Exceptional Teachers Teaching Exceptional Children

NASET
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Special Education Legal Alert

Perry A. Zirkel

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This month's update identifies two recent court decisions that respectively address (a) various FAPE issues, including predetermination, and (b) the problematic adjudicative hurdle of "exhaustion." For related publications and earlier monthly updates, see **perryzirkel.com**.

<table>
<tr><td colspan="2">In <i>G.A. v. Williamson County Board of Education,</i> an unpublished decision on March 25, 2022, a federal court in Tennessee addressed various IDEA FAPE issues, including "predetermination." The student, who had what the court characterized as "significant mental and physical challenges," attended a local private LD-oriented school from kindergarten through grade 6. Upon parental request for moving him to the district for grade 7 (2017–18), the district evaluated him and determined that he qualified for special education under the IDEA categories of autism and emotional disturbance (ED), notifying the parent that the part of the evaluation for hearing and sensory processing would take longer to complete. On the day before the 2017–18 school year started, the IEP team met and developed an IEP that proposed placement in the district's middle school. The parent rejected the IEP and notified the district of her decision to keep the child at the private school and seek tuition reimbursement. After a due process hearing decision in favor of the district, the parent filed an appeal with the federal court.</td></tr>
<tr><td>The parent's first claim was that the district inadequately evaluated the student's gross motor, sensory processing, and hearing needs.</td><td>Rejecting the rather nuanced criticisms of the parents, the court concluded that the district's evaluation was, per the IDEA regulatory requirement, "sufficiently comprehensive" with regard to each of these three areas.</td></tr>
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<table>
<tr><td>The parent’s second claim was that the district violated procedural requirements by failing to prior written notice for the supplemental hearing and sensory processing evaluations.</td><td>The court concluded that under the particular case circumstances, including the parent’s unclear communications and immediate withdrawal of the student, the district was not required to issue a prior written notice for either the hearing or sensory processing evaluations.</td></tr>
<tr><td>The parent’s next claim was that the district did not offer the IEP in a timely manner.</td><td>Although sympathizing with the parent, the court found that the district met the regulatory deadline of proposing the IEP before the beginning of the school year.</td></tr>
<tr><td>The parent’s primary claim was that the district exhibited the “closed mind” attitude that equates to predetermination of the decision to place the student in the district’s middle school.</td><td>Despite the pre-filled forms that listed the middle school as the proposed placement and the alleged practice of requiring a psychiatrist’s hospitalization prescription for private mental health placements, the court relied on the district’s offer for a second IEP meeting to discuss the parent’s placement proposal as disproving the predetermination claim.</td></tr>
<tr><td>The final claim was that the IEP goals, lack of percentile data, and failure to include counseling amounted to a substantive denial of FAPE.</td><td>Although mixing procedural and substantive claim categories, the court ultimately concluded that the IEP met the *Endrew F.* standard and the failure to share percentile data did not significantly impede the parent’s opportunity for meaningful participation in the development of the IEP.</td></tr>
<tr><td colspan="2">This decision illustrates the prevailing, but not uniform, view of courts in evaluating procedural and substantive claims of denial of FAPE, which tends to be rather holistic, non-nuanced, and distinct from professional best practice.</td></tr>
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<table>
<tr><td colspan="2"><i>T.B. v. Northwest Independent School District</i>, a federal court’s unpublished decision in early 2022, is the latest chapter in a long adjudicative saga. The story started in April 2017 when a teacher of a 10-year-old with an IEP for autism and ADHD allegedly knocked the child to the ground, dragged him across two classrooms, jumped on top of him, and kicked him in the chest in response to his latest of his “maladaptive behaviors.” The principal then allegedly placed the child handcuffed behind his back in a chair for more than two hours until law enforcement arrived and transferred him to juvenile detention center. A judge released him the next day with a no-contact order for the teacher. Almost a year and half later, the parent filed for a due process hearing under the IDEA, resulting in dismissal due to Texas’ then one-year statute of limitations. Next, alleging that the April 2017 incident was only part of continuing verbal and physical abuse of the child by the teacher and the paraprofessional, the parent filed suit in federal court under Section 504, claiming a disability-based hostile environment. In August 2019, the district court granted the district’s dismissal motion based on failure to exhaust administrative remedies, which was a due process hearing. In November 2020, upon the parent’s appeal, the 5th Circuit voted 2-to-1 to affirm the dismissal, concluding, per the Supreme Court’s <i>Fry</i> decision in 2017, the gist of the complaint was IDEA denial of FAPE. Next, the parent again attempted exhaustion by filing for a due process hearing, but the hearing officer granted a dismissal motion for lateness of the filing, i.e., being beyond the statute of limitations. Subsequently, rather than appeal the hearing officer’s ruling, the parent filed again in the federal district court including a claim under the ADA. The district defendants responded with a motion to dismiss, including an exhaustion defense.</td></tr>
<tr><td>Prior to the Jan. 25, 2022 decision, the judge confirmed the parent’s voluntary dismissal of the claims against the individual defendants. The focus then became the ADA claim.</td><td>The likely reasons for focusing on the district defendant are (a) in general, under the Section 504 and the ADA, institutions rather than individuals are the responsible parties; (b) one or more immunity defenses may have</td></tr>
</table>

	applied to the parent's Section 1983 and state claims; and (c) the school district is, by far, the "deeper pocket" for liability. The reason for focusing on the ADA may have been to increase the apparent difference from the IDEA.
First, in the Jan. 25, 2022 decision, the judge rejected the defendants' exhaustion basis for the motion to dismiss the ADA claim.	Largely tracking the dissent's analysis in the 5th Circuit's aforementioned Nov. 2020 decision, including the purported "physical abuse" exception in footnote 9 of the *Fry* decision, the judge concluded that the ADA claim was outside the ambit of the IDEA's exhaustion requirement.
Second, the judge rejected the defendants' alternate basis of the dismissal motion—issue preclusion based on the 5th Circuit's decision.	Nailing shut its denial to dismiss the ADA claim, the judge concluded that the 5th Circuit's decision did not preclude litigating this issue because (1) the majority opinion did not specifically address the ADA claim, and (2) it ruled on whether the parent exhausted IDEA remedies, not whether the ADA claim required exhaustion.
This ongoing saga illustrates the problem of providing equitable and efficient dispute resolution under the overlapping framework of the IDEA, Section 504, and ADA, in the various steps of the "exhaustingly" ponderous and complicated adjudicative process.	

Buzz from the Hub

All articles below can be accessed through the following links:

https://www.parentcenterhub.org/buzz-june2022-issue2/

https://www.parentcenterhub.org/buzz-2022-may/

https://www.parentcenterhub.org/buzz-april2022-issue1/

https://www.parentcenterhub.org/buzz-march2022-issue1/

https://www.parentcenterhub.org/buzz-feb2022-issue2/

https://www.parentcenterhub.org/buzz-feb2022-issue1/

https://www.parentcenterhub.org/buzz-jan2022-issue2/

An Action-Packed Year for Parent Centers | Here's the infographic CPIR produced with the data you submitted. It's 2 pages (designed to be printed front/back to become a 1-page handout or mini-poster). It's a stunning portrait of what can be achieved by a few, extremely dedicated people for the benefit of so many.

Adaptable Infographic for Parent Centers to Use | This infographic is designed so you can insert just your Center's numbers, data results, and branding into key blocks of information. Adapt the PowerPoint file, and shine the spotlight on the work of your Center!

Quick Guide to Adapting the Infographic | This 2-page guide shows you where to insert your Center-specific information, just in case having such a "checklist" would be helpful.

PTAs Leading the Way in Transformative Family Engagement
*(Also available in Spanish: **Las PTA lideran el camino en la participación familiar transformadora**)*
Drawing from research findings and best practices for family-school partnerships, this 11-page resource explains the guiding principles of the 4 I's of transformative family engagement

(inclusive, individualized, integrated, impactful) and shares strategies local PTAs can use as a model to implement these principles in their school community.

Summer and Sensory Processing Issues

(Also available in Spanish: ***El verano y los problemas de procesamiento sensorial****)* | Why can summer be a difficult time for kids with sensory processing issues? What can parents do to help kids stay comfortable in overstimulating outdoor activities?

Ideas to Engage Students with Significant Multiple Disabilities in Activities During the Summer Holidays

Here are fun ideas for summer activities for children with significant multiple disabilities and visual impairment, including sensory trays, art activities, books, music, and toys.
Two more, with titles speakin for themselves?

Babies and Toddlers Indeed!

This landing page serves as a Table of Contents and offers families and others many options to explore, including an overview of early intervention, how to find services in their state for their wee one, parent rights (including parents' right to participate), the IFSP, transition to preschool, and much more.

Just want an quick step-by-step overview of early intervention?

To give families the "big picture," share the 2022 update *Basic Steps of the Early Intervention Process* with families.

For Spanish-speaking families

CPIR offers a landing page called *Ayuda para los Bebés Hasta Su Tercer Cumpleaños*. Beginning there, families can read about early intervention, the evaluation process for their little one, writing the IFSP, and the value of parent groups and suggestions for where to find them.

10 Basics of the Special Education Process under IDEA

*In Spanish (****Sobre el proceso de educación especial****)*

Your Child's Evaluation (4 pages, family-friendly)
*In Spanish (**La evaluación de su niño**)*

Parent Rights
*In Spanish (**Derechos de los padres**)*
Landing page, again, this time to a simple list of each of the parental rights under IDEA, with branching to a description about that right. Surely a bread-and-butter topic for parents!

All about the IEP Suite
*(**Similar info about the IEP in Spanish**)* The landing page gives you and families numerous branches to explore, beginning with a short-and-sweet overview of the IEP, a summary of who's on the IEP team (with ever-deepening information below and branching off), the content of the IEP (brief summary first, then in-depth discussion thereafter), and what happens with the IEP team meets.

Placement Issues
*(**Basic info about placement in Spanish**)* Again, start with the main landing page for this bread-and-butter topic. Take the various branches, depending on what type of info the family is seeking at the moment. Branches include: a short-and-sweet overview to placement, considering LRE in placement decisions, school inclusion, and placement and school discipline.

CPIR Resource Collections and Info Suites
The resources listed above cover just a few of the topics that Parent Centers often address. For a more robust index of key topics, try the *Resource Collections and Info Suites* resource, which will point you to where other resources on key topics are located on the Parent Center Hub.

Advancing Equity and Support for Underserved Communities
In keeping with President Biden's Executive Order, signed on his first day in office, federal agencies have now issued Equity Action Plans for addressing equity issues in their individual

agency scope and mission. These plans are quite relevant to family-led and family-serving organizations, especially plans from the Departments of Education, Justice, and Health and Human Services.

Fast Facts: Students with disabilities who are English learners (ELs) served under IDEA Part B

OSEP's *Fast Facts* series summarizes key facts related to specific aspects of the data collection authorized by IDEA. This newest *Fast Facts* gives you data details about students with disabilities who are also English learners. (Want to see what **other *Fast Facts*** are available?)

Asian Americans with Disabilities Resource Guide

The *Asian Americans With Disabilities Resource Guide* was designed for Asian American youth with disabilities, allies, and the disability community in mind, in response to the significant information gap about Asian Americans with disabilities. Chapters include Advocacy 101, Accessibility, Culture, Allyship, and Resources.

Strategies for Partnering on Culturally Safe Research with Native American Communities

To identify strategies for promoting cultural safety, accountability, and sustainability in research with Native American communities, Child Trends assessed peer-reviewed and grey literature (e.g., policy documents and guidelines). Findings? To rebuild trust and improve health outcomes, research collaborations with Native American communities must be community-based or community-engaged, culturally appropriate, and recognize tribal sovereignty in the collection and use of data.

Understanding Screening

This toolkit helps educators and parents learn about screening and how screening can help determine which students may be at risk for reading difficulties, including dyslexia. From the National Center on Improving Literacy.

Inside an Evaluation for Learning Disorders

*(Also available in Spanish: **Un vistazo a una evaluación para los trastornos del aprendizaje**)*

If a child is struggling in school, the first step to getting help is an evaluation. A learning evaluation can give parents and the child's teachers valuable information about the child's strengths and weaknesses. It can also reveal what kind of support would be helpful. A full evaluation is necessary for a child to be diagnosed with a learning disorder. To help parents understand the process, the Child Mind Institute and Understood.org teamed up to create this 20-minute video that walks us through the evaluation process.

Education Data 101

*(Also available in Spanish: **Datos educacionales: Nociones básicas**)*

This FAQ on data shares resources you need to understand why education data is a critical tool for supporting individuals, families, educators, and communities. From the Data Quality Campaign.

Parents Are Getting Access to Student Data, But How Can We Support Them to Use It?

With the right supports, parents can be savvy data consumers who actively engage with their students' data. In many places around the country, school leaders are already taking creative measures to bridge this gap between simple communication and engagement. This article highlights examples.

Sharing Info about State Assessments with Families of Children with Disabilities

(Also available in Spanish)

In February, CPIR teamed with NCEO to spotlight NCEO's amazing new resource, the *Participation Communications Toolkit*. The highly customizable toolkit is designed for stakeholders to use in discussing and making decisions about how children with disabilities will participate in state assessments.

Q&A on Serving Children with Disabilities Placed by Their Parents in Private Schools

(Also available in Spanish)

This OSEP webinar for Parent Centers answers questions about states' obligations to provide equitable services (versus FAPE) to children with disabilities who are placed in private schools by their parents. Simultaneous Spanish interpretation was also provided. Find the 2 YouTube videos, a PDF of the presentation slides, the guidance document, and more at the link above.

The Importance of Community in Indigenous Peoples' Healing

In this March 2022 blog post, the National Alliance for Mental Illness (NAMI) reflects on the power of community in Native American life, saying "Being an active part of a community that allows us to feel seen is truly an invaluable feeling. When we feel seen and connected as humans, our healing expands."

The Incredible Power of Purpose

(Also available in Spanish: ***Cómo ayudar a un nino a encontrar su propósito****)*

Having a clear sense of purpose in life has unlimited benefits for a child. This Great Schools resource includes a worksheet/activity designed to help teens explore and define their unique purpose in life.

Mental Wellness in the Black Community

From the National Alliance on Mental Illness (NAMI), Sharing Hope is a 3-part video series that explores the journey of mental wellness in Black communities through dialogue, storytelling, and guided discussions.

Compartiendo Esperanza: Mental Wellness in the Latinx Community

Also from NAMI comes *Compartiendo Esperanza*. It, too, is a 3-part video series, this one focusing on mental wellness in Hispanic/Latino communities, through dialogue, storytelling, and guided discussions

Native Hope: Reflecting on Our Foundations

Understanding Native American culture is critical when conducting outreach to tribes, communities, and Native families with children who have disabilities. **Native Hope** is a resource that helps Native communities meet their needs. It also offers candid and poignant articles on its website that can enrich Parent Center understanding of Native American history, culture, and values, both historically and in the present.

Sharing Info about State Assessments with Families

(Also available in Spanish) Riches, indeed, are shared in this Febrary 11th CPIR webinar, which focuses on NCEO's new (and quite amazing!) resource, the *Participation Communications*

Toolkit. You'll love the toolkit; it's designed for stakeholders of all stripes to use in discussing and making decisions about how children with disabilities will participate in state assessments. The webinar highlights the role that Parent Centers in particular can play in supporting the family's role as one of the primary decision makers about their child's participation.

Return to School | Child Find and Early Intervention Services

(Also available in Spanish) This February 2nd webinar features presenters from OSEP as they elaborate on two of OSEP's recent *Return to School Roadmaps*, both focused on Part C: (1) Child Find, Referral, and Eligibility; and (2) Provision of Early Intervention Services. Both roadmaps are also available in Spanish, as is this webinar.

Introduction to the Vocational Rehabilitation Program

(Also available in Spanish) Want to learn more about the services available from the vocational rehabilitation system for people with disabilities? Check out this January 24th webinar from the RAISE Center. It covers eligibility, developing the Individualized Plan for Employment, available services, and financial factors to consider. Links to the captioned English and Spanish versions are given at the bottom of the page linked above.

Honoring Black History Month: Unsung Heroes of the Disability Rights Movement

The month of February is dedicated to honoring the long history of Black Americans and their many contributions to society. In this article, NCLD (National Center for Learning Disabilities) highlights the stories of Black heroes whose vision, commitment, and activism helped advance progress for people with disabilities.

Plain Language Made It Easy

(Also available in Spanish) | The RAISE Center and PEATC (Virginia's PTI) collaborated to develop this resource guide and video in English and Spanish to assist people in making their documents accessible to everyone.

Federal Funding Support Specifics

In March 2021, the American Rescue Plan (ARP) Act was signed into law. It included $122 billion for states and school districts to help safely reopen and operate schools and address the impact of the pandemic on students. Want to know more about ARP funding for your state? How about what your state proposed to do with those funds? Find out at the link above, posted by the Office of Elementary and Secondary Education at the U.S. Department of Education.

The Department's January 2022 press release on the approval of all state plans and the distribution of funds to states highlights what SEAs and school districts are doing to address the urgent needs of their schools with ventilation improvements, staff hiring and retention, mental health services, high-dosage tutoring programs, after-school and summer learning partnerships, and more.

Support for COVID-19 Screening Testing in Schools

Heard of the ELC at the CDC? In April 2021, it awarded $10 billion from the ARP on behalf of CDC to 62 recipients to support COVID-19 screening testing and other mitigation activities in K–12 schools for teachers, staff, and students. Use the USA map to find out about the screening programs and plans in your state. Funding is available through July 31, 2022.

Competitive Integrated Employment (CIE) Toolkit

This toolkit is a resource for educational and vocational rehabilitation agencies in improving post-school employment outcomes for students with disabilities. It's meant to facilitate the collaboration necessary to implement secondary transition services across agencies at the state, community, and student levels and increase the use of evidence-based practices (EBPs). From NTACT, the National Technical Assistance Center on Transition.

Pros and Cons of Disclosing a Disability to Employers

(Also available in Spanish: ***Ventajas y desventajas de revelar a los empleadores que tiene una discapacidad****)*

Starting a new job can make teens and young adults feel excited, independent, and maybe nervous. They're expected to learn new skills and routines, interact with new people, and make decisions. One of the biggest decisions is whether to tell their employer about any learning and thinking differences.

School Inclusion

Inclusion is part of a much larger picture than just placement in the regular class within school. It is being included in life and participating using one's abilities in day to day activities as a member of the community. Inclusion is being a part of what everyone else is, being welcomed and embraced as a member who belongs It is being a part of what everyone else is, and being welcomed and embraced as a member who belongs. Inclusion can occur in schools, churches, playgrounds, work and in recreation.
—Kids Together, Inc.

What is inclusion?
Visit Kids Together, which offers a wide range of materials on inclusion—its components, its benefits, rights to regular education, the role that assistive technology can play, and much more.
http://www.kidstogether.org/componentsofinclusion.htm

Are IDEA's LRE provisions a mandate for inclusion?
Read *Considering LRE in Placement Decisions* and you'll have your answer. (LRE stands for "least restrictive environment.")
https://www.parentcenterhub.orgplacement-lre/

Video | What is inclusion and why is it important?
Ms. Lawrence, the principal of Central Middle School, is eager to learn more about inclusion. At her superintendent's suggestion, she sets up a meeting with Mr. Sherman, the principal at Monet High School. Watch this 4-minute video to find out what happens during their meeting.
https://iris.peabody.vanderbilt.edu/module/inc/cresource/q1/p01/

4 benefits of inclusion classrooms | *Available in English and Spanish.*
From Understood, this article is short and point to the point.

English | **https://www.understood.org/en/learning-attention-issues/treatments-approaches/educational-strategies/5-benefits-of-inclusion-classrooms**
Spanish | **https://www.understood.org/es-mx/learning-attention-issues/treatments-approaches/educational-strategies/5-benefits-of-inclusion-classrooms**

Inclusive education.

From PBS Parents, this online article quickly goes over the principles of inclusive education, its benefits, common misconceptions, and how to make inclusion a reality.

http://www.pbs.org/parents/education/learning-disabilities/inclusive-education/

Signs of an inclusive school: A parent's perspective on the meaning and value of authentic inclusion.

This article, written from a parent's perspective, highlights a series of questions that school leadership, educators, and families can ask themselves in reflecting on whether their schools offer authentically inclusive experiences. Included are strategies and ideas that schools have used with this parent's child to create and strengthen academically and socially inclusive educational opportunities for all students.

https://eric.ed.gov/?id=EJ967740

Videos | 10 examples of inclusion: For those who need to see it to believe it.

Here are 10 videos that are good examples on how particular schools put inclusion into practice.

http://www.friendshipcircle.org/blog/2014/02/05/10-examples-of-inclusion-for-those-who-need-to-see-it-to-believe-it/

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Creating an inclusive school environment: A model for school leaders.

This training module offers a general overview of the concepts that principals should consider when creating inclusive schools (est. completion time: 2 hours).

https://iris.peabody.vanderbilt.edu/module/inc/

Common sense tools: MAPS and CIRCLES for inclusive education.

From the Inclusion Network, this article describes in some detail two strategies teachers can use to fuel a successful inclusive education for all students. MAPS is a collaborative action planning process that brings the key actors in a child's life together. CIRCLES of Support is an approach to understanding and building relationships with each other.

https://inclusion.com/1992/common-sense-tools-maps-and-circles-for-inclusive-education/

Q: What does inclusion really look like? Answers from a 2nd grade classroom.

Interesting read!

http://www.swiftschools.org/talk/q-what-does-inclusion-really-look-like-answers-from-a-second-grade-classroom

Resource package | Inclusive academic instruction.

This resource package (which begins with a video) focuses on how inclusive academic instruction provides a variety of instructional and assessment options that meet every student's needs and promote learning. Comes with a discussion guide, PowerPoint presentation, and steps to get you started.

http://guide.swiftschools.org/multi-tiered-system-of-support/inclusive-academic-instruction

Resource package | Inclusive behavior instruction.

Inclusive behavior instruction is a proactive approach to teaching social and behavior skills. Schoolwide interventions identify instructional priorities using multiple sources of data, prevent behavior challenges, and provide social and behavior supports. This resource package (which starts with a video) shows how inclusive behavior instruction is a proactive approach to teaching social behaviors that emphasizes positive goals and expectations so all students can successfully manage their behavior. Comes with a discussion guide, PowerPoint presentation, and additional resources.

http://guide.swiftschools.org/multi-tiered-system-of-support/inclusive-behavior-instruction

U.S. Department of Education Announces Engage Every Student Initiative to Ensure Every Student Has Access to High-Quality Learning

To support President Biden’s call last week for schools to use American Rescue Plan funds to support summer learning and afterschool programs, the U.S. Department of Education is announcing the Engage Every Student Initiative. The Initiative will help communities utilize American Rescue Plan funds alongside other state and local funds to ensure that every child who wants a spot in a high-quality out-of-school time (OST) program has one. This announcement coincides with National Summer Learning Week.

"Quality out-of-school time programs have always supported students' academic, social, and emotional growth, but as we recover from the pandemic, these opportunities have never mattered more," said Secretary Miguel Cardona. "We need bold action, especially for low-income students and students of color who have historically struggled to access quality afterschool programs and rich summer learning experiences. This new partnership cements the Department of Education's commitment to ensuring that more students have access to meaningful, enriching out-of-school programming, not just some of the day, but all day, all year round."

The U.S. Department of Education is announcing a public-private partnership with five coordinating organizations: the Afterschool Alliance, The National Comprehensive Center, the National League of Cities, The National Summer Learning Association, and AASA, the School Superintendents Association who will work with more than 20 allied organizations to ensure that students have access to these critical learning and development opportunities year-round.

The Initiative will encourage and support schools, districts, local elected officials, local government agencies, community-based organizations, states, and others connected to out-of-school time efforts to take up ED’s call to action on universal access, and to encourage the utilization of American Rescue Plan resources in addition to other federal, state, and local resources to support access to out-of-school time as an evidence-based strategy to support student recovery from lost instructional time during the pandemic.

The National partners will provide coordinated support by organizing the technical assistance offerings in one centralized, readily available location to navigate for those who are not familiar with particular interventions or programs.

Secretary Cardona will make the announcement in opening remarks at an Engage Every Student event today at the U.S. Department of Education. This will be followed by pre-recorded remarks by U.S. Secretary of Labor Marty Walsh and panels that include educational leaders from various partner organizations. Following the program, students from high schools and colleges from across the country, will participate in the event and in an ice cream social. The event will conclude with closing remarks from U.S. Deputy Secretary of Education Cindy Marten. A livestream of the event can be found here.

"At the Department of Labor, we are committed to providing young people with workforce opportunities that put them on the road to success. I am proud of programs such as Workforce Pathways for Youth, as well as the Department of Education’s Engage Every Student Initiative, that expand summer jobs, career exploration, apprenticeships, and so much more. I am grateful for the partnerships—in and out of government—that make this work possible," said U.S. Secretary of Labor Marty Walsh.

This announcement builds on the more than two decades of work to build and grow the 21st Century Community Learning Center Initiative that began in 1997. Now through the American Rescue Plan funds, schools and districts are further able to expand access to out-of-school time programs that support student learning and have lasting, positive impacts on youth development. Today, the Department is also announcing new resources to support out-of-school time including:

- A $3-4 million dollar contract that will be awarded in FY2023 to provide best practices in program implementation for summer and out-of-school time.
- A new tool from the Institute of Education Sciences to support states, districts or programs in building and using evidence to implement afterschool and summer learning programs. This tool is part of IES’ Evidence-based Practices for Renewal and Recovery, which curates evidence, tools, and other materials from a wide range of sources—showcasing the use of evidence-based practices in this period of recovery and renewal to

> improve outcomes for all learners, especially those that education systems have historically underserved.

Importantly, this initiative centers on elevating and expanding quality out-of-school time programs. Quality out-of-school time programs are well-planned and well-implemented and center opportunities for enrichment and social engagement alongside academic achievement, helping students build connections to their peers and in their schools.

For additional information about ED's out-of-school time work visit www.ed.gov/ost.

U.S. Department of Education Announces $68 Million in Grants to Support Students Through Full-Service Community Schools

Last month, the U.S. Department of Education released a Notice Inviting Applications for the Full-Service Community Schools (FSCS) grant program that provides academic support and strengthens connections among schools, parents and families, and their surrounding communities. This program aligns with the priorities and vision set forth by the Biden-Harris Administration and U.S. Secretary of Education Miguel Cardona in support of high-quality educational opportunities for all students.

Full-service community schools play an important role in providing academic supports, integrated health and social services, and engagement opportunities to students while also creating stronger connections between families, communities, and their local public schools. These priorities align with the Biden-Harris Administration's work to scale evidence-based approaches to support students' academic, social, emotional, and physical well-being. President Biden requested Congress increase funding for the FSCS Program to $468 million in his fiscal year 2023 budget.

"When we invest in Full-Service Community Schools, we invest in the success of students, the well-being of families, and the strength of entire communities," said Secretary Miguel Cardona. "These grants will help community schools provide quality wraparound services to students and their families, from access to health care and nutritional assistance, to tutoring and enrichment opportunities, to mental health supports and violence prevention programs. For low-income rural and urban communities hit hard by the pandemic, Full-Service Community Schools will help us meet the holistic needs of students, drive our recovery, and pave the way to a more equitable future."

The Department released the Notice of Final Priorities, definitions, and requirements for the FSCS competitive grant program as well as the Notice Inviting Applications. The program will award $68 million to support community schools across the country. Through this commitment, the Department will help spur the planning and capacity-building, development, implementation, operation, and coordination of effective services for children and families, particularly in urban and rural areas with high rates of poverty.

The Full-Service Community Schools Program requires grantees to provide a continuum of coordinated supports to students that include social, health, nutrition, and mental health services and supports. The new program priorities emphasize quality implementation of the four pillars of community schools: integrated student supports that address out-of-school barriers to learning through partnerships with social and health service agencies and providers; expanded and enriched learning time and opportunities; active family and community engagement; and collabortive leadership and practices.

Additionally, three priorities were included to assist in scaling programs from their capacity-building or developmental phase to district and statewide phases. Recognizing the impact of school and community safety on learning, the Department is also interested in applications that are coordinating across multiple agencies and organizations to address community violence prevention and intervention.

"I'm not Prepared:" Experiences of Professionals Working with Students with Disabilities and Co-occurring Mental Health Disorders

Megan Fujita, Ph.D., MSW

Grace L. Francis, Ph.D.

Jodi Duke, Ed.D.

George Mason University

*****Note: This article is from the 2022 Spring/Summer edition of the Journal of the American Academy of Special Education Professionals (JAASEP)**

Abstract

Despite policies providing resources to students with disabilities (SWD), high school and college SWD are diagnosed with co-occurring mental health disorders (D/MH) at higher rates than their peers without disabilities. As these adolescents transition into young adulthood, education professionals become increasingly important in providing support and resources. As such, the purpose of this study was to examine high school and higher education professionals' perceptions related to factors exacerbating mental health among students with D/MH and barriers in supporting students with D/MH. Using a basic interpretive approach, researchers analyzed data from interviews and focus groups. Participants identified (a) missed diagnosis and unmet needs, (b) academic and social pressure, and (c) high school transition as factors exacerbating student mental health needs. They identified (a) professional tension, (b) limited training and professional development, and (c) structural barriers in schools as barriers limiting ability to support students with D/MH. Implications for practice and future research are discussed.

Keywords: disability, mental health, young adult, college, high school

"I'm not Prepared:" Experiences of Professionals Working with Students with Disabilities and Co-occurring Mental Health Disorders

High school and college students with disabilities (e.g., a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment; Rehab Act of 1973) experience co-occurring mental health disorders such as depression, bipolar disorder, and generalized anxiety disorder at higher rates than their peers without disabilities (Blake, 2017; Poppen et al., 2016). The impact of co-occurring mental health disorders often become more significant as children with disabilities enter adolescence and young adulthood (White et al., 2010) and may result in challenges with executive functioning, social interactions, academic achievement, self-regulation, and setting and following daily schedules (Eddy et al., 2015; Pugliese & White, 2014). For some high school and college students with disabilities and co-occurring mental health disorders (D/MH), such challenges result in dropping out of school, experiencing difficulty finding and maintaining employment, and trouble developing meaningful relationships (Anastopoulous & King, 2015).

Secondary and higher education policies are paramount to supporting students with D/MH. The Individuals with Disabilities Education Act (IDEA; 2004) is a federal education law that supports eligible students with D/MH in receiving an Individualized Education Program (IEP) throughout elementary, middle, and high school (IDEA, 2004). However, for individuals with disabilities transitioning to postsecondary education, IDEA no longer applies. As students with D/MH enter higher education they may receive services through Section 504 of The Rehabilitation Act (Section 504; 1973). Section 504 is a federally mandated civil rights law which serves to protect students with D/MH by requiring institutions to provide services and accommodations through a university disability support office.

Despite these laws and provisions, students with D/MH consistently experience diminished outcomes compared to their peers with and without diagnoses, including diminished graduation and completion rates, and fewer employment opportunities (Bureau of Labor Statistics, 2018; Mader & Butrymowicz, 2017; National Center for Education Statistics, 2019). The unique barriers and challenges students with D/MH experience in higher education (e.g., social isolation, executive functioning challenges) may contribute to these disparities. Specifically, a lack of research-based interventions to supporting students with D/MH contributes to these barriers (Francis et al., 2017).

While there is a growing body of work related to mental health support among high school and college students, there is limited research specifically focused on improving the mental health of students with D/MH (Al-Yagon, 2015; Poppen et al., 2016). Specific gaps in the literature relate to immediate and long-term outcomes of well-being interventions (e.g., mindfulness, exercise, peer social support) (Anastopoulos & King, 2015; Francis et al., 2018) as well as family support for students with D/MH (Al-Yagon, 2015). Additionally, existing research must be implemented by professionals with clinical licensures (e.g., clinical psychologists, social workers; Francis et al., 2019), making it inaccessible to high school and higher education professionals.

As a result, professionals working in high school and higher education settings report feeling unprepared to support students with D/MH in developing meaningful accommodations and coping strategies. This is problematic, as high school and higher education students with D/MH are expected to develop self-determination and advocacy skills, and begin to take responsibility for managing their own lives, including their disability and mental health-related needs (Francis et al., 2020).

For students with D/MH, unmet needs and growing expectations for independence require ongoing family support and guidance (Francis et al., 2020). As a result, while students with D/MH are expected to transition to the role of self-advocates, family caregivers are simultaneously expected to shift their role from advocates for their adolescents (e.g., making decisions for students) to advisors for their young adults (e.g., making decisions *with* students or guiding students to make decisions; Francis et al., 2017). However, this transition is stressful and challenging for family caregivers of students with D/MH (Francis et al., 2020; Schiltz et al., 2018). In particular, parents note that supporting the mental health of their adolescents and young adults with D/MH is challenging and that unaddressed mental health needs are exceedingly detrimental to the overall family quality of life (Francis et al., 2020). However, professional guidance and support, including the guidance of education professionals, can ease family stress (Francis et al., 2017).

As adolescents transition into young adulthood and families transition from advocates to advisors for their young adults, the education professionals who work with these students become increasingly important in providing support and resources such as referrals to school-based services, facilitating social supports, and helping students secure accommodations (Grogan, 2015). However, adolescents and young adults with disabilities have described the failure of high schools and universities to provide adequate mental health support for individuals with disabilities (Francis et al., 2019).

For that reason, examining the perceptions of high school and higher education professionals working with high school and college students with D/MH provides potential to better understand existing mental health barriers, resources, and supports for students with D/MH, thus identifying viable solutions and implications for practice. Therefore, the purpose of this study was to examine high school and higher education professionals' perceptions of (a) factors exacerbating mental health among students with D/MH and (b) barriers experienced in supporting students with D/MH.

Method

Two white, English-speaking female special education faculty members served as principal investigators for this study. The investigators took different approaches to recruit participants, including convenience sampling, purposeful selection, and snowball sampling. All interested participants were offered the option to engage in a private interview or a focus group with other high school or higher education participants, respectively, to increase participant level of comfort sharing information (Cresswell, 2009).

High School Recruitment

High school recruitment involved convenience sampling and purposive selection, as the investigators sent recruitment emails to high school teachers and administrators with whom they had previous discussions regarding the importance of adolescent mental health. The recruitment email included the purpose of the study, contact information for the primary investigators, and a link to a confidential Doodle poll that the investigators used to schedule interviews or focus groups (depending on participant preference indicated on the poll). The investigators also used snowball sampling by encouraging high school participants to distribute the recruitment email to other high school professionals with experience working with adolescents with D/MH. However, no additional high school professionals completed the Doodle poll.

Higher Education Recruitment

The principal investigators recruited higher education professionals via convenience sampling by selecting one public university and one community college located in the mid-Atlantic region of the U.S. based on existing relationships with the directors of Disability Support Offices (DSO) at these institutions. These DSO "gatekeepers" engaged in previous research activities with the principal investigators related to college students with D/MH (i.e., distributing research information to student listservs). As a result, they were familiar with the needs of young adults with D/MH and had access to other higher education professionals who may be willing to participate. .

For this study, the university DSO director identified four departments that had the largest number of students registered with the DSO (i.e., departments of computer science, nursing, social work, and psychology). The investigators used this information to email university department chairs, asking them to distribute a recruitment email to department faculty. Similar to high school recruitment, the email included the purpose of the study, contact information for the primary investigators, and a link to a confidential Doodle poll that the investigators used to schedule interviews or focus groups. Two department chairs agreed to distribute the email via department listservs. The investigators sent a reminder email, but did not receive a response from the remaining department chairs. Finally, the university DSO director agreed to distribute a recruitment email to other DSO staff members. The community college DSO director was unable to provide information on the highest distribution of students registered with the college DSO across academic programs. However, the director agreed to distribute the recruitment email to other DSO and university life staff.

Participants

A total of 13 individuals participated in this study. Seven higher education participants completed the Doodle poll, (*n*= 3 community college staff and *n*= 4 university staff), indicating their desire to participate in a focus group. Of the 15 high school professionals the investigators contacted, seven completed the Doodle poll to participate (one email was undeliverable). However, one individual later excused herself from the study due to extensive administrative responsibilities, leaving six remaining high school professionals.

High school participants primarily served as special education teachers, with the exception of two administrators. The length of time participants reported working in their current positions ranged from one to 12 years. All participants reported their gender as female, their first language as English, and their race/ethnicity as White/Caucasian.

All higher education participants served administrative roles at their institutions. Such roles included director of service offices, disability service counselors, and directors of disability-specific programming. The length of time participants reported working in the current position ranged from two to 10 years. Six of the seven participants reported their gender as female, three reported their race/ethnicity as White/Caucasian, one reported Hispanic or Latinx, one reported Black/African American, and one reported Multiple Races or Ethnicities. One participant reported their first language as Spanish, while the rest reported English.

We held three focus groups, one focus group consisting of four high school professionals from four high schools near the university, one focus group consisting of four participants from the university, and one focus group consisting of three participants from a nearby community college. We also held two interviews with high school teachers from two different schools (one preferred to meet one-on-one and one was unable to make the focus group).

Data Collection

The data collection and analysis team consisted of the two principal investigators and a white, English-speaking female doctoral student with a social work background studying education policy. Seeking to understand the lived experiences of professionals working with students with D/MH, the team used a basic interpretive approach (Patton, 2002) to conduct and analyze interview and focus group data. Focus groups were conducted in-person to build rapport and grasp non-verbal communication (Opdenakker, 2006). Individual interviews were conducted via phone at the preference of participants. Focus groups were conducted in a private room on the principal investigators' university campus and phone interviews were conducted in a private office on the investigators' university campus. Focus groups and interviews were recorded with participant consent. Interviews lasted an average of approximately one hour, while focus groups lasted an average of approximately two hours. The investigators provided refreshments during focus groups, but did not otherwise incentivize participation.

The principal investigators began focus groups and interviews by reviewing the purpose of the study, including risks and benefits, prior to seeking written consent. They utilized a semi-structured interview protocol, developed from previous research with students with D/MH (Francis et al., 2017; Francis et al., 2019). The protocol included questions related to (a) professional background, (e.g., "Tell us about your work setting and students you work with."); (b) professional experiences supporting students with D/MH, (e.g., "Can you describe your experiences providing or observing support for students with disabilities and mental health disorders at school?"); (c) effective mental health strategies, (e.g. "Can you discuss successful strategies you have used with your students, or heard about others using?"); (d) barriers to providing mental health support, ("Have you experienced barriers to providing effective mental health supports to students with disabilities and mental health disorders?"); and (e) ideal mental health support, ("What would ideal mental health support look like for students with disabilities and mental health disorders?").

Focus groups and interviews were facilitated by one principal investigator, while the remaining researchers took field notes about the discussion, including nonverbal cues, major themes that emerged, and participant questions. The research team concluded focus groups and interviews with member checks by utilizing field notes to review major ideas recorded by the co-facilitator. During this time, the facilitators invited participants to clarify or expand on any of the themes presented. In addition, the research team convened after each focus group and interview to discuss and researcher memos, including emerging themes.

Analysis

Focus group and interview recordings were professionally transcribed. Following transcription, the graduate research assistant cleaned the transcripts, reading line-by-line while listening to the original recordings. During this time, the assistant also de-identified and checked transcripts for accuracy and compared the transcripts to field notes and research memos. This process was designed to capture a general sense of the data and ensure the transcripts represented the context of participant information (Creswell, 2009).

The team engaged in basic thematic analysis (Merriam & Tisdell, 2016), beginning with open coding. During this stage of analysis, all team members independently read the same transcript and identified keywords and phrases, as well as descriptive categories. After individual analysis, the team reconvened to discuss instances when keywords, phrases, and categories converged or differed. This process facilitated the development of an initial codebook (Cresswell, 2009). To further develop and verify the initial codebook, the team read another transcript independently, using the codebook as a general guide. They again reconvened to discuss the relevance of subthemes under categories (e.g., if they were still relevant or could be collapsed), if new themes or subthemes emerged, or if the original themes required editing (e.g., phrasing, definitions). During this process, the team developed rich descriptions for each category and subtheme so that additional transcripts could be recoded using a finalized codebook. The team utilized NVivo qualitative software (QSR International, 2020) to recode transcripts using the final codebook. The team also continued to meet weekly to debrief on analysis procedures and findings until all data were analyzed. During this period, the team did not identify new themes or categories.

Trustworthiness

The team employed several strategies to ensure trustworthiness of data collection and analysis. First, during the interview process, the team used open-ended questions to encourage participants to discuss their experiences freely and openly. During data collection, the research team recorded conversations and used field notes to conduct member checks with participants. Immediately following data collection, the team discussed initial themes and wrote research memos to enhance an understanding of the data (Wolcott, 1990). Furthermore, during data analysis, the research team ensured accuracy of data by comparing written transcripts to interview recordings and comparing information to field notes and memos. Additionally, the research team engaged all three members in transcript analysis to promote a diverse view of emergent codes and themes and continued to meet weekly to review and discuss interpretations and potential biases (e.g., experiences with mental health, experiences with school professionals; Patton, 2002) until all data we recorded with the finalized codebook.

Findings

Participants described the growing prevalence of mental health needs among high school and college students with disabilities and identified factors that contributed to or exacerbated poor mental health. Generally, participants observed (a) student "anxiety, depression skyrocketing up," (b) that "there are so many kids with 504s and things for anxiety," and (c) an increase in suicide: "... over the past four years that I taught there I think we had like three kids commit suicide." This manuscript reports themes that overlapped among high school and higher education participants, including (a) perceived barriers that exacerbate mental health needs among students with D/MH and (b) barriers experienced by professionals in supporting students with D/MH.

Student Mental Health Barriers

Participants speculated several reasons why students with D/MH experienced detrimental mental health needs and outcomes, including three notable barriers: (a) missed diagnoses and unmet needs, (b) academic and social pressure, and (c) transition out of high school.

Missed Diagnoses and Unmet Needs

Participants described high school and college students with D/MH experiencing "an extra hurdle" going through school with co-occurring diagnoses. At the foundation of this extra hurdle was students not receiving proper mental health diagnoses. Participants cited "parental concerns and stigma" related to mental health, leading to many students "not coming in properly diagnosed around mental health" in high school and college. Similarly, participants reported that other professionals (e.g., teachers, school psychologists, school clinicians) often failed to acknowledge that possibility of a dual diagnosis. Rather, these professionals focused on a single primary diagnosis such as autism or intellectual disability, dismissing that "there are some real physiological things going on:" "It can't be autism and this other mental health thing [sarcasm].

It can only be one or the other [sarcasm]. That's just not true!" As a result, participants indicated that professionals end up "addressing all of these other [disability] issues except the mental health component...there are so many students in our school that aren't getting service in the way they need."

Participants reported that students with more significant support needs (e.g., traumatic brain injury, cerebral palsy) were more likely to be "written off" and not receive mental health services without the presence of strong family advocacy: "From the school I hear it's just the disability. But from the families, the louder ones...the ones...with a little higher SES and more time to devote to these thoughts and ideas, they are presenting it [mental health] as an idea. They're seeking out counseling opportunities outside of school." On the other hand, another participant noted that "some of these kids, especially if they're high functioning, can kind of stumble through school… we're just trying to get them through their day because they're having a panic attack or whatever…" without formalized mental health support.

Academic and Social Pressure

Participants described how "so much [academic] pressure" from educators, families, and other students caused "kids to get so distressed over the pressure to succeed- in this [geographic] area especially." Participants emphasized the affluent areas in which their students lived as a factor magnifying mental health needs due to the culture of achievement, and community pressure to succeed. One participant working in a high school discussed how public demonstrations of valuing achievement were particularly difficult for some students with D/MH:

> At the graduation [ceremony] every year they do this thing where they have all the kids stand up that are a 4.0 GPA or higher. And that's great, but how about the kids that are maybe not as high achievers, but made big strides?

Participants noted that students internalized this achievement culture and "family pressure," feeling that they fall short when not achieving the standards established in and celebrations.

Participants stated that in elementary school, students are "so much more engaged and seem happier," but as they age and learn about their "shortcomings," they "just kind of feel hopeless" and "give up after a while." Participants reported that "they just feel like they're never going to catch up and that's just adding more stress."

One participant working in a high school observed that additional stress also manifested when students with D/MH compared themselves to their "Gen[eral] ed[ucation] friends around them doing well or making honor roll." They agreed that this increased stress presented as "a little bit of an attitude thing" toward teachers because students feel like "what's the point?" Negative behaviors and stress also seemed to increase as students with D/MH came "close to graduation and probably think….what am I going to do next [after high school]?"

Mental health pressures for students with D/MH were also heightened by social pressures related to "struggles with sexual orientation and gender identity." Participants reported that while some students are "more comfortable with [negotiating identities]," others "don't know how to express it or think their parents aren't going to accept them." Pressures from these situations caused students to feel especially "anxious and avoid school a lot." Participants noted that educators sometimes served as a safe space for students to discuss their identities when they felt uncomfortable speaking to their families who were "trying to like funnel [students] into being what they wanted [students] to be." Beyond sexual orientation and gender identity, participants indicated that some students just wanted "to express themselves in different ways" through music, clothing, or appearance (e.g., hairstyle, clothing). However, as students with D/MH made postsecondary decisions, one high school participant noted that "sometimes it does help them to get away from home a little bit" to find a space where they can explore their identity with greater freedom.

Transition Out of High School

Participants recognized that high school students with D/MH who attend higher education continue to internalize academic, social, and "family pressure to go to college," causing increased mental health issues such as anxiety and depression. Typical stress associated with transitioning to higher education (e.g., navigating campus resources, adapting to college-level coursework, student loans, selecting a college) were especially stressful for students with D/MH who were the first in their family to attend college. Such uncertainty resulted in additional mental health barriers for many of these students as they “navigate these waters all by themselves and pay for stuff by themselves.” In these situations, participants noted that “sadly, the student usually ends up failing out [of higher education] because they just can’t keep up with the curriculum” and stress of school.

However, higher education participants indicated that DSO staff tried to support students through accommodations such as “priority registration...which is great because students who are taking certain medications for mental health may say...I can’t take a class before 11:00.” That said, participants described the importance of students having the ability to “talk about their disability, how it impacts them, [and] what helps” to ask for and receive appropriate accommodations in school (especially in higher education settings). Unfortunately, higher education participants noted that some students with D/MH did not “know why they received a certain accommodation in high school” or “expected to get the same accommodations [from high school] and they look a little different [in higher education].” Moreover, participants working with students in higher education indicated that students were frequently “surprised” that they had a dual diagnosis (“Oh I see you're diagnosed with anxiety and depression. ‘No. I'm here for a learning disability.’”). When this occurred, higher education participants had to “do that whole grieving cycle that people go through when they are grieving.”

Barriers Experienced by Professionals

Participants identified barriers they experienced when attempting to provide comprehensive support to students with D/MH. These barriers included: (a) professional tension, (b) limited training and professional development, and (c) structural barriers in schools.

Professional Tension

One participant simply stated, “I’m not prepared. No one else is prepared either” - a sentiment shared by all participants (e.g., “We need more [college] courses in....mental health or counseling...because you're dealing with that stuff all the time.”). While participants felt woefully underprepared to support the mental health needs of students with dual diagnoses, they reported that school-based clinicians such as school counselors and social workers with training in mental health were rarely prepared to support students with D/MH due to the nature of their disabilities. Participants described a “huge disconnect” between mental health and disability services and the problematic nature of “arbitrarily assigning [school clinicians] to students,” given the need for them to know how to support co-occurring diagnoses. Further, participants became “frustrated” by varying levels of “buy-in” to support students with D/MH from school and clinical staff, as well as inconsistent responses to the mental health needs of students with D/MH.

This lack of preparation created tension among participants and school clinicians. Participants indicated that they “wouldn’t talk” to school clinicians because counselors and social workers “just deferred” students with dual diagnoses back to participants - particularly for students with significant support needs. As a result, participants referring students out for mental health support created a cycle that ultimately delayed or resulted in students never receiving needed mental health support. Further, high school participants reported insecurity approaching clinical staff with mental health concerns for students with disabilities: “I would never say I think [student with a disability] has depression or is depressed...I would never say that in my building to the clinical team, because I have no right. I'm not trained...yeah, I don’t think I’d be heard.”

This tension participants felt between themselves and school clinicians led to deep concerns about their ability to provide adequate support for students with D/MH. For example, one participant noted that “kids with emotional disabilities get more support, whereas the kids that have intellectual disabilities or autism [receive fewer mental health supports]” from clinical staff in school.

Limited Training and Professional Development

Participants desired professional development on how to identify and support students with D/MH: “You don't have training...there's no curriculum for you...you're just kind of put in that position and trying to do the best you can do.”). Participants described how previous college courses and professional training provided perfunctory information on how to react when students exhibit detrimental behaviors (e.g., removing the student from the classroom, counselor referrals). However, such training did not provide participants knowledge or instruction on how to proactively identify mental health needs or prevent student mental health crises: “We kind of wait until a kid is in crisis before we step in.” Further, one high school participant noted:

> It's more reactive than proactive because something has to happen before there's like a significant plan in place or when the team convenes- like last year one of the students threatened another student. And we would do a threat assessment and then come up with a support plan. But there was really no proactive strategies being taught to the teachers of what to do. So it's definitely...it's more reactive.

Further, while professional development trainings in which they did participate addressed mental health disparities among students of “different races, different SES,” trainings never discussed students with disabilities (i.e., D/MH).

Professionals also described monotonous professional development: “It’s got to be more than a PowerPoint.” Professionals indicated that professional development about students with D/MH needed to include information on mental health strategies “and then how we can integrate it [into existing responsibilities]” to reduce feeling like the strategies are “one more thing” to integrate into their work.

Structural Barriers in Schools

Participants described structural barriers (e.g., school policies and processes) that hindered their ability to support students with D/MH. For example, high school participants expressed that current policies and practices to address ongoing behaviors they believe likely stemmed from mental health issues such as in-school suspension were ineffective “because if they’re removed from the situation, not only does it isolate them from the other students, but it....trains them to think I don’t have to deal with everyday life.” However, high school professionals also noted a bond between in-school suspension staff and students with D/MH. “...[in-school suspension] teachers end up forming the strongest bonds with the most difficult students. Those are the strongest relationships you'll see in the building.” These participants discussed that the in-school suspension space was intended to be a restorative setting rather than therapeutic, however, this is commonly the only space students with D/MH have that is a “safe place,” describing a gap in more effective service provision.

Similarly, one higher education participant noted that counselors were available for students but the “campus didn’t have mental health services.” These counselors assisted with academic planning, however, the mental health counseling provided was “just because they have the skills and care [about the student]...we referred out for all our [mental health] services.” High school participants also reported that they had counselors and social workers on staff to “handle the immediate threat” but that “not really doing therapy.”

Participants also noted a lack of systematic ways to facilitate collaboration across departments and disciplines (e.g., general and special education, DSO and residential staff) to provide the most effective support possible for students with D/MH. Unfortunately, participants also discussed multiple barriers preventing them from achieving such partnerships (e.g., lack of established time to collaborate, a lack of trusting relationships, misinformation about disability and mental health diagnoses).

Further, a lack of qualified school-based clinicians also emerged as a structural barrier among participants. As one high school participant noted:

> We have one social worker, one clinical psychologist who's with us for four days and then two full time school counselors. So the school counselors divide up the grade levels and the social worker and the psychologist work with all grades...But a lot of these situations - like I'm orchestrating everything. So it's a lot on me as the administrator.

Along these lines and as previously discussed in a different context, other professionals stated that they were sometimes “hesitant” to discuss student mental health issues because existing referral services and procedures were disjointed and slow, due to a lack of planning time and resources (e.g., staff).

Participants highlighted an additional structural barrier related to academics. Specifically, a lack of “policies and practices” to ensure that students with D/MH received appropriate accommodations and modifications based on their disability and/or mental health disorder. For example, several high school participants needed mental health interventions that included accommodations and modifications for students with more significant support needs:

> What if my guy [is] not talking? What if my guy is using a talker or just communicating mental health problems in a different way? How are we reporting that? How do I fill that out in a quick, easy form because we have a lot of the same programs that they roll out for the whole school, but what they roll out for the whole school in all classes is not really the same in a self-contained classroom… I don't know how to reach out for help if I don't have clear guidelines…

Further, higher education participants indicated that although many faculty were “willing to be lenient” in providing students needed accommodations, staff must first obtain permission from students to share information with faculty and many students with D/MH preferred not to disclose their disability, or, as mentioned, were unaware that they had dual diagnoses. While understanding and respecting this federal policy, many participants suggested that there should be additional systems or processes to address student needs in such scenarios.

Discussion

The purpose of this study was to examine high school and higher education professionals’ perceptions of factors exacerbating mental health needs among students with D/MH, and barriers professionals experience in supporting these students. Participants identified (a) missed diagnosis and unmet needs, (b) academic and social pressure, and (c) transition beyond high school as factors exacerbating mental health needs among high school and college students with D/MH. They identified (a) professional tension, (b) limited training and professional development, and (c) structural barriers in schools as barriers they experienced while attempting to support students with D/MH. Several of these findings reinforce existing literature.

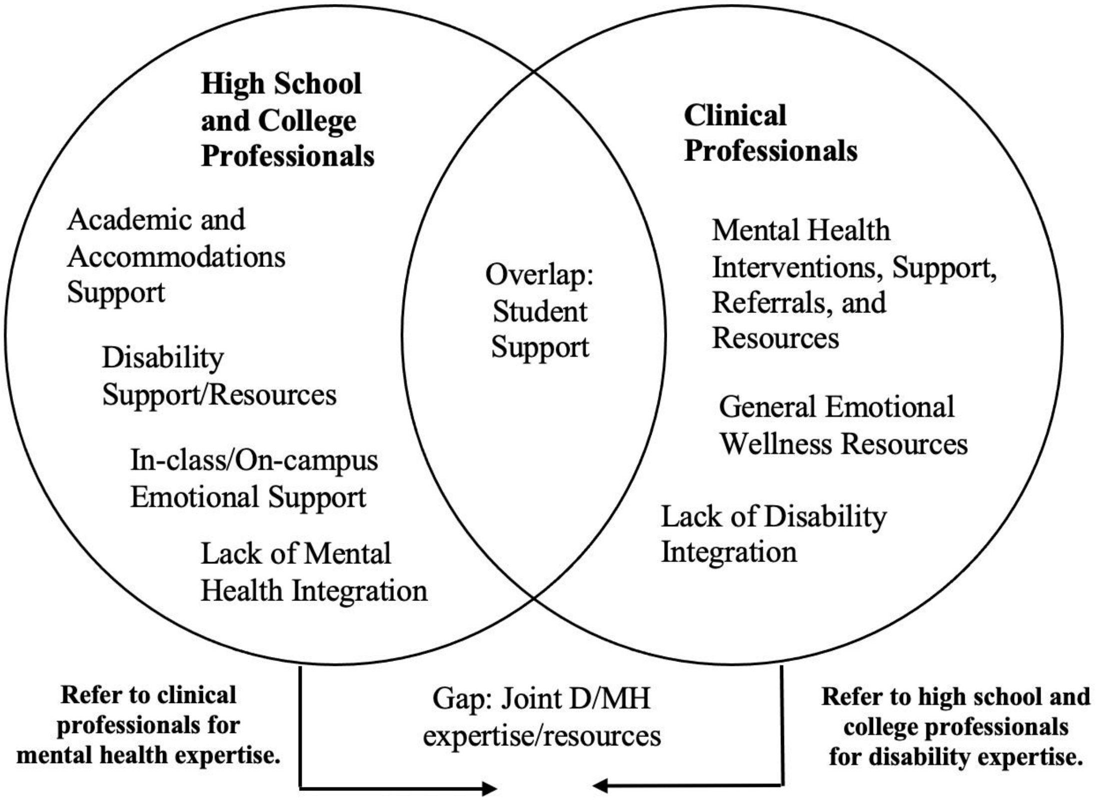
Our findings indicate that existing policies and procedures reactively address students’ behavioral and mental health needs (e.g., in-school suspension, referring students to community mental health services), which has been shown to be less effective in shaping student behavior than preventive or proactive approaches (e.g., professional development to address student needs, reducing mental health sigma; Gonsoulin et al., 2012). Participants shared that high school students with D/MH frequently developed “bonds” with staff with whom they interacted during punishment, such as in-school suspension. Interestingly, seeking “bonds” was also seen in higher education, as professionals shared experiences of students with D/MH seeking emotional support from educators to discuss topics such as gender identity. These findings are consistent with literature sharing benefits of mentorship for students, including improved well-being, executive functioning and use of campus services and resources (Anastopoulos, & King, 2015; Francis et al., 2020). Unfortunately, participants noted a lack of formal avenues for mentorship and creating “bonds” for students with D/MH across high school and college.

Further, findings identified structural barriers such as lack of systems and procedures for professionals to support students with D/MH (e.g., school policies and processes), as well as too few knowledgeable disability and clinical professionals to provide adequate services. These findings reinforce literature documenting the perspectives of students with D/MH in which they identified a lack of school-based services equipped to address both their disability and mental health diagnosis (Francis et al., 2019; Jackson et al., 2017). Further, this is consistent with barriers, such as lack of clinician knowledge or expertise in disabilities such as autism, in which therapists are unable or unwilling to tailor approaches to support individuals with disabilities (Adams & Young, 2020). Whereas previous literature provides perspectives of students or parents (Adams & Young, 2020; Francis et al., 2019; Jackson et al., 2017), the findings of this study are unique as participants (i.e., high school and higher education professionals) identified lack of disability and mental health integration among *themselves* and colleagues (i.e., clinical professionals) serving students with D/MH. This perspective provides another vantage point toward a more holistic view of supporting students with D/MH.

Information about student-centered approaches was largely absent from participant discussions, which is somewhat incongruent with the intent and provisions of IDEA (2004) and Section 504 (1973). This may lead one to question the degree to which mental health is considered and/or prioritized in IEP or Section 504 plans across high schools and higher education. In addition, study findings also highlighted a lack of comprehensive cross-disciplinary preparation and collaboration to support students with D/MH. To this extent, Figure 1 illustrates (a) the gap in services that exists between participants (i.e., high school and college professionals) and clinical professionals and (b) the problematic cycle of referrals participants described between professionals with expertise in disability and professionals with expertise in mental health. These findings highlight a need for formalized multidisciplinary training and development for both groups of professionals so that they can bridge the gap and provide comprehensive support to students with D/MH.

Participants also shared their desire for professional development that addresses disabilities, mental health needs, and dual diagnoses, indicating that they did not feel prepared to support students with D/MH and lacked collaborative relationships with other professionals. Unfortunately, this finding is consistent with literature documenting the professional need for mental health training (Poppen et al., 2016).

Figure 1. Gap in Services and Referral Cycle Between High School and College Disability Professionals and Clinical Mental Health Professionals



Professionals described how undiagnosed mental health needs prevented high school and college students with D/MH from receiving appropriate support and accommodations, especially in the absence of family advocacy. These findings are consistent with literature documenting the difficulty of individuals with disabilities acquiring appropriate mental health diagnoses and the importance of familial support (Francis et al., 2020; Wark, 2012). Further, the impact of pressure to excel in school on student mental health is well-documented (Clayson, 2015; Hubbard et al., 2018). The same is true of enhanced stress, anxiety, and depression among students with disabilities as they transition out of high school (Poppen et al., 2016). Existing literature documents the mismatch between traditional mental health intervention approaches and the specific needs of individuals with D/MH, thus exacerbating unmet needs among these students (Francis et al., 2020; Milligan et al., 2015).

Our findings contribute to the existing body of research in several ways. First, this study adds to a limited body of research focused on high school and college students with D/MH (Francis et al., 2019). The perspectives and experiences of professionals working with students with D/MH are a vantage point that provides a rarely seen, comprehensive view of factors and barriers that contribute to negative outcomes among these students in high school and college.

Secondly, existing literature documents the impact that family and community pressure have on student mental health, but this study affirms that students with D/MH are also impacted (perhaps more so) by this pressure as they observe their “shortcomings” when they compare themselves to other students, “giv[ing] up after a while.” Additionally, given the importance of rights and services afforded to students with D/MH under IDEA (2004) and Section 504 of the Rehabilitation Act (1973), it was surprising that participants did not discuss IEP or 504 accommodations, services, or goals for students with D/MH, as these plans guide student outcomes, provision of services, and collaboration across multiple stakeholders (e.g., educators, providers, school clinicians, families).

Limitations

Although the goal of qualitative research is not to generalize across populations (Bogdan & Biklen, 2007), this study had a relatively small sample size with 13 fairly homogeneous participants (e.g., gender, race). This diminishes the ability to ensure the findings of this study are consistent with a larger sample of professionals working with high school and higher education students with D/MH. Additionally, while several aspects of the findings were consistent across the two groups, focusing on one of these groups and specific subgroups (e.g., department faculty, residential staff, high school counselors) would establish more focused data that could potentially yield more specific recommendations in high school and/or higher education settings.

Implications for Practice

This study resulted in numerous implications for practice. First, the findings suggest that school systems should consider structural changes (e.g., monthly co-led meetings between clinicians and other professionals) that would provide tiered levels of mental health interventions and support to students with D/MH. Secondly, high school and postsecondary professionals would benefit from professional development opportunities that include engaging and thought-provoking activities (e.g., problem solving, application activities, journaling, team building). All school personnel should participate in order to enhance cross-disciplinary knowledge and collaboration, thereby alleviating the tension described by participants.

Cross-disciplinary preservice coursework that focuses on supporting students with D/MH would enable professionals across disciplines (e.g., social work, higher education, special education, education leadership, counseling) to enter the workforce prepared to collaborate and provide meaningful support to students with D/MH. K-12 school systems should also integrate disability and mental health training information into orientation programs for incoming educators and staff. These trainings could be developed and/or presented in collaboration with community organizations such as mental health providers and regional Parent Training and Information Centers to bridge gaps between school systems and community resources. This type of school-community collaboration has the added benefit of easing some of the stress associated with the transition from school to adulthood, as students begin to learn about and access community resources prior to graduation.

High school and postsecondary professionals should consider infusing the principles of Universal Design for Learning into their work, to ensure that students with varying levels of support needs can access materials and activities (Kennette & Wilson, 2019). Systematic use of practices that focus on multiple methods of representation, engagement, and expression would increase the level of support provided to students with D/MH.

Additionally, school systems should consider creating formal mentoring systems to facilitate more systematic and meaningful “bonds” between students with D/MH and school-based professionals in a positive, non-punitive approach. Schools may also consider developing peer-to-peer support groups for students, including those with D/MH, to offer a safe space to discuss issues such as gender, racial, and disability identities as well as other sensitive topics that adolescents and young adults commonly experience. These mentoring and peer support relationships could also provide support when students with D/MH encounter academic and social pressures

Finally, and most importantly, all intervention and support efforts must be developed in collaboration with high school and higher education students with D/MH. Student voice and leadership must be incorporated into all planning efforts in order to respect and honor the voices and perspectives of the students themselves.

Future Research

Although research demonstrates the importance of mental health among high school and higher education students (Oswald et al., 2017), there are limited details about the importance of mental health among students with D/MH (Francis et al., 2019). As a result, future research on student mental health should include students with D/MH, as well as the research-based practices that may work best for this group of students. Further, given the limited sample size of this study, future research should include a larger and more diverse sample of professionals to provide a better understanding of the nuances and unique perspectives of participants across geographic location and personal identities. Additionally, there is a need to study high school and higher education professionals separately to uncover the differences in experiences, and student support systems across these settings. High school and higher education settings are structured and governed differently (e.g., Individuals with Disabilities Education Act, Rehabilitation Act, Family Education Rights and Privacy Act), therefore future research focusing on the differing environments, policies and practices would allow for greater precision in practice and policy implications.

Professionals noted the pressure of students with D/MH to attend college and the particular stressors experienced by first generation higher education (e.g., navigating higher education systems, financial costs, decision-making). Given that first-generation students acquire greater student loans than their non first-generation peers (Furquim et al., 2017), future research should explore the financial burdens of higher education costs for students with D/MH and how this may apply additional pressure for students to succeed. Additionally, given the important role of family in students decision-making (Heifetz & Dyson, 2017), future research could explore family influence on college decision-making among students with D/MH and the influence of the decision-making process on student mental health.

Further research on the complex needs of high school and postsecondary students with D/MH and the specialized skills needed by professionals working with these students are needed. Research including case studies, cross case comparisons, and intervention studies would provide a deeper understanding of the needs of and most effective supports for high school and postsecondary students with D/MH. Further, integrating the findings of studies exploring the perceptions of students, family, and professionals will provide a more comprehensive look at high school and college students with D/MH and show where parent and professional perceptions converge and diverge from the perspective of these students. Finally, future research should consider conducting an appreciative inquiry (Cooperrider & Whitney, 2005) at high schools and higher education that effectively address mental health needs among students with D/MH to learn about effective practices and to inform policies and solutions to barriers among professionals serving students with D/MH.

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About the Authors

Megan Fujita, Ph.D., MSW received her doctorate in education policy from George Mason University and her Master's in Social Work from the University of Michigan. Her professional interests include postsecondary decision-making and supports among college students with disabilities. She has several years' experience as a higher education administrator and social worker, and currently holds a faculty affiliate appointment at George Mason University's College of Education and Human Development.

Grace L. Francis, Ph.D. is an associate professor of special education at George Mason University. Her research interests include family-professional partnership policies and practices that result in a high quality of life for individuals with significant support needs and their families and transition to adulthood.

Jodi Duke, Ed.D. is an Associate Professor of Special Education in the College of Education and Human Development in the School of Education at George Mason University and serves as the Academic Program Coordinator for the Autism Spectrum Disorders Graduate Program. In these roles she teaches graduate level courses in Special Education and Autism, mentors doctoral students and coordinates the online Autism Spectrum Disorders graduate program. Her research interests include transition, supports and services for college students with Autism Spectrum Disorder including mental health supports.

Handout for Parents: 11 Questions to Ask About Your Child's Resource Room Placement

This article from Friendship Circle offers parents of children with disabilities a guiding list of 11 questions to ask if the school is proposing that their child receive part of his or her special education in a resource room, rather than completely within the general education classroom. As the article begins:

"It sounds good on paper: Your child with special learning needs in a mainstream classroom will get specialized help a few days a week from a special education teacher to reinforce concepts learned and help him or her keep up with the classwork. Maybe you've been a little concerned about how your child will make a leap from self-contained to inclusion, and this seems like the best of both worlds. Maybe a place to struggle with hard concepts without mainstream peers looking on sounds like a good idea.

And maybe it will be. Different things work for different kids, and effectiveness varies wildly depending on your district and your school and the seriousness with which personnel approach making things like resource rooms work. Still, don't take for granted that the resource room your child will experience is like the one you imagine in your head. Ask the 11 questions about how exactly this thing is going to work, and if you don't like the answers, press for changes or alternatives."

Then come the 11 questions that parents might ask to clarify what will be involved in such a resource room placement. Access the article at:

http://www.friendshipcircle.org/blog/2017/02/21/11-questions-to-ask-about-your-childs-resource-room-placement/

Handout for Parents: Taking the Alternate Assessment Does Not Mean Education in a Separate Setting

This 4-page *Parent Brief* comes from the TIES Center, is authored by Ricki Sabia and Martha Thurlow, and focuses on alternate assessments for students with the most significant cognitive disabilities. As the brief explains, alternate assessments are designed by states based on the state content standards for students in a particular grade, but have different performance expectations for students with significant cognitive disabilities. The brief discusses what qualifies as a “significant cognitive disability” and describes the IEP team’s role in deciding whether or not a student will take the state’s alternate assessment instead of the regular assessment given to all students in that grade.

As the brief’s title indicates, the fact that a student will be taking the alternative assessment ***does not mean*** that he or she would necessarily then be educated in a separate, non-inclusive setting. The decision about which assessment a student takes is separate from the decision about where a student is educated. The brief reviews IDEA’s least restrictive environment (LRE) provisions and other legal provisions that support inclusion in the regular classroom. It offers suggestions for including students with the most significant cognitive disabilities in general education classrooms, and provides guidance to parents on what to say and stress in the IEP meeting. The brief closes with “Next Steps for Parents” and a short list of additional resources.
Download the *TIES Parent Brief*, available at:

https://files.tiescenter.org/files/Mdg9JhH6n-/ties-brief-2.pdf

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