

Mental Health and the IEP

*Dr. Susan Larson Etscheidt, Ph.D.
Professor and Department Head
Special Education
University of Northern Iowa*

A Six-Step Approach to Assist IEP Teams

To Secure Mental Health Supports for Students with Disabilities

THE NEED FOR MENTAL HEALTH SERVICES MUST BE ESTABLISHED

EVALUATION DATA ESTABLISH THE NEED

RIOT Data Sources

SOURCE	DESCRIPTION of DATA
REVIEW	<p>Past or present S records = behavior rating systems or charts, behavior incident reports, office disciplinary referrals, district or state test results, attendance records, S work samples, correspondence between home and school re: S personal or interpersonal concerns.</p> <p>Progress monitoring data from both academic and behavioral goals</p> <p>NOTE: Independent Educational Evaluation (IEE) data also be included</p>

RIOT Data Sources

SOURCE	DESCRIPTION of DATA
INTERVIEW	<p>From S, parents, teachers, related service staff, administrators, paras, and others familiar with S</p> <p>May be structured or semi-structured & conducted face-to-face, via telephone, or email correspondence. Must be conducted by qualified, certified personnel such as school psychologists, school social workers, or school-based mental health counselors or consultants.</p>

RIOT Data Sources

SOURCE	DESCRIPTION of DATA
OBSERVATION	<p>Direct observation of S behavior academically and behaviorally helps establish S's MH needs.</p> <p>Deficit behavior or performance and/or inappropriate or problematic behavior.</p> <p>Tools = event or duration recording, time sampling, anecdotal recording, and ecological recording by S, Ps, Ts, support personnel, or other qualified individuals.</p>

RIOT Data Sources

SOURCE	DESCRIPTION of DATA
TESTS	<p>Selected assessments administered to the student.</p> <p>Figure 1: The Mixed Health & Behavioral Problem Analysis Model</p>

A Look at the Case Law

Manhattan Beach Unified Sch. Dist. (SEA CA 2018).

13-year-old student w/ SLD, ADHD, and anxiety
SD knew Ss > anxiety → missing & failing classes, crying

IEE: ED eligible & recommended SBMHS

SP assessment = S had difficulty w/ peer & adult relationships; poor judgment, anxiety, self-control

Ts = tearful breakdowns. **SP:** S was ED & needed support.

SD = put off changes. After panic attack & hospitalization, SD ID S as ED & provided 120 min. counseling w/ SSW, but "**too little too late**" [before, 15 min. w/ SP w/ visual work organizer and anxiety ratings & discuss how to deal with anxiety]

SD failed to "**heed IEE warnings**" "Failing to offer **related services** in counseling/mental health, **family/parent therapy & individual therapy**" denied FAPE. Tuition reimbursement ordered. **\$45,221.75**

High Tech High, 113 LRP 873 (SEA CA 2013)

HS s w/ Anxiety Disorder, selective mutism, Asperger's, LD
Placement at HTHS = project-based learning approach, which > Ss anxiety with group work and interactions.

SD did not change program **or refer for evaluation**. Behavior <; S absent & selectively mute. S **missed 1/3 of school year due to school phobia**. P unilaterally enrolled S in private school w/ counseling, small, structured classes.

SD = proposed home instruction. "No obligation to conduct a MH assessment w/out request from the P"

For P: **SD must assess the S in all areas of suspected disability. P request = not the trigger** for the evaluation; SD knowledge of anxiety & school performance = triggered MH assessment. Tuition reimbursement ordered.

Alameda (CA) Unified School District, (OCR 2016).

HS S w/anorexia

SD aware of S's emotional & psychological issues and impact on ed. performance, but **failed to refer for evaluation** or provide SBMHS

S & P informed SD of anxiety, nightmares, panic attacks

S missed school, < academically, attempted suicide

S placed on independent study

SD provided school counselor meetings with S, encouraged healthy eating, no referral

EVALUATION: type of counseling and SBMHS must be based on evaluation data – no data collected/considered

SD = resolution agreement

Compton USD (SEA CA 2015)

12 year old w/ OHI/ADHD & Mood Disorder

P requested ed relevant MH assessment; shared IEE

SD offered: FBA, social emotional assessment, referral to a MH agency & academic assessment. MH assessment **not needed:** S had not displayed extreme behaviors, not caused injury to others or himself, had not destroyed property, and was not disruptive to a point which rendered him incapable of redirection.

ALJ: Ss MH diagnosis & SD knowledge that S's behaviors affected ed performance, poor grades, & minimal progress on IEP goals **should have triggered MH assessment.**

SD assessment **did not include all areas of Ss suspected disabilities. Without evaluation, goals not developed & services not offered. IEE and 72 hours of compensatory private tutoring services ordered.**

Questions Parents Should Ask

Do **SCHOOL RECORDS** show any signs of **S's** mental health needs? Attendance, disciplinary, reports?

What do **S's** **PROGRESS MONITORING** data show?

Would someone be able to **INTERVIEW** me about my concerns before the IEP meeting?

Have **OBSERVATIONS** of **S's** been done? What did they show?

Have **SCREENING OR EVALUATIONS** for mental health been completed?

THE PLAAFP OF THE IEP MUST INCLUDE EVALUATION DATA

TO SHOW HOW EDUCATIONAL PERFORMANCE IS ADVERSELY AFFECTED

PLAAFP

Describes the **S's needs** in academic and/or behavioral/functional area;

States the **impact** of the S's disability on educational performance

Documents the student's **current levels** of performance, which will serve as **baseline data** to measure her subsequent progress,

Informs the **annual goals** and **the appropriate special education services and supports** required to meet those goals

Child's Academic Strengths: Questions	Child's Academic Needs: Questions	Examples of PLAAFP IEP Statements
What are the S's academic strengths & preferences? What do data from state or district level assessment show? What academic growth does prior progress monitoring data show? What programs, interventions, AT or accommodations have been successful? How does the S's academic achievement compare to typical peers?	What areas of the curriculum are most difficult for the S? What are the academic concerns of the T, P, S or other personnel? What do data from state or district level assessments show? What do progress monitoring data show? What do data from screening or RTI show? How does the S's disability affect involvement/progress in the general curriculum or adversely affect academic performance?	Strengths S enjoys reading books about athletes. S prefers illustrating or discussion of reading text to written responses Needs S's disability adversely affects attention and task completion [S is off-task and inattentive < 50% time sample of 60-min. observation period] in large group settings [>5]

Child's Functional Strengths: Questions	Child's Functional Needs: Questions	Examples of PLAAFP IEP Statements
What are the S's strengths in social/emotional, or behavioral domains? What adaptive skills are strength areas for the S? [communication, social skills and interaction, independence, initiative/motivation, medical/health]	What are the S's needs in social/emotional, or behavioral domains? What adaptive skills present challenges for the S? [communication, social skills and interaction, independence, initiative/motivation, medical/health]	Strengths: Student has established a good relationship with the 1:1 associate. S is able to communicate to T when needing a break. Needs: S's anxiety adversely affects interactions with others. S does not initiate contact with T or peers [< 3 times per day] S rocks in desk when agitated [average 75% of instructional time per day]

A Look at the Case Law

Forest Grove v. Student, (DC OR 2014)



S w/ autism. P argued that **discontinuing self-management plan** denied FAPE.

SD: no responsibility to address Ss anxiety because it did not affect her learning. SD provided accommodations, modifications, & self-management instruction.

EVALS: S had anxious behaviors; but ≠ physical illness, incapacitation, or panic attacks; caused learning problems. Eval conducted by SD SP= clinically significant anxiety.

Court: Ss self-management **present levels, AGs, and STOs** showed need for MH supports. Failure to address Ss anxiety denied FAPE. SD to consider all evaluative data & develop IEP to address anxiety

In re: Student with a Disability (SEA IL 2019)

6th grade S w/ OHI; ed needs = attention, executive function, social/emotional skills, behavior, and academics SD got consent for eval for placement options.

EVALUATION: a psychiatrist, review of records and interviews. When "dysregulated", S very angry, verbally hostile & erratically behaved. S required 1:1 adult support from SSW and SP but needed more than on IEP. SD > supports over last 2 years: SSW, pro-social and emotional regulation skills, SP modeling and coaching emotional regulation. Daily incidents of defiance/aggression of high intensity caused her to miss 4,758 minutes of instructional time.

Evaluator: intensive MH counseling in therapeutic school. SD proposed special school w/ intensive counseling. P objected.

SD proposed placement appropriate based on evaluation data.

Questions Parents Should Ask

What are S's academic strengths? What are areas of growth?

What academic areas are most difficult for S ?

How are S's social skills? How are the interactions with peers? What about communication?

Do you have any behavioral concerns about S ?

What about S's emotional strengths or needs? Any concerns about emotional regulation? Anger? Anxiety?

ANNUAL GOALS MUST BE DEVELOPED FOR PERFORMANCE AREAS ADVERSELY AFFECTED

IEP Goals

IEP teams must examine the data presented in the PLAAFP to guide the development of annual goals to enhance and improve the child's academic, social, or emotional status.

At least one goal must be written for each area of identified educational need described in the PLAAFP.


Three essential components to annual goals are: (a) a specific description of the skill, (b) how the skill will be measured, and (c) the criterion against which progress will be measured

IEP annual goals for students with mental health needs must set targets for academic, social, or emotional improvement and specify a criterion for the targeted improvements.

Sample IEP Questions & Statements GOALS

Target Behavior	Questions to Ask	Sample Goals w/ Criteria
Academic focus: Assignment completion	What is the current baseline data?	In 36 weeks, Student will complete at least 80% of their assignments across a two week period.
Functional focus: Interactions with Peers	What type of peer interaction is desired? (when, where & with whom)	In 36 weeks, Student will initiate verbal conversation of 5 words or more with [one peer] during 6 th hour Exploratory class - across 4 of the 5 school days.
Mental health focus: Anxiety	What is the manifestation of the mental health difficulty?	In 36 weeks, the number of Student's panic attacks at school will decrease from 5 per day to 1 per day for 5 consecutive school days. In 36 weeks, when a panic attack is triggered, Student will increase independent use of relaxation strategies from 0 times/week to 4 times/week for 2 consecutive school weeks.
Behavior focus: Anger	What types of alternative behaviors might replace the problem behavior? How can we measure the increase of the alternative behaviors?	In 36 weeks, Student will independently use his 5-minute break when frustrated, increasing from 1 to 7 time/week for 2 consecutive school weeks. In 36 weeks, Student will decrease incidents of verbal aggression from 15 per week to 1 per week for 2 consecutive school weeks.

A Look at the Case Law

North Hills SD, 110 LRP 26507 (SEA PA 2010). 

16-year-old S w/ ED. Prior evaluations: depression, poor social interactions & adaptability, lack of emotional control. S was frequently absent and had extremely low grades.

IEP provided **guidance counselor** for social skills training, but **no goals, SDI addressing emotional needs**.
Counselor's efforts = too late for S.

S required **individualized emotional support services on regular basis, rather than sporadic opportunities for social skill instruction**. P granted compensatory education

Sacramento City Unified Sch. Dist. v. R.H., (E.D. Cal. 2016).

S w/ **IEP included social emotional goals**. Required more intensive SBMHS than SD proposed **to make progress toward goals**. SD failed to provide FAPE.

GOALS: improve S self-esteem, help S manage feelings of hopelessness, and assist S with interpersonal communication. Inclusion of GOALS required SD to offer more intensive services.

SDI: S to attend 2 schools w/ 2 therapists & "lacked the structure" S required. While the # of weekly counseling sessions adequate, **no structure of daily therapeutic supports** to help S work meaningfully on MH and social emotional goals on a **daily** basis.

Castro Valley USD (SEA CA 2015)

15 year old S w/ ED

P: SD **failed to develop goals** to address ED & provide individual therapy. P unilaterally enrolls in residential program

P got IEE: recommending **family & individual therapy**.

SD ID S as ED & set IEP with goals for access to trusted adult, work completion and attendance. [anxiety issues addressed through those goals].

ALJ: **No goals directly addressing anxiety., root cause of S difficulties**. SD added counseling sessions (2 30-minute sessions/month): SD services were not designed to address anxiety ["graphic organizer" provided during counseling]

For P: No goals and services to address social-emotional needs stemming from anxiety. Partial costs reimbursed but S does not need residential program.

Questions Parents Should Ask	
Should S	have a behavioral goal?
Should S	have a social skill goal?
Should S	have a communication goal?
Should S	have a self-monitoring or self-regulation goal?

**SPECIALLY
DESIGNED
INSTRUCTION
[SDI] and
RELATED
SERVICE
INTERVENTION
S MUST BE
PLANNED**

METHODOLOGY
AND STRATEGIES
SPECIFICALLY
DESCRIBED

Target Behavior	Goal	SDI	RSI
Assignment Completion	In 36 weeks, Student will complete at least 80% of their assignments across a two week period.	Sp Ed teacher will teach the S organizational skills (use of a planner; paper or phone app); time management (visual schedule); & assignment layering (large into small units).	School psychologist will meet with the student once a week for 20 minutes to provide executive functioning skills including emotional regulation and positive coping skills.
Positive interaction with peers	In 36 weeks, Student will initiate verbal conversation of 5 words or more with (one peer) during 6 th hour Exploratory class - across 4 of the 5 school days.	Sp Ed teacher will provide social skills training (initiating interactions with peers) using modeling & behavioral rehearsal. Gen Ed teachers will provide opportunities for peer interaction/support for social interaction.	School social worker will meet with the student twice a month for 20 minutes each session to teach cognitive behavioral strategies for social anxiety.
Panic attacks	In 36 weeks, the number of S's panic attacks at school will decrease from 5 to 1 per day for 5 consecutive school days.	Special education teacher will teach self-monitoring of panic triggers and self-breaking strategies for moments a panic attack is triggered.	School psychologist will meet with the student weekly for 30 minutes each session to provide exposure therapy and strategies for reducing anxiety.
Anger	In 36 weeks, S will independently use his 5-minute break when frustrated. Break behavior will increase from 1 to 7 times per week for 2 consecutive school weeks.	Special education teacher will teach self-breaking strategies for when anger is triggered.	School counselor will meet with the student weekly for 30 minutes to teach problem solving skills, deep breathing, and mindfulness techniques.



Augusta Public School, 110 LRP 17747, (SEA ME 2009). ★

HS S w/ OHI. SD: **counseling not offered as IEP service to any student; make access available, but not as IEP service. S to make appts. but counselor cancelled many.**

SD letter offered 2 or 3 times/wk : S permitted to use the bathroom or get drinks when needed, access staff to de-escalate. Counseling 1-2 times per week. IEP: cooling off periods, BIP w/ access to support staff, **but no counseling.**

SD: counseling not put in IEPs as a service; counselor available to all Ss. If IEP team decides S needs S of SP, then in IEP.

ALJ: "TROUBLING": If S needs counseling, must be in IEP. FAPE violation.

Barrington Borough Bd of Ed, (SEA NJ 2002).

10 year old S w/ autism. SD proposed **group counseling to replace Ss individual psychotherapy** provided by SD-hired psychiatrist for several years. P objected.

Individual psychotherapy= play therapy and talk therapy to help w/ internal and external conflict. S made progress, but leveled off. Psych: SD program superior to private weekly sessions. **S needed social and interpersonal skills and social skills pull out group would provide that.** Counselor in SD sessions: Direct knowledge of issues & could bring other Ss to discuss.

ALJ: SD proposal would provide benefit & FAPE but did not include **transition planning.** SD directed to provide minimum of 1 hr./week by psych for 3 month period.

Ross Valley SD (SEA CA 2014)

11 year old S w/ ADHD w/ concentration & anxiety issues
P claimed SD proposed IEP to transition S back from private school = limited behavior services and counseling

IEP offered behavioral services at start of year, **access as needed to counseling on request**, and a 1:1 aide. **NOTE: no mention what those behavior services would address.** SD expectation that 5th grader would **access** counseling on his own = unrealistic. SD own assessments (should be in PLAAFP) = S inattentive, anxiety & low self-esteem. Needs access to MH supports & counseling

For P: SD "needed to offer S, **as a related service**, school-based counseling to permit him to make meaningful educational progress." **Transition** would impact Ss MH; proposed behavior and counseling insufficient for FAPE.

Questions Parents Should Ask

Can you describe the specially-designed instruction S receives?
Specific examples? How does S respond?

Do you think S needs counseling as a related service?

Does S need a behavioral intervention plan [BIP]?

Have you considered assistive technology or communication supports that might help S ?

**PROGRESS
MONITORING
PLANS MUST
BE
SPECIFIED**

And
Implemented
with Fidelity

Systematic Direct Observation (SDO; Howe & Barnett, 2013).	Paper/pencil -event, interval, time sampling, recording	Trained observer or Teacher	Multiple times during day or week	Target behavior or Alternative Appropriate Behavior [IEP Team selected]
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Omidian v. Bd of Ed new Hartford Central SD (ND NY 2009) ★

Teenager w/ ODD P: SD failed to provide counseling; unilaterally enrolled in private school

PLAAFP: needs, performance levels, peer relationships, oppositional behavior, and anger issues

GOALS: clear & reflective of Ss needs & performance levels.; **demonstrating self-control, seeking support & alternative ways to express anger**

SDI: group counseling 1/wk and individual counseling 2/wk for impulse control, social skills, anger management.

PM: objectives had detailed **criteria** to monitor progress

For P: SD **failed to provide counseling in IEP**; denied FAPE. S needed regular therapeutic intervention & weekly counseling

G.S. v. New York City Dep't of Educ., (S.D.N.Y. 2016).

9 year old F w/ autism

P requested **music therapy**

SD offered **general counseling based on own psychoeducational eval, observations,**

Progress Monitoring: Reports showed S communicated verbally, participated in "purposeful emotional interactions," and understood own & others' emotions

SD proposed counseling benefitted S in > interpersonal social emotional skills.

McMinnville School District (SEA OR 2019)

13 year-old S w/ CD [aggression; defiance] & OHI
SD failed to implement IEP & provide counseling services in IEP.
Social/emotional problems > & impacted learning.

PLAAFP: needs supports and SDI to reduce her conduct problems, defiant behaviors, verbal and physical aggression & improve peer & adult relationships

GOAL: [w]hen given a frustrating situation (undesired task, demand; undesired peer behavior), with 1 prompt S will utilize coping strategies (i.e. take a break, deep breaths, etc.) return to & remain on task minimum of 10 minutes in all classes

SDI: 30 minutes/week for behavior & 170 for study skills & counseling 2x/month

SD denied FAPE. Comp ed: 14 hrs. counseling

Questions?