



**29 years
& counting**

**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**



July 6, 2015

Request from a colleague

>Why the disconnect between special education labels and DSM diagnoses?

Comments from a colleague:

>About initial experiences in rethinking student and learning supports

Featured Center Resources

>Resources for first steps in rethinking student and learning supports

#####

Please forward this to a few colleagues you think might be interested. The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of the weekly exchange, send an email to Ltaylor@ucla.edu

For previous recent postings of this community of practice, see <http://smhp.psych.ucla.edu/practitioner.htm>

#####

Note: In keeping with the 2015 National Initiative for Transforming Student & Learning Supports, this community of practice network has expanded in number of participants and topics discussed.* The thematic emphasis is on (1) daily concerns confronting those working in and with schools, (2) the transformation of student and learning supports, and (3) promoting whole child development and positive school climate.

R **request from a colleague:** “Why is there such a disconnection between IDEA classifications in schools and the DSM diagnoses given to children? Also, what impact has this in implementing appropriate mental health services in schools?”

C **enter Response:** This question arises frequently because the matter confounds parents, providers, and sometimes school staff and administrators. The following from the Children's Hospital of Philadelphia may help in understanding the matter:

Medical Diagnosis Vs. Educational Eligibility for Special Services: Important Distinctions...

<https://www.carautismroadmap.org/medical-diagnosis-vs-educational-eligibility-for-special-services-important-distinctions-for-those-with-asd/>

Excerpt:

"Parents are often surprised to learn that a medical diagnosis... does not automatically entitle a student to special education services under the Individuals with Disabilities Education Act (IDEA). Eligibility for special education services is based, rather, on an educational determination of a disability, which includes meeting not just the criteria for a specific disability ..., but also finding that a student is in need of special services.

Understanding the differences between a medical diagnosis and an educational determination of eligibility for special education services can help parents become better advocates for their children. A medical diagnosis... is made by a doctor or other specially trained clinician by using symptom criteria set in the Diagnostic and Statistical Manual of Mental Disorders (DSM), a book published by the American Psychological Association (APA)...The DSM requires that symptoms limit and impair everyday functioning, but this is to be interpreted broadly. By contrast, educational eligibility is decided by a team comprised of various school professionals and a student's parents. The team must find that the student qualifies for services under IDEA. To be eligible, IDEA requires that a student have at least one of 14 specified disabilities and be in need of special services.

... The primary difference between a medical diagnosis and an educational eligibility determination is the impact the condition has on student learning. The educational team (along with the parents) must conclude that autism interferes with learning and that the student needs special services in order to make academic progress. Because of this additional requirement, it is possible (and not infrequent) that a student has a medical diagnosis ... but is ineligible for special education. (Students who are found ineligible for special education may qualify for other services, such as accommodations, under the Rehabilitation Act of 1973.)

Impact on Services

Parents need to understand how each service system — medical and educational — will address treatment of their child The services and treatment options within each system are varied and target different skills. For example, the education system focuses on academic and functional skills, while it can be argued that the medical system attempts to address problems from a more global perspective. Treatment within the medical system usually consists of therapeutic interventions, such as behavior therapy, speech therapy, occupational therapy, individual counseling, or medication intervention to treat symptoms.... In the medical model, a diagnosis alone is usually sufficient to warrant treatment.... As discussed above, educational services, by contrast, require more than just a diagnosis; they require a finding that a student is in need of special services. Once it is determined that services are needed, the particular services received will be determined by an Individualized Education Program (IEP) team. Services may include some of the same interventions as used in the medical system (for example behavior or speech

therapy), as well as other supports and specialized educational placements as determined by the IEP team.

In summary, parents have a variety of options regarding treatment and have to decide whether to pursue treatment through the medical system, the education system, or both. If your concerns about your child are mostly behavioral and are mainly occurring in the home, then you might want to pursue psychological treatment first. If your child is having academic or behavioral difficulties at school, then you should pursue an evaluation through the school district to see what resources are available to your child. However, educational and medical services can be pursued simultaneously, which is often the best strategy for children...."

Listserv Participants: How do you deal with the multiple systems of labeling and the impact it has on schools, families, and students? Ltaylor@ucla.edu

#####

Comments from a colleague:

>About initial experiences in rethinking student and learning supports

“As a Supervisor of Special Education I agree that more needs to be done to unify the myriad of initiatives currently in schools. At the district level it is critical that educational and supervisory leaders in different district level departments work cooperatively and collaboratively toward a common goal. The district goals must articulated to meet not only the academic needs of students, but just as importantly to meet the social/emotional and behavior needs of our most at-risk students.

As part of a recent restructuring in our district under new leadership many of us have taken the opportunity to open the lines of communication between departments as directed by our new superintendent. This new line of thinking has caused us to move beyond our comfort zones and to gain a better understanding of how each of our individual department goals can be integrated to form a common goal of student success. Several department supervisors, including Curriculum and Instruction, Special Education, Child Welfare and Attendance, Safe and Drug Free schools/PBIS, and others work together to maintain policies and procedures to assist at-risk students and their families to continue to benefit from the educational resources available, both in school and within the community.

We accomplished this by holding collaborative meetings with common planning so that trainings and professional development sessions were held together and a common unified message is given to school level leaders and teachers. This takes extra time and effort but results in less confusion and fewer mixed messages.

Our efforts continue to evolve and support a more unified school improvement process. Admittedly, some departments have not yet climbed on board and still function in isolation. I believe this is in part due to a ‘delusion of control that remains from past practices. Some people hold on to the illusion that they must maintain tight control over their initiatives, rather than trust the collaborative processes that bring more diverse thinking and result in stronger buy-in and support from stakeholders.

It has been a slow process, but the fruits of our efforts are slowly falling into place. Since we are a fairly small school district (~8000 student), we do not have many resources. This causes us to work hard to make what we have count. We may not have started with a clear strategic plan, but our common vision has evolved into a school improvement process that will eventually yield positive results.”

#####

Featured set of Center Resources:

>Resources for first steps in rethinking student and learning supports

Here are a few resources that can be helpful to districts in getting started:

>Developing a Unified and Comprehensive System of Learning Supports: *First Steps for Superintendents Who Want to Get Started*

As increasing numbers of districts express interest in developing a unified and comprehensive system of learning supports, obviously superintendents are key to establishing this essential facet of school improvement policy and practice. Below we highlight a few strategic first steps as aids to superintendents initiating the process. These steps are drawn from experiences in working with districts across the country.

<http://smhp.psych.ucla.edu/pdfdocs/superstart.pdf>

>Mapping & Analyzing Learning Supports

A school improvement tool for moving toward a comprehensive system of learning supports.

<http://smhp.psych.ucla.edu/summit2002/tool%20mapping%20current%20status.pdf>

>What is a Learning Supports Leadership Team?

http://smhp.psych.ucla.edu/pdfdocs/resource_coord_team.pdf

Also see the resources in the *System Change Toolkit* –

<http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>

*For information about the *2015 National Initiative for Transforming Student and Learning Supports*, see <http://smhp.psych.ucla.edu/newinitiative.html>

***Equity of opportunity is fundamental to enabling civil rights;
transforming student and learning supports is fundamental to
enabling equity of opportunity and promoting whole child development***

***Please share relevant resources ideas, requests, comments, and experiences!
Send to ltaylor@ucla.edu***

***Note: Responses come only to our Center at UCLA for possible inclusion
in the next week's message.***

***We also post a broad range of issues and responses to the *Net Exchange* on
our website at***

<http://smhp.psych.ucla.edu/newnetexchange.htm>

and to *Facebook* -- access from the Center's home page

<http://smhp.psych.ucla.edu/>