

NASET Special Educator e-Journal

September 2023

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Special Education Legal Alert

Perry A. Zirkel

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This month's update identifies a pair of recent court decisions that illustrate varied IDEA issues arising from, but not at all exclusive to, safety concerns. For related publications and earlier monthly updates, see perryzirkel.com.

On May 18, 2023, the federal district court in Mississippi issued an unofficially published decision in *Boone v. Rankin County Public School District*, addressing various IDEA claims of a child with severe autism. During the three school years prior to 2020–21, the district placed the child at a private center specializing in students with autism, where he continued to struggle academically and developed behavior problems, including elopement, aggression, and self-injurious conduct. The center acknowledged that he had regressed to functioning at a kindergarten level at 14 years of age. For 2020-21, the center discharged him because it was not equipped to meet his needs including age and curriculum. The IEP team placed him at the district's middle school, offering no other alternatives despite the parent's safety concerns about the lack of a plan to address potential elopement. The parent promptly filed for a due process hearing. The hearing officer (a) ruled that the district's IEP was not substantively appropriate; (b) ordered various purely prospective remedies, such as a transition plan from the center to the middle school, a new evaluation, a resulting revised IEP with an elopement provision, and meaningful parent involvement; and (c) denied compensatory education because the parent refused to ever have the student attend the stay-put placement. Both parties appealed to federal court.

<p>The district claimed that the hearing officer's decision was in error with regard to elopement, arguing that (1) it was not a major issue for the student, and (2) the BIP in the IEP sufficiently addressed it.</p>	<p>The court rejected these arguments, pointing to (1) ample evidence of the student's continuing attempts at elopement at the center, and (2) the district did not provide any staff training or other preparatory provisions for implementing the BIP until the student attended the middle school.</p>
<p>The district also claimed that the hearing officer erred in ruling that the district engaged in predetermination of the middle school placement.</p>	<p>Also rejecting this claim, the court agreed with the hearing officer that the district's take-it-or-leave it position at and after the IEP meeting, despite the parent's expressed concerns, constituted predetermination.</p>
<p>The district contended that the student had demonstrated individually appropriate progress.</p>	<p>The court disagreed, point to the testimony of the center's principal that the continuing insufficient services had resulted in regression.</p>
<p>The parent claimed that the hearing officer erred by failing to provide compensatory education.</p>	<p>The court was not persuaded, pointing out the hearing officer's prospective remedies to address each of the specific FAPE denials.</p>
<p>The parent also sought attorneys' fees, arguing that she was the prevailing party.</p>	<p>The court agreed, concluding that the parent met the test of "succeed[ing] on any significant issue ... that achieve[d] some benefit" that she sought.</p>

This case is particularly noteworthy in its ruling for the parent on the predetermination issue, which usually too steep a slope for parental success, and the awarding of purely prospective remedies, which is worth consideration whether as an alternative or accompaniment to compensatory education. Such an exercise of the hearing officer's broad equitable authority is exemplary in terms of enforcement of IDEA obligations of school districts and the basis for attorneys' fees awards for parents.

On April 20, 2023, a federal district court in New York issued an officially published decision in *B.D. v. Eldred Central School District*, which addressed various FAPE issues for a student with diagnoses of autism, ADHD, reading and writing impairments, and chronic kidney disease. Midway in his seventh grade, after his parents filed a report under the state's anti-bullying law, the IEP team met, reviewed various evaluations, and did not make any revisions. The IEP already indicated concerns with bullying and his difficulties identifying social cues. In early May, the parents filed another complaint under the anti-bullying law, identifying another student-offender. Shortly thereafter, a video showed a peer approach from behind and push the student down to the ground. Less than an hour later, the student hit a classmate that, after he admitted doing so upon being questioned, resulted in his 5-day suspension. The school district offered the parents a placement at a different public school. However, continuing to have safety concerns, the parents removed the student for the limited remainder of the school year. At the June IEP meeting, the team rejected the parents' request to change his classification from other health impaired (OHI) to autism; replaced the acknowledgment about bullying

<p>concerns to relationship difficulties; and provided various services and accommodations, including counseling and specific seating on the school bus. In September, the school issued a “safety plan” for him containing 11 obligations for staff, 3 for the student, and 2 for the parents. Dissatisfied, the parents did not return the student for grade 8, instead placing him in a private school. They filed for a due process hearing, seeking reimbursement and an independent educational evaluation (IEE) at public expense. In lengthy proceedings under New York’s 2-tier system, for which the district largely prevailed at the hearing officer level and entirely prevailed at the review officer level, the parents appealed to the federal district court.</p>	
<p>The parents claimed that the safety plan did not amount to reasonable steps to address the known repeated bullying of the student.</p>	<p>The court deferred to the hearing and review officers’ determination that the safety plan satisfactorily met this standard and did not result in a substantive denial of FAPE.</p>
<p>At the hearing and review officer levels, the parents challenged the district’s refusal to change the student’s classification from OHI to autism.</p>	<p>The court concluded that by not raising this issue in their appeal, the parents waived this issue but, in any event, the IEP took into account the student’s individual needs. Thus, for FAPE, the eligibility classification was a difference without a distinction.</p>
<p>The parents sought reimbursement for the IEE that they obtained since the district’s refusal.</p>	<p>In rejection, the court ruled that the district did not conduct an evaluation with which the parent disagreed, which is the initial basis for an IEE at public expense.</p>

<p>The parents alleged various procedural violations, including 1) failing to develop the safety plan as part of the IEP process, and 2) bullying by the district’s legal counsel after the parents’ lawyer disclosed his own autism.</p>	<p>Applying the two-part test for procedural FAPE, the court found that 1) the IDEA does not require an anti-bullying plan as part of an IEP and does not address litigation behavior as part of a district’s FAPE obligation, and, even if there were any procedural violations, 2) the evidence did not show the requisite substantive harm to the student or parents.</p>
<p>This decision is largely typical of the case law, including the protracted proceedings from the parents’ initial filing for a hearing. It should not at all be confused with best practice and professional norms for collaborative processes and effective services.</p>	

Buzz from the Hub

All articles below can be accessed through the following links:

<https://www.parentcenterhub.org/buzz2023-july-issue1/>

<https://www.parentcenterhub.org/buzz2023-june-issue2/>

<https://www.parentcenterhub.org/buzz2023-june-issue1/>

<https://www.parentcenterhub.org/buzz-may2023-issue2/>

<https://www.parentcenterhub.org/buzz-may2023-issue1/>

<https://www.parentcenterhub.org/buzz-april2023-issue2/>

<https://www.parentcenterhub.org/buzz-april2023-issue1/>

<https://www.parentcenterhub.org/buzz-march2023-issue2/>

<https://www.parentcenterhub.org/buzz-march2023-issue1/>

<https://www.parentcenterhub.org/buzz-feb2023-issue2/>

<https://www.parentcenterhub.org/buzz-feb2023-issue1/>

<https://www.parentcenterhub.org/buzz-jan2023-issue2/>

The **results of the Parent Center data collection for 2021-2022** are now posted on CPIR's website, and we invite everyone to take a detailed look at the impact that Parent Centers have. We also share with you:

An Action-Packed Year for Parent Centers | Here's the infographic CPIR produced with the data Parent Centers 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 Parent Centers can insert just their 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.

Summer and Sensory Processing Issues

(Available in Spanish / ***El verano y los problemas de procesamiento sensorial***)

For children with sensory processing issues, summer can be a challenging time. Think about summer’s onslaught of unfamiliar sounds, smells, and places: beach sand, fireworks, an amusement park, the shriek of animals at the zoo. Yet with preparation and planning, parents can help kids with sensory issues get the most out of summertime. Other articles in the series include:

Strategies for a Successful Summer Break | ***Estrategias para que las vacaciones de verano sean un éxito***

13 Tips for Helping Anxious Kids Enjoy Summer Camp | ***13 consejos para ayudar a los niños ansiosos a disfrutar el campamento de verano***

Summer Activities for Kids With Learning Disorders | ***Actividades de verano para niños con trastornos del aprendizaje***

Summer Success Kit for Kids With ADHD | ***Kit para que los niños con TDAH tengan un verano exitoso***

15 Tips for Self-Advocates

(Also available in multiple languages; see list below)

Youth and young adults with disabilities may need services and supports to reach their goals. This often means communicating with agencies and systems that offer services to people with disabilities. It can also mean attending meetings and advocating for themselves. This fact sheet includes tips to help youth prepare for meetings, develop a service plan, and resolve conflicts that may arise in the process. Available in: Spanish, Arabic, Armenian, Chinese, Farsi (Persian), Hmong, Khmer, Korean, Russian, Tagalog, and Vietnamese.

Applying for a Job: The Young Adults Guide *(Revised 2023)*

This is a 5-page tip sheet for youth and young adults with serious mental health conditions about finding, applying for, and interviewing for jobs.

Resources for Afghan Families

This webpage at the U.S. Department of Education is loaded with helpful connections for Afghan families—organizations to consult, workbooks and illustrated stories in Pashto and Dari for children, and lessons to help Afghan families learn English.

Resource on Confronting Racial Discrimination in Student Discipline

*(Also available in Spanish: **Recurso para evitar la discriminación racial en la disciplina estudiantil**)*

The U.S. Department of Education's Office for Civil Rights and the U.S. Department of Justice's Civil Rights Division jointly released the *Resource on Confronting Racial Discrimination in Student Discipline*. The departments recognize and appreciate school administrators, teachers, and education staff across the nation who work to administer student discipline fairly, and to provide a safe, positive, and nondiscriminatory educational environment for all students, teachers, and other educators.

How Technology Changes Families

*(Also available in Spanish: **Cómo la tecnología cambia a las familias**)*

This newsletter connects you with multiple articles on the impact of technology on families. Articles include such titles as *Is Internet addiction real?* and *Managing stress caused by social media with mindfulness*.

Supporting the Child Vaccination Decision Process

*(Also available in Spanish: **Apoyo al proceso de decisión de vacunación infantil**)*

Learn information about the science behind and benefits of child vaccines to more fully engage with families as they make decisions regarding their children's health. View this course for free after creating an account at Better Kid Care On Demand.

Resources for Families with Children who have a Genetic Condition

(Also available in Spanish: **Recursos para las familias con niños que tiene una condición genética**)

Do you have a child with a genetic condition? Here's help in English and in Spanish, from the National Genetics Education and Family Support Center (Centro Nacional de Educación Genética y Apoyo Familiar).

Updated Resources and Proposed Regs for Schools to Deliver Health Care to Eligible Students

ED and the Department of Health and Human Services (HHS) announced a **Notice of Proposed Rule Making** under IDEA to streamline Medicaid services consent provisions when billing for Medicaid services provided through a student's individualized education program. They've also updated **A Comprehensive Guide to Medicaid Services and Administrative Claiming**.

Suspension, Expulsion & Informal Removals: Unexpected Realities in Preschool

This is the 6th blog in OSEP's series on **Discipline Discussions**. Focus? How exclusionary discipline in preschool can create stressful and isolating experiences for children and their families.

Sports and Children with Disabilities

All children can benefit from the exercise, energy release, and pure enjoyment of playing sports. This includes children with disabilities. This article talks about the benefits of sports, the types of sports for children with special needs, and how to get started with sports.

Fun Activities to Stay Active with Physical Disabilities

Just because a child is in a wheelchair or has other physical disabilities does not mean that he or she can't stay active. There are plenty of games and sports that children can play when properly modified. (Example: Lower the basketball hoop for children in wheelchairs or place a ball on a tee instead of having it be pitched.) Let children try a variety of activities and adapt those activities to their needs. From PediaPlex.

Physical Activity for Students with Disabilities

Check out this 5-step plan from Action for Healthy Kids that starts with “safety first” and includes consideration of each child’s IEP and how wellness activities can support the overall educational plan for each child. After explaining the steps in the plan, the article also covers general inclusion ideas for all students and concludes with ways to adjust physical activities to include students with disabilities.

Action for Healthy Kids offers lots of resources in *Spanish*. See the list

at: https://www.actionforhealthykids.org/game-on-activity-library/?activity_spanish%5B%5D=162

Including All Children: Health for Kids With Disabilities

Also from Action for Healthy Kids is this lengthier article that takes a look at barriers to participation across various types of special needs (e.g., medical, sensory-communication, social-psychological, mobility, cognitive), possible physical activity limitations associated with each, and inclusion tips for each.

Exercise And Activities For Kids With Physical Disabilities

Here are insights and suggestions from a physical therapist, with respect to kids and teens that use walkers, crutches or canes for mobility; kids and teens that use a wheelchair for mobility; and kids with significant movement limitations. From Pediatric Therapy Essentials.

Inclusion Resources

Need info on inclusion of children with disabilities in school and in the community? This site has a wealth of information, including videos on strategies and best practices for inclusion. Great stuff!

The National Center on Health, Physical Activity and Disability (NCHPAD) seeks to help people with disability and other chronic health conditions achieve health benefits through increased participation in all types of physical and social activities, including fitness and aquatic activities, recreational and sports programs, adaptive equipment usage, and more. Here are two sections of their website to explore in particular:

Factsheets | Factsheets describe various disabilities and health conditions, as well as physical activity, exercise, and overall health considerations and recommendations associated with each.

Home Workout Videos | Videos for kids and adults to guide their exercise at home; some videos are short, others are 20 minutes or more.

And last but not least from NCHPAD:

Love Yourself: Self-Care For People With a Disability

This 3-page article urges people with disabilities to “take some time to show yourself some love.” It highlights some ways they can do that, like foot checks, deep cleaning their wheelchair, or finding some movement that’s right for them.

Asian American and Pacific Islander (AAPI) Heritage Month

May is Asian/Pacific American Heritage Month. Check out the events, collections, exhibits, and collections available throughout the month from U.S. government agencies such as the Library of Congress and the Smithsonian to celebrate the influence, contributions, and achievements of AAPI communities in the United States.

Identity and Cultural Dimensions

NAMI is an excellent go-to source of info and guidance on mental health issues of all kinds. In this section of NAMI’s website, you’ll find individual pages examining the mental health realities of diverse communities such as Asian American and Pacific Islander; Black/African American; Hispanic; Indigenous; LGBTQI; and People with Disabilities.

Reinforcing the Resilience of Native American Parents and Youth

As part of supporting Native families, reminding Native families and youth of their innate resilience is extremely important. CPIR offers two resources on resilience to help Parent Centers and the Native families with whom they work: (1) *How Parent Centers Can Support American Indian and Alaska Native Parents* (linked above); and (2) ***Bouncing Back from Setbacks: A Message for American Indian and Alaska Native Youth***.

The 7 Most Important De-escalation Strategies for Challenging Behaviors

De-escalation is the process of calming down a situation before it escalates further. Learning to de-escalate situations is not always easy. It requires practice and a toolbox of techniques. What

de-escalation strategies can educators and parents use when kids and teens are overwhelmed, upset, or engaging in challenging behaviors? This article describes the 7 more important.

Tailored Youth Suicide Prevention Efforts

Research shows that youth of color and LGBTQ+ youth are at higher risk of suicide than White and heterosexual youth, which suggests the importance of tailoring prevention approaches to the populations most in need of support. This Child Trends' new brief offers three powerful recommendations to help community-based organizations tailor their youth suicide prevention efforts to the unique needs and strengths of Asian, Black, Indigenous, Hispanic, and LGBTQ+ youth.

Self-Assessment of Cultural and Linguistic Competency

Dispute resolution systems must be culturally and linguistically competent to meet the interests and needs of diverse populations residing in the United States, territories, and tribal nations. CADRE offers this self-assessment tool, which can be useful in determining the level of cultural and linguistic competence in a dispute resolution system. It's part of a much larger package on the subject, including a User's Guide, a webinar, and recommended supplemental resources (e.g., *A Guide to Engaging Underserved Families in the CLC Assessment Process*).

RTI/MTSS May Not Be Used to Delay or Deny IDEA Evaluation

In March 2023, OSEP emailed copies of two memoranda to IDEA Part B Directors and Section 619 Coordinators regarding the child find requirements in IDEA. OSEP took this action in response to concerns that initial evaluations to determine whether a child has a disability have sometimes been delayed or denied by LEAs until a child goes through a state's multi-tiered system of supports (MTSS) process, sometimes referred to as Response to Intervention (RTI). Read OSEP's correspondence and connect with the memos at the link above.

Outreach and Engagement of Underserved Populations

Effective community engagement and outreach takes careful planning and acknowledgement that each population that we work with is unique and offers us opportunities to broaden our understanding of what makes a community. Lots of useful resources can be found in this article, which shares 6 essential strategies for inclusive engagement and culturally competent outreach.

From the Vocational Rehabilitation Technical Assistance Center for Quality Employment (VRTAC-QE).

Partnering with Hard-to-Connect Families

Often, when people with disabilities consider seeking employment, their families strongly influence the decision. Especially with transition-aged youth, family influence can sway whether a consumer decides to try working. There is still a persistent belief that work income will cancel out any benefits the person with disability receives. Also from VRTAC-QE.

Native American Resource Collection

Don't forget about this invaluable resource collection designed expressly for Parent Centers to support new and current staff in their outreach to Native American parents of children with disabilities. The collection is organized in 4 tiers of learning that reflect what we know about journeys of multicultural growth. Each product within contains current information about the traditional culture and contemporary issues important to Native families. Consider, for example, articles such as ***Cultural Awareness and Connecting with Native Communities*** and ***The Impact of Traditional Native Values on Transition Planning***.

Corporal Punishment in Schools Fact Sheet

From the Office for Civil Rights (OCR), issued Sept 2022, updated March 2023

The CRDC (Civil Rights Data Collection) defines corporal punishment as paddling, spanking, or other forms of physical punishment imposed on a child. The data reported in this **factsheet** is for K-12 students and includes data by sex, by race/ethnicity, and by state.

Dear Colleague Letter (March 24, 2023)

The Department issued this *Dear Colleague Letter* calling for the end to corporal punishment in schools. The letter reinforces the Department's position that corporal punishment in schools should be replaced with evidence-based practices, such as implementing multi-tiered systems of support that create a safe and healthy school environment. The Department included specific recommendations for evidence-based practices to give students what they need to learn and grow.

Discipline Discussions | Informal Removals Matter

Valerie C. Williams, Director of OSEP, writes about the pattern of informally removing students with disabilities from school classrooms as a way to address disruptive behavior. The parents get a call from the school that their child has caused a disruption and must be picked up immediately to help their child “calm down.” This blog post from OSEP will connect you with the extensive **2022 federal guidance on discipline under IDEA**, many parts of which are also available in Spanish. OSEP ends this blog post by asking CPIR (yes, us!) to answer 4 specific questions about disciplinary practices, including “What are possible next steps a parent can take if their child’s school repeatedly calls them to pick up their child from school due to their behavior?”

Bipolar Disorder in Teens and Young Adults: Know the Signs

(Also available in Spanish: **Trastorno bipolar en adolescentes y adultos jóvenes: Conozca los signos**)

Bipolar disorder is not the same as the typical ups and downs every kid goes through. The mood swings are more extreme and accompanied by changes in sleep, energy level, and the ability to think clearly. Learn the signs and symptoms.

Borderline Personality Disorder

(Also available in Spanish: **Trastorno límite de la personalidad**)

Learn more about the disorder, how it’s diagnosed, and how to find support.

Advancing Racial Equity in Early Intervention and Preschool Special Education

This 9-page fact sheet provides key information and supporting evidence about racial disparities and inequities for young children with a disability, and questions for state and local leaders seeking to advance equity for all children with disabilities and their families. From the ECTA Center.

Complete Guide to PANS and PANDAS

(Also available in Spanish: **Guía completa sobre el PANS y PANDAS**)

Step-by-step information from diagnosis to treatment for kids with sudden onset OCD and other confusing symptoms.

What Does OCD Look Like in the Classroom?

*(Also available in Spanish: **Cómo luce el TOC en el salón de clases**)*

Signs that a child may be struggling with OCD, even if they are hiding their anxiety.

Videos | Using a Telenovela to Explain the Special Education Process

*(Also available in Spanish: **Telenovela de educación especial**)*

How do you demystify the special education process for parents, particularly parents for whom English is not their first language? Here's how Arlington Public Schools in Virginia tackled the challenge. The *Grandma's Soup* video series (*La Sopa de la Abuela*) is designed to support the engagement of families in the special education process, share information, encourage advocacy skills, and foster collaborative home-school partnerships that positively impact student success. There are 5 episodes in the series, beginning with "What's Going On with My Child?" and ending with "What If We Disagree?"

Family Toolkit: Pediatric-to-Adult Health Care Transition

*(Also available in Spanish: **Guía para la familia**)*

This 25-page toolkit from GotTransition has a set of resources for parents to use as they work with their youth during the transition from pediatric to adult health care. This includes sections such as *Questions to Ask Your Doctor*; *Changing Roles*; a *Turning 18* tip sheet; a Transition Readiness Assessment; and a Health Care Transition Quiz for youth to take to see how ready they are to transition to adult care.

Supported and Customized Employment: Side by Side Referral Decision Guide

For vocational rehabilitation agencies offering both supported and customized employment approaches to pursuing employment for people with disabilities, there may be some questions about which approach is best based on an individual's circumstances. This guide can help in determining how to choose between these two approaches.

Take Part in the Campaign

The Brain Injury Association is a great resource to turn to for info about traumatic brain injury and about this year's #MoreThanMyBrainInjury campaign. Follow the link above to find out how you can get involved and what tools and materials are available.

Center for Brain Injury Research and Training (CBIRT)

CBIRT offers many useful resources tailored for parents and caregivers and other specific audiences (e.g., administrators). Check out the *Academic Accommodations Matrix*, for example, and CBIRT's *Family Advocacy Skills Training*, which is a step-by-step handbook for family advocates.

Candid Conversations: Handing Over the Reins

This full-feature film addresses many questions and concerns parents and self-advocates have about supporting youth with disabilities as they transition to adulthood, including understanding the importance of self-advocacy skills. The entire film is 1 hour and 17 minutes, but it's divided into three smaller parts for your viewing ease. Parts are: (1) Hopes and Dreams (@ 25 minutes); (2) Independence & Advocacy (@ 33 minutes); and (3) A Few Words of Advice (@ 21 minutes). From the NY Region 1 PTI Collaborative, with partners.

Transition Planning for Teens and Tweens

A special project of Parents Helping Parents in CA, this transition package will be useful to PTIs and CPRCs in other states, too. Includes multiple parts, such as self-advocacy, education and training, work preparation, and adult life for people with disabilities.

The History Makers

This digital archive is an incredible collection of oral histories shared by over 3,300 African Americans known and unknown. Access interviews, biographies, videos, archival photography, and more, and learn personal perspectives and unique facts from influential African Americans who made history in their own right across a wide range of fields, from art, business, education, entertainment, law, music, science, and sports.

Advancing Racial Equity in Early Intervention and Preschool Special Education

This 9-page fact sheet provides key information and supporting evidence about racial disparities and inequities for young children with a disability, and questions for state and local leaders seeking to advance equity for all children with disabilities and their families. From the ECTA Center.

Promoting Black Girls' and Women's Sexual and Reproductive Health Requires Acknowledging Their History and Experiences

This brief from Child Trends discusses how reproductive suppression has led to disproportionately adverse sexual and reproductive health outcomes for Black girls and women. The authors suggest using a holistic approach—one that focuses on intersectionality, gender equity, and culturally responsive practices—to promote the sexual and reproductive health of Black girls and women.

Confronting Color-Blindness

All of us have probably heard someone say that they “don’t see color” or that “it would be great if we could all just stop noticing race.” While these statements may be well-intentioned, colorblind ideology undermines diversity, inclusion, and equity. Here’s an online module that can help us understand the concepts of color-blindness, color evasion, and power evasion and how they may show up in our interactions with families, staff and colleagues.

What is Complex Trauma?

*(Also available in Spanish: **¿Qué es trauma complejo?**)*

When people think of trauma, they often imagine a specific experience, like a natural disaster or a violent attack. But there’s another form of trauma that involves chronic negative experiences like abuse, neglect, or violence. This is known as complex trauma, and its profound impact on kids is often misunderstood. Take a close look at complex trauma—its causes, the symptoms associated with it, and how to help kids who are dealing with it. From the Child Mind Institute.

Frequently Asked Questions (FAQs) on Pre-Employment Transition Services

The account you create at NTACT will give you access to a wide range of transition-related materials, such as this FAQ on pre-employment transition services. The questions and answers are organized into categories for easy browsing and include: administrative, allowable costs, definitions, service delivery, and RSA FAQs.

Talking to Kids About Sex and Dating

Check out this suite of stand-alone articles from the Child Mind Institute, which rounds up resources on why it matters to talk to teens about sex and romantic relationships, and how to approach this sensitive topic. Dive into consent and how kids can confidently set and respect boundaries. The suite includes tips on how to help teens deal with unwanted attention, as well as warning signs of sexual behaviors that are concerning. Some DOs and DON'Ts are outlined to help teens make good choices as they enter their first relationships. ***Each article in the suite is also available in Spanish.***

Balloons lifting a winning ribbon.

Sexual Health and Wellness

PEATC, Virginia's PTI, has developed a toolkit to help guide parents through discussing sexual health and wellness with their child with disabilities. The toolkit covers topics such as sexuality, self-care, relationships, social skills, and boundaries. Many additional factsheets and resource documents (including YouTube videos) are also available.

Sexuality & Disability | 6 videos and articles to explore and share, as befits the person and the circumstances

Sex education for students with disabilities | A more scholarly article from *Law & Order*, from 2006

Dating and disabilities | Exploring love in many forms with first-hand accounts from the frontlines of dating, marriage, intimacy and friendship, all with people living—and loving—with disabilities.

Love Because, Never Despite, Disability

“I want a world where disabled people learn how to have healthy relationships alongside their abled peers, where disabled people are seen as valuable friends, lovers, partners, spouses not in spite of their disability but because disability adds to the fullness and beauty of their being. I want a society that teaches disabled people, through media portrayals, through accessible building design, and so many other avenues, that their bodymind, their personhood is valuable and worthy of love just the way they are.” Direct quote. Need we say more?

In My Own Voice: Sexual Self-Advocacy

30 people with intellectual and developmental disabilities talk about what sexual self-advocacy means to them.

Understanding Anxiety Disorders: From the National Institute of Mental Health

What is anxiety?

Occasional anxiety is a normal part of life. Many people worry about things such as health, money, or family problems. But anxiety disorders involve more than temporary worry or fear. For people with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships.

There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, social anxiety disorder, and various phobia-related disorders.

What are the signs and symptoms of anxiety?

Generalized anxiety disorder

Generalized anxiety disorder (GAD) usually involves a persistent feeling of anxiety or dread, which can interfere with daily life. It is not the same as occasionally worrying about things or experiencing anxiety due to stressful life events. People living with GAD experience frequent anxiety for months, if not years.

Symptoms of GAD include:

- Feeling restless, wound-up, or on-edge
- Being easily fatigued
- Having difficulty concentrating
- Being irritable
- Having headaches, muscle aches, stomachaches, or unexplained pains
- Difficulty controlling feelings of worry
- Having sleep problems, such as difficulty falling or staying asleep

Panic disorder

People with panic disorder have frequent and unexpected panic attacks. Panic attacks are sudden periods of intense fear, discomfort, or sense of losing control even when there is no clear danger or trigger. Not everyone who experiences a panic attack will develop panic disorder.

During a panic attack, a person may experience:

- Pounding or racing heart
- Sweating
- Trembling or tingling
- Chest pain
- Feelings of impending doom
- Feelings of being out of control

People with panic disorder often worry about when the next attack will happen and actively try to prevent future attacks by avoiding places, situations, or behaviors they associate with panic attacks. Panic attacks can occur as frequently as several times a day or as rarely as a few times a year.

Social anxiety disorder

Social anxiety disorder is an intense, persistent fear of being watched and judged by others. For people with social anxiety disorder, the fear of social situations may feel so intense that it seems beyond their control. For some people, this fear may get in the way of going to work, attending school, or doing everyday things.

People with social anxiety disorder may experience:

- Blushing, sweating, or trembling
- Pounding or racing heart
- Stomachaches
- Rigid body posture or speaking with an overly soft voice
- Difficulty making eye contact or being around people they don't know
- Feelings of self-consciousness or fear that people will judge them negatively

Phobia-related disorders

A *phobia* is an intense fear of—or aversion to—specific objects or situations. Although it can be realistic to be anxious in some circumstances, the fear people with phobias feel is out of proportion to the actual danger caused by the situation or object.

People with a phobia:

- May have an irrational or excessive worry about encountering the feared object or situation
- Take active steps to avoid the feared object or situation
- Experience immediate intense anxiety upon encountering the feared object or situation
- Endure unavoidable objects and situations with intense anxiety

There are several types of phobias and phobia-related disorders:

Specific Phobias (sometimes called simple phobias): As the name suggests, people who have a specific phobia have an intense fear of, or feel intense anxiety about, specific types of objects or situations. Some examples of specific phobias include the fear of:

- Flying
- Heights
- Specific animals, such as spiders, dogs, or snakes
- Receiving injections
- Blood

Social anxiety disorder (previously called social phobia): People with social anxiety disorder have a general intense fear of, or anxiety toward, social or performance situations. They worry that actions or behaviors associated with their anxiety will be negatively evaluated by others, leading them to feel embarrassed. This worry often causes people with social anxiety to avoid social situations. Social anxiety disorder can manifest in a range of situations, such as within the workplace or the school environment.

Agoraphobia: People with agoraphobia have an intense fear of two or more of the following situations:

- Using public transportation

- Being in open spaces
- Being in enclosed spaces
- Standing in line or being in a crowd
- Being outside of the home alone

People with agoraphobia often avoid these situations, in part, because they think being able to leave might be difficult or impossible in the event they have panic-like reactions or other embarrassing symptoms. In the most severe form of agoraphobia, an individual can become housebound.

Separation anxiety disorder: Separation anxiety is often thought of as something that only children deal with. However, adults can also be diagnosed with separation anxiety disorder. People with separation anxiety disorder fear being away from the people they are close to. They often worry that something bad might happen to their loved ones while they are not together. This fear makes them avoid being alone or away from their loved ones. They may have bad dreams about being separated or feel unwell when separation is about to happen.

Selective mutism: A somewhat rare disorder associated with anxiety is *selective mutism*. Selective mutism occurs when people fail to speak in specific social situations despite having normal language skills. Selective mutism usually occurs before the age of 5 and is often associated with extreme shyness, fear of social embarrassment, compulsive traits, withdrawal, clinging behavior, and temper tantrums. People diagnosed with selective mutism are often also diagnosed with other anxiety disorders.

What are the risk factors for anxiety?

Researchers are finding that both genetic and environmental factors contribute to the risk of developing an anxiety disorder.

The risk factors for each type of anxiety disorder vary. However, some general risk factors include:

- Shyness or feeling distressed or nervous in new situations in childhood
- Exposure to stressful and negative life or environmental events

- A history of anxiety or other mental disorders in biological relatives

Anxiety symptoms can be produced or aggravated by:

- Some physical health conditions, such as thyroid problems or heart arrhythmia
- Caffeine or other substances/medications

If you think you may have an anxiety disorder, getting a physical examination from a health care provider may help them diagnose your symptoms and find the right treatment.

How is anxiety treated?

Anxiety disorders are generally treated with psychotherapy, medication, or both. There are many ways to treat anxiety, and you should work with a health care provider to choose the best treatment for you.

Psychotherapy

Psychotherapy or “talk therapy” can help people with anxiety disorders. To be effective, psychotherapy must be directed at your specific anxieties and tailored to your needs.

Cognitive behavioral therapy

Cognitive Behavioral Therapy (CBT) is an example of one type of psychotherapy that can help people with anxiety disorders. It teaches people different ways of thinking, behaving, and reacting to situations to help you feel less anxious and fearful. CBT has been well studied and is the gold standard for psychotherapy.

Exposure therapy is a CBT method that is used to treat anxiety disorders. Exposure therapy focuses on confronting the fears underlying an anxiety disorder to help people engage in activities they have been avoiding. Exposure therapy is sometimes used along with relaxation exercises.

Acceptance and commitment therapy

Another treatment option for some anxiety disorders is acceptance and commitment therapy (ACT). ACT takes a different approach than CBT to negative thoughts. It uses strategies such as

mindfulness and goal setting to reduce discomfort and anxiety. Compared to CBT, ACT is a newer form of psychotherapy treatment, so less data are available on its effectiveness.

Medication

Medication does not cure anxiety disorders but can help relieve symptoms. Health care providers, such as a psychiatrist or primary care provider, can prescribe medication for anxiety. Some states also allow psychologists who have received specialized training to prescribe psychiatric medications. The most common classes of medications used to combat anxiety disorders are antidepressants, anti-anxiety medications (such as benzodiazepines), and beta-blockers.

Antidepressants

Antidepressants are used to treat depression, but they can also be helpful for treating anxiety disorders. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves your symptoms and has manageable side effects.

Antidepressants can take several weeks to start working so it's important to give the medication a chance before reaching a conclusion about its effectiveness. If you begin taking antidepressants, do not stop taking them without the help of a health care provider. Your provider can help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

In some cases, children, teenagers, and adults younger than 25 may experience increased suicidal thoughts or behavior when taking antidepressant medications, especially in the first few weeks after starting or when the dose is changed. Because of this, people of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment.

Anti-anxiety medications

Anti-anxiety medications can help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines.

Although benzodiazepines are sometimes used as first-line treatments for generalized anxiety disorder, they have both benefits and drawbacks.

Benzodiazepines are effective in relieving anxiety and take effect more quickly than antidepressant medications. However, some people build up a tolerance to these medications and need higher and higher doses to get the same effect. Some people even become dependent on them.

To avoid these problems, health care providers usually prescribe benzodiazepines for short periods of time.

If people suddenly stop taking benzodiazepines, they may have withdrawal symptoms, or their anxiety may return. Therefore, benzodiazepines should be tapered off slowly. Your provider can help you slowly and safely decrease your dose.

Beta-blockers

Although beta-blockers are most often used to treat high blood pressure, they can help relieve the physical symptoms of anxiety, such as rapid heartbeat, shaking, trembling, and blushing. These medications can help people keep physical symptoms under control when taken for short periods. They can also be used “as needed” to reduce acute anxiety, including to prevent some predictable forms of performance anxieties.

Choosing the right medication

Some types of drugs may work better for specific types of anxiety disorders, so people should work closely with a health care provider to identify which medication is best for them. Certain substances such as caffeine, some over-the-counter cold medicines, illicit drugs, and herbal supplements may aggravate the symptoms of anxiety disorders or interact with prescribed medication. People should talk with a health care provider, so they can learn which substances are safe and which to avoid.

Choosing the right medication, medication dose, and treatment plan should be done under an expert’s care and should be based on a person’s needs and their medical situation. You and your provider may try several medicines before finding the right one.

Support groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Support groups are available both in person and online. However, any advice you receive from a support group member should be used cautiously and does not replace treatment recommendations from a health care provider.

Stress management techniques

Stress management techniques, such as exercise, mindfulness, and meditation, also can reduce anxiety symptoms and enhance the effects of psychotherapy.

Education, Labor Departments Announce New Efforts to Advance Teacher Preparation Programs and Expand Registered Apprenticeships for Educators

The U.S. Departments of Education and Labor today announced a series of new efforts to expand Registered Apprenticeships for educators and invest in teacher preparation programs. These efforts advance a key focus area of the Department of Education’s Raise the Bar: Lead the World initiative to boldly improve learning conditions by eliminating educator shortages and build on a joint letter sent by the Secretaries of Education and Labor last summer, which called on state education and workforce leaders to take action to address educator shortages. Today’s announcement includes:

- New National Guidelines for Apprenticeship Standards (NGS) for Registered Apprenticeships for K-12 teachers developed by The Pathways Alliance;
- More than \$27 million from the Department of Education to support educator preparation programs;
- More than \$65 million from the Department of Labor to develop and scale Registered Apprenticeship programs in critical sectors across 45 states—with 35 targeting education;
- The Department of Labor is announcing a new industry intermediary to launch, promote and expand Registered Apprenticeship programs for K-12 educators; and
- A policy brief authored by the Department of Education that highlights how states are taking strategic steps outlined by the Biden-Harris Administration to support the effective recruitment, preparation, and retention of teachers.

“Teacher apprenticeships are a key strategy in our plan to Raise the Bar in education and improve learning conditions in our schools by ending the educator shortage and providing all students with great teachers who are prepared to succeed in the classroom from day one,” said U.S. Secretary of Education Miguel Cardona. “Providing opportunities for future teachers to earn while they learn has created an affordable and exciting pathway into the teaching profession that

can help states build a talented and diverse pipeline of educators at a moment when doing so has never mattered more. I'm thrilled that in just one year, the Biden-Harris Administration has helped grow the number of states with Registered Apprenticeship programs for teachers from two to 21, and look forward to these new guidelines helping get all 50 states get onboard."

"The Department of Labor's investments will enable states to strengthen educator pipelines and create pathways to opportunity through a proven earn-as-you-learn model of Registered Apprenticeships," said Acting U.S. Secretary of Labor Julie Su. "This important partnership with the U.S. Department of Education advances the Biden-Harris Administration's whole-of-government approach to building a highly-skilled, diverse workforce that is reflective of the communities that teachers serve."

"We are grateful to the Departments of Labor and Education and all of our partner organizations for their leadership and partnership in developing these apprenticeship standards," said Erin Mote from The Pathways Alliance. "More than just guidelines, these standards represent our collective commitment to nurturing a preparation pipeline that supports broad access to high-quality preparation and champions diversity and inclusivity for educators."

National Guidelines for K-12 Teacher Registered Apprenticeships:

The newly released National Guidelines for Apprenticeship Standards (NGS) for Registered Apprenticeships for K-12 teachers was developed by The Pathways Alliance and approved by the Department of Labor. The NGS can guide states, school districts, and other apprenticeship sponsors to align their programs to quality standards for K-12 teachers. It also provides a framework that partners can use to develop state specific program standards and provide for expedited development and approval of new apprenticeship programs.

The Pathways Alliance NGS working group included the American Association of Colleges for Teacher Education, National Education Association, American Federation of Teachers, Learning Policy Institute, National Association of Workforce Boards, National Center for Grow Your Own, National Center for Teacher Residencies, Arizona State University, Cooperative Educational Service Agency 6, Deans for Impact, InnovateEDU, Inspire Texas, Prepared To Teach, Substantial, and TeachMe Education.

Department of Education Investments:

The Department of Education also released a policy brief, *Raise the Bar: Eliminating Educator Shortages through Increased Compensation, High-Quality and Affordable Preparation and Teacher Leadership*, that highlights how states nationwide are taking strategic steps outlined by the Biden-Harris Administration to support the effective recruitment, preparation, and retention of teachers. The pandemic resulted in the loss of 730,000 jobs, or 9 percent, of all local public education jobs from February to May of 2020. While recovery has varied by state, as of June, at the national level there are now only 1.2 percent fewer individuals working in local public education than before the pandemic.

The Department of Education also announced new awards totaling more than \$27 million to support these efforts, including:

- \$14.5 million in Teacher Quality Partnership (TQP) grants. These awards are intended to improve the quality of prospective and new teachers by improving educator preparation programs and supports for new teachers.
- \$12.7 million in Supporting Effective Educator Development (SEED) funds to support the implementation of evidence-based practices that prepare, develop, or enhance the skills of educators. These grants also will enable recipients to develop, expand, and evaluate practices that can serve as models to be sustained, replicated, and scaled and include career advancement opportunities for current teachers.

Eighteen states have participated in a learning series led by the Department of Education that is supporting state education, educator preparation, and labor organization leaders in planning, designing, and implementing teacher Registered Apprenticeship Programs for K-12 teachers as a long-term strategy for strengthening and diversifying the teacher workforce. Registered Apprenticeships are a valuable tool in addressing the teacher shortage and the NGS released today will help expand the number of states with high-quality programs. These programs can be effective, high-quality “earn and learn” models that allow candidates to earn their teaching credentials through structured, paid on-the-job learning experiences with mentors, combined with coursework, and can be used to bring to the table additional resources to support the expansion of teacher residency and Grow-Your-Own programs. By reducing the cost of earning a license and offering flexible scheduling, these programs open the doors to the profession to

those who may otherwise face barriers, including teachers of color and individuals such as paraprofessionals who may already have decades of experience in the classroom, but previously did not have an affordable pathway to become a teacher.

Department of Labor Investments:

The Department of Labor also announced the award of over \$65 million in formula and competitive grants to 45 states and territories to develop and scale registered apprenticeship programs in education and other critical sectors. Thirty-five of the 45 states and territories that received formula funds under this program identified the education sector as one of their targeted sectors. DOL made competitive awards to Kansas, Utah, North Dakota, Washington, and New Hampshire to support the expansion of Registered Apprenticeship Programs for K-12 teachers, as well as other sectors prioritized by these grantees.

Furthermore, the Department of Labor is announcing a new Registered Apprenticeship industry intermediary, RTI International, that will specifically focus on launching, promoting, and expanding Registered Apprenticeship programs in K-12 education.

<https://www.ed.gov/news/press-releases/education-labor-departments-announce-new-efforts-advance-teacher-preparation-programs-and-expand-registered-apprenticeships-educators-0>

U.S. Department of Education Strengthens Guidance to Improve Equal Educational Opportunity for Children with Disabilities

The U.S. Department of Education’s Office of Special Education Programs (OSEP) released updated policy guidance, which takes immediate effect, to ensure and strengthen the rights and protections guaranteed to children with disabilities and their families under the Individuals with Disabilities Education Act (IDEA).

The guidance and accompanying Dear Colleague Letter address the IDEA’s “general supervision” requirement, which necessitates states monitor local educational agencies (LEAs) as required by IDEA Part B, and early intervention service (EIS) programs and providers as required by IDEA Part C to ensure children with disabilities and their families access their rights under IDEA.

“As a former special education teacher, administrator, and state special education director, I’ve experienced implementation of IDEA’s general supervision requirements at the state and local level and recognize the need to fortify the policy guidance,” said Glenna Wright-Gallo, Assistant Secretary for the Office of Special Education and Rehabilitation (OSERS), under which OSEP sits. “We must continue to Raise the Bar for all children. One vital component of this effort is to ensure children with disabilities, birth through age 21, receive the early intervention services and a free appropriate public education (FAPE) that meets their unique needs and prepares them for further education, employment, and independent living.”

OSEP’s updated guidance will:

- Provide states with accessible and actionable information necessary to timely identify and correct noncompliance;
- Help ensure the rights guaranteed under the IDEA to children with disabilities and their families are protected; and
- Reaffirm expectations across states to help ensure consistent implementation of IDEA.

“While the federal government provides grants to states under IDEA, it is the state’s responsibility to educate students with disabilities in accordance with the law. This guidance underscores each state’s general supervision responsibility to meet the purpose of IDEA and ensure that all school-age children, regardless of the nature or severity of their disability, can access FAPE in the least restrictive environment and that infants and toddlers with disabilities and their families receive appropriate early intervention services to the maximum extent appropriate,” said OSEP Director Valerie C. Williams.

Through various OSEP monitoring activities and information received in the State Performance Plan/Annual Performance Report (SPP/APR) submissions, OSEP has observed the need for updated guidance to ensure states have the information needed to build robust general supervision systems. Such systems should ensure statewide accountability that swiftly identifies and corrects noncompliance, increases accountability through the collection of timely and accurate data, and ensures the full implementation of IDEA to improve functional outcomes, and early intervention and educational results for children with disabilities.

Additionally, OSEP received requests to clarify for all state education administrators the roles and responsibilities needed to satisfy the IDEA’s general supervision requirements. OSEP is further clarifying or expanding positions in the following areas:

- A state must not ignore credible allegations of noncompliance made outside its formal monitoring visit cycle;
- States must monitor each LEA or EIS program at least once within the six-year cycle of the state’s SPP/APR;
- States must issue a timely finding of noncompliance, generally within three months of the state’s identification of the noncompliance; and
- States, LEAs, and EIS programs or providers must verify the correction of each individual case of child specific identified noncompliance, rather than a subset.

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