20-25).

Implications of the Test Results: Strengths and Weaknesses

Research has demonstrated that many families have had negative experience with educational professionals during the implementation of the IEP. In addition, past studies have indicated that parents perceive their child’s IEP meeting as traumatic, confusing, complicated, and meeting to solely discuss their child’s problems (Stoner et al. 2005). Although it is important for school psychologist to discuss the students’ weaknesses it is crucial that implications of the students strengths be discussed in order to develop an appropriate educational plan, maximizing on what the student can do.

The interpretation of a student’s performance on cognitive assessments and adaptive scales can provide great insight to the nature of underlying deficits and directions for useful modifications or accommodations needed to teach the student. A child’s performance on specific subtests identifies their strengths and weaknesses in
information processing (on cognitive assessments) and daily living skills (Psychological Corporation, 2002). Although intellectual functioning is always a deficit across the entire mental retardation classification, there will most likely be identifiable characteristics in the student’s adaptive skills.

Baily, Hatton, and Skinner (1998) found that various children with mild mental retardation demonstrated strength in the area of motor skills, socialization, and a range of self-help skills when compared to their other abilities. Werts, Mamlin, and Pogoloff (2002) found that parents often view the IEP meeting as an opportunity for educators to brief them on the failures of their child. Additionally, parents reported that they would have liked to hear about their child’s individual achievements and less about the differences between their child and typically developing peers. Over 50 percent of families interviewed, after receiving a diagnosis of their school-aged child stated that they left the IEP meeting with minimal information of what their child is capable of doing. Therefore, it is critical to discuss these strengths, specifically pulling from their adaptive skills and the implication of these strengths when presenting difficult news to parents.

In addition to discussing a student’s strengths, it is important to explore the student’s weaknesses and what these weaknesses will mean and look like. Since the educational setting makes significant demands on the child’s intellectual skills and cognitive functioning it is necessary to tailor the student’s curriculum with regards to their deficits. Reynolds and Dombeck (1995) found that students diagnosed as mentally
retarded tend to have difficulty retaining information in short-term memory, however many of these students have adequate long-term memory. In addition, it has been found that some students have difficulty with problem solving skills, logical thinking, and abstract thought. Problem solving skills are lacking in mentally retarded individuals, as are deficits in logical thinking and abstract thought. It has been found that the deficit in abstract thought manifests itself in the child's inability to generalize from one situation to another. Instead of being able to see relationships between similar but different things, mentally retarded children tend to think in a more concrete manner and may be unable to see how things are related (Reynolds & Dombeck, 1995). Fidler, Hodapp, and Dykens (2002), noted that some children with mild moderate mental retardation had significant deficits in areas related to communication, compared to other skill areas, and found a significant difference between the expressive and receptive ability in the communication domain. Fish (2008) reported that children with moderate to severe mental retardation demonstrated the greatest weakness in communication, but also experienced deficits in daily living and socialization.

Although no two students, who are diagnosed as mentally retarded, display the same profile it has been found that the abovementioned weaknesses are common among this population. While, mentally retarded students have significant cognitive deficits they are still capable of being educated and some may function quite well in society. Therefore, best practice for school psychologists is to discuss strengths and weaknesses, while emphasizing the student’s strengths in order to develop interventions and a
program that enables children to improve their independence and expend important life skills.

Ending the Meeting

Accepting the diagnosis of mental retardation in school age children is extremely difficult and often devastating for most parents. Kerr and McIntosh (1999) found that attempts to deny the problem often take them from one professional to another in search for hope. Gradual acceptance of the diagnosis usually occurs only after an extended period of time, and is often associated with stages of grief and mourning, similar to that experienced by parents of a dying child. The importance of follow-up with families cannot be overemphasized. Parents may be so overwhelmed at the meeting that they stop listening to the professionals. As a result, they miss important information. Similarly, after parents have had the opportunity to consider the diagnosis and recommendations, they may have additional questions. Nissenbaum, Tollenfson, and Reese (2002) found that parents particularly appreciated when school psychologists made a follow-up phone call or a letter a few weeks after the IEP meeting. These “follow-up’s” usually included answering questions, providing additional information, and assisting them to access intervention strategies and support services and/or outside agencies.

Hammond, Ingalls, and Trussell (2008) found that families, who noted significant levels of distress during the initial IEP meeting, reported that they felt that the special education system provided little or no assistance to help them deal with this shock after the meeting. Therefore, providing a list of interventions and community resources is
essential in assisting families in quickly obtaining access to services. Resources should be accurate and include phone numbers or the name of the individual(s) to contact (Nissenbaum et al., 2002).

In addition to a lack of resources, parents also noted that they were unaware of what was to come in regards to the future of their child’s IEP, which brought on additional stress (Stroggilos & Xanthacou, 2006). Research indicates that parents should be informed before the end of the initial meeting that the IEP team must be held at least once a year and may be held more often at the request of any of the IEP team members including the parents, which many families reported that they did not consider themselves an IEP team member. Providing parents with this information assures them that their child is important and that the special education system strives to do their best to support, not only the students but the students families as well (Stroggilos & Xanthacou, 2006). Reynolds and Dombeck (1995) found that families are faced with the stress of continually witnessing their loved one’s struggles to complete everyday tasks, social interactions, and education. Family members with mental retardation diagnoses may require exceptional assistance for the duration of their lives. They must also face their own troubling emotional reactions and adaptations to having a mentally retarded family member. Given the exceptional amount of stress involved in caring for mentally retarded family members, it should not come as a shock that families often need and benefit from outside support designed to help them cope. With this knowledge, school psychologists should provide families with a wide array of family support services. For example,
Reynolds and Dombeck (1995), state that many support programs are provided through national organizations such as the American Association on Intellectual and Developmental Disabilities (AAIDD), The Arc and the Easter Seals Society, or through schools, churches, and other non-profit groups.

As parents and caretakers gain information about the disorder, they typically become more able and understanding of how to deal with their stress. Therefore, the best practice in delivering the diagnosis of mental retardation to parents involves thoroughly educating and providing families with additional sources after the IEP meeting.

Education is perhaps the most powerful coping tool families can obtain and use to help themselves deal with their family member who was diagnosed with mental retardation.
Chapter 3

METHODLOGY

This project was specifically concerned with providing an in-depth understanding and guidelines for presenting difficult news to parents and other IEP team members. The information gathered to develop this project primarily originated through current psychological, education, and medical research and review.

First, the authors conducted a review of past studies regarding parental perspectives of the initial IEP meetings and how their participation could be further enhanced. Next, a review of psychological, medical, and educational research was conducted to obtain what was found most effective when communicating difficult news, specifically looking at verbal and non-verbal communication styles. Articles regarding school psychologist role in the IEP and specific rapport building strategies heavily influenced this project as well. Both authors also gathered information from multiple sources including Code of Federal Regulations, California Education Code, and Individuals with Disabilities Act regarding comprehensive assessment of mental retardation. In addition, a thorough analysis regarding implications of student’s strengths and weakness of who are diagnosed with mental retardation was conducted. Lastly, strategies and recommendations on the most effective way to end the IEP meetings were reviewed from previous studies.

Much of this project was also developed through collaboration with practicing school psychologist, special education teachers, peer review, and other professionals in
the field of special education. In development of the project’s presentation, a review of
Dr. Stephen Brock’s presentation on “PREPaRE” a School Crisis Intervention Training
Curriculum, was conducted for formatting and sample language to use when presenting.
Chapter 4

RESULTS

Presenting difficult news to family members and other IEP team members, specifically regarding mental retardation eligibility requires the informant to be fully present in the delivery of the results; recognizing that this experience may come in retrospect to be a peak experience for better or worse for the family. In doing so, incorporation of appropriate guidelines, techniques, and communication styles can help facilitate school psychologist to better meet the needs and challenges when presenting difficult news at IEP meetings. It is crucial for school psychologists to have a firm perspective on parent views regarding the initial IEP to improve communication between home and school and to provide additional supports to family when dealing with difficult news.

Incorporated throughout this project is an in-depth review of studies conducted regarding parental perspectives on IEP meetings and process, which allows school psychologist to improve their delivery of assessment results based upon previous finding. Additionally, it provides sample language that may be used when interpreting assessment results and what is and is not appropriate to address, before, during, and after the IEP meeting.

This project provides detailed guidelines for school psychologist so that they will feel better equipped to deliver difficult news to the IEP team in a way that helps the conversation more forward in a positive and supportive manner. It begins by looking at
the IEP process as a whole. From how to coordinate the meeting to what can be done once the meeting has been held.
APPENDIX

A Presentation on How to Present Difficult News to Parents and the IEP Team
Sample Presentation Language:
Good morning, thank you all for attending today’s workshop. Before we begin let’s go around the room and do introductions. Please state your name, the district you work in, and how long you have been a school psychologist.

Today we will be discussing how to present difficult news at an IEP meeting, specifically focusing on mental retardation eligibility.

Ask:
How many of you have had to discuss eligibility criteria of mental retardation with family members or an IEP team? Or any other difficult news such as “Autistic-Like”? (Once the audience has responded and it is appropriate time, go on to the next slide).

Allow 15 minutes for introductions and discussion.
Sample Presentation Language:
The main objective for today is that when you leave here, you will feel better equip to deliver difficult news to the IEP team in a way that helps the conversations move forward in positive and supportive manner.

We will begin by looking at the IEP process as a whole, from how to coordinate the meeting to what can be done once the meeting has been held. Our discussion of “difficult news” will be in reference to the special education category of mental retardation.
Sample Presentation Language:
Before we begin it is important to address the term that we will be using throughout this presentation.

The term “mental retardation” is widely used and coded into federal law, but the term remains the subject of considerable controversy. Some advocacy groups and professional associations argue that the negative stigma of the term mental retardation could be avoided by using less loaded language. The (2004) of the United States, one of the country’s largest advocacy organizations for people with mental retardation, avoids the term mental retardation in its mission statement in favor of “cognitive, intellectual, and developmental disabilities” (p. 1).

In 2004, the Special Olympics updated its terminology from mental retardation to intellectual disabilities. However, for this presentation we use the term mental retardation as a legal term defined by IDEA, while cognizant of this significant shift in terminology. Following in rule of best practice of presenting the diagnosis of mental retardation and using clear terminology that coincides with the language used on the students IEP, we feel the term Mental Retardation is most appropriate. However, at a later date this presentation may need to be altered to use the term “Intellectual Disability.”
Sample Presentation Language
From attending this workshop today, we hope that you will be able to utilize and pull from the strategies that we will be discussing and implement them as early as your next IEP meeting.

We will be providing ideas on:
1. How to include parents in the IEP process.
2. How to use verbal and non-verbal communication to deliver difficult news to parents and the IEP team.
3. How to plan a comprehensive assessment for students suspected of mental retardation.
4. How to present the eligibility category of MR to parents and the IEP team.
5. Resources for families and schools.
**Sample Presentation Language:**
Let’s have a large group discussion (or small groups if more appropriate) regarding what you have seen in IEP meetings (as the presenter or observer) when difficult news is presented. In addition, what have you seen in respect to the eligibility of mental retardation?

*Allow for 15 minutes for sharing. Listen for and validate all responses.*
Sample Presentation Language:
Listed is a brief outline of today’s presentation:

• The IEP: Meetings, Role, and Parent Perspective
• The School Psychologist and the IEP
• Delivering the Difficult News
• Comprehensive Assessment
• Present the Diagnosis
• MR: Eligibility
• Implications of the Test Results
• Ending the Meeting

Munoz & Macias-Church (2010)
Sample Presentation Language:
We will first begin discussing specific components of the IEP. First, what should be done before the IEP, who should attend, and what roles each participate will take. Then we will discuss what has been revealed from past research regarding parent perspectives of the IEP process.
**The IEP: Meetings**

- Four to Six Weeks Before
  Coordinate a date, time and place.
  Gather information.

- Two Weeks Before
  Develop Agenda.
  Send invitations, confirm attendance and secure technological materials.
  *(American Federation of Teachers, 2008)*

Munoz & Macias-Church (2010)

**Sample Presentation Language:**

The Individualized Educational Plan (IEP) is one of the most important components set forth by the Individuals with Disabilities Education Act (IDEA). It serves to direct and monitor all components of a student’s specialized education program; To ensure that IEP meetings are comprehensive and successful, it is important to have a clear conceptualization of IEP process (prior, during, and after the meeting) and have all relevant members present.

Four to six weeks before the meeting, coordinate a date, time and place with the parents or guardians as well as anyone else who needs to attend. Gather information by reviewing the student’s records, including any previous IEPs. Check out the student’s current work and secure representative work samples. Consult with the student (when appropriate), parents, staff and other professionals. Observe the child in his or her learning environment to see how things are doing. Lastly, identify and review your data. Are the student’s assessments accurate? Is the child’s current level of performance apparent to everyone? Are there any changes at home or school that might affect the special education program?
Then two weeks before. Develop an agenda for the meeting. Contact the special educator at this point (or whomever is the case manager) to get your concerns on the agenda. Send parents or guardians notification at least 10 calendar days before the meeting date and confirm attendance of all IEP team members. Lastly, confirm the availability of space and materials to take notes, and prepare any necessary paperwork.
Sample Presentation Language:
During the meeting it is important to introduce participants and remind everyone why they are all there, then follow the districts meet agenda which typically includes stating parent/team concerns, reviewing present levels (assessment results), proposed goals, and program offer.

After the meeting, distribute copies to all attendees Acknowledge parent’s participation, and keep the doors of communication wide open. Maintain IEP documents according to district and state guidelines, follow up on any outstanding issues, and set a date to update the student’s records.
Sample Presentation Language:
Effective IEP teams share similar characteristics, like clearly defining roles, respect and value for varying perspectives, social support, proximity, and fairness, to name a few. Team members depend on one another and support each other in achieving a common goal. To be able to do this, team member roles should be clearly defined and a set of specific behaviors should be set. A person’s role may be formal or informal.

A formal role is a set of expected behaviors based on a specific indefinable label, like a special education teacher. While informal role’s are those that a person chooses to play that are not necessarily expected, such as the person that mediates when conflicts arise.
Sample Presentation Language:
Listed are some examples of people who would be in the position of a formal role and an informal role.

Ask:
Can anyone think of any others? *Listen for and validate all responses.*
Sample Presentation Language:
Most parents are aware of what the IEP means in relation to their child’s educational programming and, usually, have a copy of the IEP at home. However, their involvement is usually limited in terms of development and implementation of the actual IEP. Researchers found that teachers and other professionals who play active roles in the IEP team do not systematically work with parents. As a result, parents do not set goals, but rather are asked to give their opinions on the goals set by other professionals. Furthermore, many parents report feeling alienated during the IEP process because educators continue to dominate the decision-making process. As a result, parents are to approve pre-determined educational programs set up by various members of the team without parent input.

Ask:
What is your experience or what have you observed as far as parents interaction and participation in IEP’s? (Allow 10 min. to discuss. Listen for and validate all responses).
Sample Presentation Language:
It is clear from the research literature on parent perceptions of the IEP team and meetings, that the IEP team decision making rarely considers parents in the process. What is most often the case is that many parents feel guilty and intimidated at IEP meetings. Furthermore, they do not feel like contributing members for the decision making process. Parents do not feel like they are able to address the concerns regarding their children’s education because they are unable to understand special education jargon and terminology.

Ask:
What are your thoughts on this? Have you observed or been approached by a parent expressing these concerns? (Listen and validate all responses).
Sample Presentation Language:
Due to the importance of parent involvement as part of the IEP team, research has specifically addressed this aspect of special education, which has resulted in simple and effective strategies that IEP teams can engage in to promote active parent involvement. Encouraging parent involvement in IEP teams can be as simple as addressing the physical environment.

It is suggest that IEP teams can use seating arrangements that promote an atmosphere of equity among members by simply being seated beside parents on round conference tables, rather than in a hierarchal seating arrangement where parents are seated in front of the IEP team members. In addition, providing parents with information regarding meeting logistics such as location, time parameters and parking information can set an atmosphere of comfort and respect.

School professionals may choose to host special and general education open houses on the same night and provide general information about the school and/or programs. Furthermore, it has been suggested that difficult or controversial items be discussed with
parents before the IEP meeting or during an informal time to enhance and promote effective ongoing communication.
Sample Presentation Language:
We will now discuss the role that school psychologists commonly play in the IEP process and specific strategies they can implement to assist the meeting in moving forward in an effective manner.
**Sample Presentation Language:**
The school psychologist plays a formal role in the IEP meeting. An effective school psychologist must be able to create and establish the necessary positive emotional climate that will foster an environment where open communication between IEP team members can occur to ensure a successful meeting for all parties involved, especially the families. Good rapport building goes a long way in creating an environment that is conducive to successful communication.

Rapport can be established through specific actions and words that build trust and encourages others to provide information. Lastly, researchers suggest specific strategies for good rapport building during the process of interviewing witnesses that are broken down into three areas: matching kinesis, matching language, and matching paralanguage. It is advisable to consider carefully that matching is not to be confused with mimicking, that is, to copy or imitate closely specific behaviors.

Matching kinesis refers to the matching of another person’s body language and behaviors. It is described by the authors as one of the easiest strategies for rapport building. Behaviors that can be “matched” during interactions include facial gestures...
(smiling), posture (leaning in), and movements of the body, such as the arms, feet and legs. Like with matching kinesis, matching language and paralanguage (pitch, tone, and speech) can help in fostering good rapport.

Specific strategies on rapport building can include a wide array of behaviors. First, learning the names of IEP team members, and specifically, those of parents and children, goes a long way. Assessing and recognizing others “readiness” level, such as attitudes, motivation, level of skill or preparation, conveys understanding and fosters a “smoother” conversation style.
Sample Presentation Language:
In an effort to move towards making the IEP process a more positive experience for parents and caregivers, it is important to keep in mind the emotionality of the information that is going to be shared with families about their children. We, as school psychologists, often have to share difficult news with parents and families. As such, an evaluation of how the language we use as well as the non-verbal communication we engage in is crucial.

We will now discuss how to use verbal and non-verbal communication to more effectively communicate difficult news to others.
Sample Presentation Language:
When people communicate with each other face to face, an exchange of information is not only happening at the verbal level, that is, with the use of words, communication is also occurring non-verbally. Non-verbal communication involves things such as eye movement, intonation, gestures and other features of physical appearance. For communication to be successful between two parties, verbal and nonverbal messages need to be consistent and complimentary to one another.

Research indicates that the specific non-verbal behaviors have an impact on communication during social functions. Such as, facial expressions, gestures, and physical appearance. Furthermore, it was found that individuals were highly negatively affected by intonation. In terms of facial expressions, additional behaviors that were discussed included behaviors such as frowning, pouting, looking away, teeth clenching, and sarcasm. Gestures involved resting hands on a desk, animated hand/arm movements, standing up suddenly, and crossing legs. Physical appearance like unkempt hair, yellow teeth, wearing badges/symbols, and messy clothing were perceived negatively as well. Finally, the descriptor intonation was described as a high-pitched voice, continual use of
low pitched-voice or raising voice, and using slang. These non-verbal behaviors played a negative role in effective communication, especially for the women in the study.

Furthermore, when delivering any news, but particularly difficult news, the following non-verbal behaviors should be avoided: Pointing fingers is never a good idea, even when calling out or identifying someone. An alternative hand motion that may be used is a hand with the palm up position. In addition, it is not recommended that hands be placed in pockets or behind the back. Finally, the length of time of eye contact is important. Extended eye contact may give the impression of intimidation or intimacy.

Under the verbal delivery category, clarification of professional roles, language, validation, offering something tangible, such as results from tests, empathy, and summarization of news were found to be integral components that should be addressed when delivering difficult news. The non-verbal categories items such as face-to-face interactions, sitting down during conversations, and appropriate allocation of time were deemed as important components to take into consideration. It is suggested that professionals should meet in person, in a room where seating is available, and with adequate amount of time allocated to the delivery and “taking in” of the news by family and friends. Finally, within the supportive measures construct, the role of assessing supports for the family (do they exist?), judging family’s reactions, choices, patients’ comfort, and accepting outcomes among others were discussed as an area that should be addressed. These constructs played an important role in the effective delivery of difficult news.
Sample Presentation Language:
Next, we will discuss best practice for assessing for mental retardation using a holistic developmental approach.
Sample Presentation Language:
As with any psycho-educational assessment, the assessment of mental retardation should be based on a holistic developmental approach that includes data collection from a wide variety of sources. The evaluation of mental retardation must be comprehensive due to the high number of concurrent disability conditions.
Sample Presentation Language:
A framework for comprehensive assessment was established by Shephard, Kagan, and Wurtz (1998) and includes the following:
Gathering information from teacher, parents/caregivers to form a hypothesis about the child’s learning and behavior.

Determining a legitimate purpose for testing and then selecting assessments and gathering data to address this purpose.

Testing the hypothesis through data gathering from a range of sources that include observations, interviews, and formal and informal testing.

Using professional knowledge and training to form an opinion about the validity and reliability of the data.

Using professional knowledge and training to develop an interpretation based on the evidence that best addresses the purpose of the referral.
Communicating the assessment results in a timely, understandable and accurate manner.

Working with others to identify the educational implications of the assessment findings.
Ask:
Is there any critical data that anyone can think of that should be included in a comprehensive assessment? (*Listen and validate all responses*).

**Sample Presentation Language:**
Best practice of a comprehensive assessment of mental retardation also includes an evaluation of the family, home, and/or classroom to guide resources that will be needed and to design interventions.
Sample Presentation Language:
We will now begin discussing how to best present the diagnosis of mental retardation eligibility. We will cover mental retardation criteria, assessment information that must be considered, cognitive standard scores, adaptive measures, and subgroups of intellectual functioning.
Ask:
Can someone share what these two purposes might be? *(Listen and validate all responses).*

Sample Presentation Language:
When assessing a student with a suspected disability the two main purposes of why we are conducting this assessment are to identify what the student’s academic needs are and what services or supports they will require in order to assist them in their academic endeavors. Therefore, when discussing the purpose with parents we must indicate what this means in clear terminology. In a study conducted by Fox, Vaughn, Wyatte, and Dunlap (2002) it was found that many families expressed concerns about the unintelligibility of both special education law and how it relates to their child. For families to feel part of the team, before presenting assessment results it is best practice to define and discuss the purpose of the assessment, which may include providing materials to the family that assist them with understanding special education jargon.
Sample Presentation Language:
Once the discussion regarding the purpose of identification and assessment has taken place families need to be informed of the measures used in determining their child’s eligibility.

Ask:
What are the 3 types of assessments that the IEP team should consider when assessing for MR? (Listen and validate all responses, although provide correct responses if they are not said).

Sample Presentation Language:
The team must consider these three types of assessment information in determining whether a child meets mental retardation eligibility criteria: general intellectual functioning, adaptive behavior, and school performance.

Again it cannot be stressed enough to speak in language that is understandable to individuals who are not familiar with this disability or education code. One might use language, when discussing with the family such as: Mental Retardation is diagnosed by
looking at two main things. These are: the ability of a person’s brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and whether the person has the skills he or she need to live independently (called adaptive behavior, or adaptive functioning). In addition, the individual must have displayed difficulty from the beginning of their education.
Sample Presentation Language:
In determining a child’s general intellectual functioning most states highly suggest the use of an IQ test for this measure. However, other measures can be used, such as curriculum-based assessment as long as the measures are valid and nondiscriminatory. It is important to define for families the measures used in obtaining their child’s intellectual functioning and provide further details about what the measures mean and how they relate to the child’s academics. This means that you as the school psychologist should discuss what measures of verbal, nonverbal, visual/auditory processing, etc. mean and how the parent would observe these skills in everyday life.

Next, you must state eligibility criteria in regards to their actual performance or what their child’s IQ score was. To be eligible under the category of MR, the child must demonstrate sub-average performance (or significantly delayed), which would be a standard score below 70 to 75. It may be necessary to discuss what a standard score is, for example you may state to the family “standard scores indicate how far above or below the average (or the mean) an individual score falls, a standard score has an average of 100. With this score we compare individuals from different grades or age groups and
individuals with a standard score of 70-75 are considered to have a significant intellectual disability or mental retardation.
Sample Presentation Language:
It may be helpful to present visuals when explaining the students cognitive and functional levels to the family. It is often helpful when parents are unaware of how their child’s development compares to that of same age peers or the pervasiveness of the discrepancies.

However, use caution and your best judgment when displaying scores of a student who is significantly delayed. It may make the news much more difficult to take in by the family.
Sample Presentation Language:
After discussing and presenting the child’s intellectual functioning, adaptive behavior and school performance must be discussed.

The child must demonstrate coexisting deficits in adaptive behavior and school performance. One should share with the family that measures of adaptive behavior focus on their child’s effectiveness in meeting age-appropriate standards of personal independence and social responsibility (such as self-help skills and the ability to appropriately interact with other individuals). Also, discuss where these measures were obtained whether it be observations, parent/teacher interviews, or rating scales.

It is also critical to obtain measures of the child’s school performance which is commonly assessed by standardized achievement tests and review of school records. When discussing these results with the family data should be shared regarding the students educational history and areas in which they have continued to struggle.
Sample Presentation Language:
Now that we have discussed how to present the students present levels, it is crucial to communicate to families the implication of the test results and how the students strengths and weaknesses will be seen in the educational setting and community.
Sample Presentation Language:
As school psychologist, one of our jobs is to assess students in all areas of suspected disability. Therefore, the data that we present at IEP’s is primarily about the students deficits or weaknesses which is very difficult and detrimental for families to hear. Not only is crucial to focus on the students strengths due to the knowledge of how parent perceive IEP’s but these strengths drive interventions, accommodations/modifications, and goals.

Intellectual functioning is always a deficit across the entire mental retardation classification, although you can use these assessment measures to pinpoint the specific strengths and weaknesses that would be used to develop interventions for use in the classroom. It is also important to discuss with the family that the purpose of the evaluation is not necessarily to make a specific diagnosis, but to identify the sources of the child’s difficulty in adapting to the traditional classroom environment.
Ask:
What measures are essential in identifying strengths? (Listen and validate all responses and provide correct responses if not stated).

Sample Presentation Language:
Although cognitive functioning is always a deficit across students who meet mental retardation criteria, there will most likely be identifiable characteristics in the student’s adaptive skills that will present as a strength from which you can build on. It is commonly found that various children with mental retardation (depending on the degree) demonstrate strength in the area of motor skills, socialization, and a range of self-help skills when compared to their other abilities. Therefore, it is critical to discuss these strengths and the implication of them when presenting this difficult new to families. It is also important to identify these strengths when discussing life after secondary school.

Discussion of common strengths among MR students
Implications of strengths
Build on strengths for effective interventions
Sample Presentation Language:
When discussing the students weaknesses it should be shared with the family the reason surrounding the need for an in depth conversation regarding what their child is not capable of doing. This message should be carefully stated and should emphasize the need to discuss their child’s weaknesses is important in order to provide an appropriate and individualized education program. In addition, discussing these weakness may give insight to what the student will and will not be able to do in the home and community.
Sample Presentation Language:
Best practice when presenting difficult news is to ensure that families clearly understand all components of their child’s assessment results and how they are eligible for special education services. We will now begin presenting how school psychologists can present eligibility to the IEP team in a clear concise fashion.
Sample Presentation Language:
Family who were surveyed regarding their involvement in the IEP meeting reported concerns about the unintelligibility of both special education law and how it relates to their child.

It may be necessary to state specifically criteria for mental retardation such as: significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during developmental period, which adversely affect your child’s educational performance.
Sample Presentation Language:
After discussing assessment results and implications of the findings it will be clear to the family that their child has a significant deficit, however it is best practice to thoroughly educate the family on how their child qualifies for special education. It many not be necessary to list all 13 qualifying disabilities, however they should be informed that their child meets criteria of 1 of the 13 possible disabilities. In addition, a discussion should take place surrounding the students needs for a highly structured/small group or designated instructional services in order for their student to access educational curriculum. And if necessary, discussing designated instructional services (such as speech, physical therapy, or occupational therapy) that the student requires to access educational curriculum.
Sample Presentation Language:
Now that the family has been thoroughly informed on their child’s abilities and disabilities and that they qualify for special education, ample amount of time should be given to the family to address any concerns, questions, or comments.

Ask:
Can anyone share questions that will likely be asked by families that we should be prepared to answer? *(Listen and validate all responses).*
Sample Presentation Language:
We will now wrap up with how to end the IEP meeting, parent perspectives of this process, and how to improve the outcomes of IEP meetings.
Sample Presentation Language:
Accepting the diagnosis of mental retardation in school age children is extremely difficult and often devastating for most parents. With this knowledge it is extremely important to allow time for the family to process the difficult information that you have shared, make sure that they clearly understand the data the you have presented, and answer every question that is asked. If you not able to answer a question make sure you follow-up immediately.

Past studies have indicated that families who noted significant levels of distress during the initial IEP meeting, reported that they felt that the special education system provided little or no assistance to help them deal with this shock after the meeting. Therefore, to assist with the emotional wellbeing of the families it is extremely important to provide a list of interventions and community resources that the family can access.
Sample Presentation Language:
In addition to a lack of resources, parents also noted that they were unaware of what was to come in regards to the future of their child’s IEP, which brought on additional stress. Parents should be informed before the end of the initial meeting that the IEP team must be held at least once a year and may be held more often at the request of the IEP team members including parents, which many families reported that they did not consider themselves an IEP team member. Providing parents with this information assures them that their child is important and that the special education system strives to do their best to support, not only the student but the students families as well.
The importance of follow-up with families cannot be overemphasized. Parents may be so overwhelmed at the IEP meeting that they stop listening to the educators. As a result, they miss important information. Similarly, after parents have had the opportunity to consider the diagnosis and recommendations, they may have additional questions. Several studies have indicated that parents particularly appreciated when school psychologists made a follow-up phone call or a letter a few weeks after the IEP meeting. These “follow-ups” usually included answering questions, providing additional information, and assisting them to access intervention strategies and support services and/or outside agencies.
Sample Presentation Language:
As parents and caretakers gain information about the disorder, they typically become more able and understanding of how to deal with their stress. Therefore, the best practice in delivering the diagnosis of mental retardation to parents involves thoroughly educating and providing families with additional sources after the IEP meeting. Education is perhaps the most powerful coping tool families can obtain and use to help themselves deal with their family member who was diagnosed with mental retardation…
Ask:
Are there any questions or comments?
REFERENCES


