

Did We Just Become Best Friends?

The Power of the Psych/Therapist Dynamic Duo.

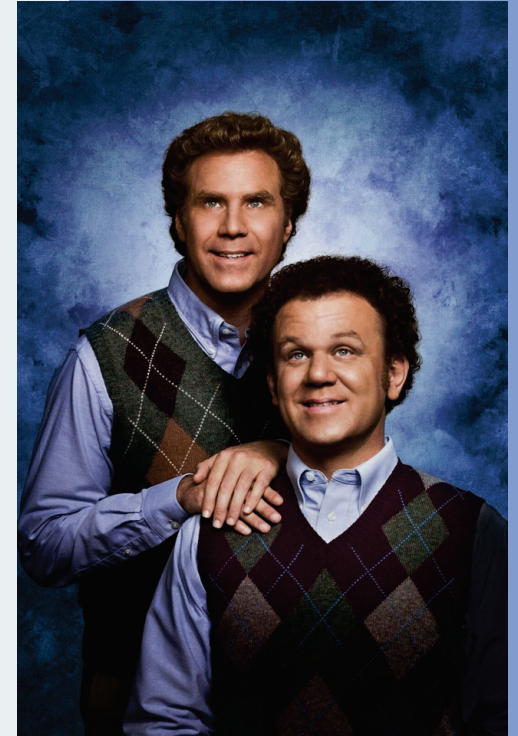
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Learning Objectives

- **Establish Defensible Best Practices:** formulate a legally defensible and practically effective framework for conducting joint mental health assessments.
- **Synthesize the Lenses:** Demonstrate how merging the educational (IDEA) and clinical perspectives leads to more accurate eligibility determinations and highly targeted social-emotional IEP goals.
- **Toolbox Integration:** Identify specific intersections where standardized psychologist rating scales and therapist clinical measures complement each other to rule out (or rule in) Behavior Disorders/Social Maladjustment
- **Collaborative Workflow:** Apply a framework for joint testing sessions and parent interviews that reduces redundancy and increases diagnostic accuracy in complex cases.

The Tangled Ball of Yarn



**GOAL:
DISENTANGLING
TO UNDERSTAND**



MERGING PERSPECTIVES

SCHOOL PSYCHOLOGIST'S PERSPECTIVE



COLLECTS
ASSESSMENT
DATA

REVIEWS
EVALUATION
RESULTS

APPLIES SPECIAL
EDUCATION
CRITERIA

DETERMINES
ELIGIBILITY

ELIGIBILITY FOR SPECIAL EDUCATION
(e.g., Emotional Disability)

THERAPIST'S PERSPECTIVE



CONSIDERS
CLINICAL
PERSPECTIVE

UTILIZES
ASSESSMENT
DATA

IDENTIFIES CLINICAL
CONDITIONS

INFORMS GOALS &
INTERVENTION MODALITIES

Therapeutic Approach

THERAPIST IDENTIFIES
CONDITIONS TO CONSIDER
FOR ED ELIGIBILITY

INFORMATION SHARING
& COLLABORATION

ASSESSMENT DATA
INFORMS TREATMENT
& GOALS





• • • School Psychologist

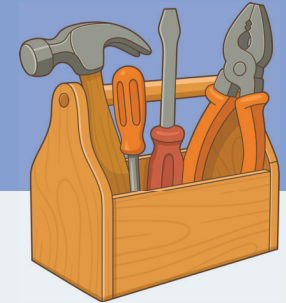
- Background information
- Rating scales
 - Educational/Behavioral
 - IDEA-Eligibility focused
 - Broadband scales
- Student Interview
- Teacher Interviews
- Observations

• • • ERMHS Specialist

- Clinical Interviews
 - Mental Status Exam
 - Risk Assessments
- Rating scales
 - DSM specific
 - Personality
 - Trauma history
- Additional Interviews
 - Parent, therapist, psychiatrist, etc

Toolbox Integration

Crossing Standardized Rating Scales with In-Depth Clinical Measures



School Psychologist

Conners-4

Deep dive into ADHD symptoms, impulsivity, and oppositional traits across environments.

CBRS (Comprehensive Behavior Rating)

Multi-informant broad spectrum screening for both internalizing and externalizing behaviors.

Beck Youth Inventory (BYI)

Student self-report focused on specific emotional clusters (Anxiety, Depression, Anger, Disruptive Behavior, Self-Concept).



Mental Health Specialist

MACI-II (Millon Adolescent Clinical)

Identifies deep-seated personality patterns (Unruly, Forceful) and clinical syndromes.

DSM-V Cross-Cutting Measures

Standardized assessment of symptom severity and comorbidity across multiple clinical domains.

Clinical Observation & Interview

Qualitative data focusing on ego-syntonic traits vs. ego-dystonic distress.



Collaborative Workflow: *Sharing Information and the Joint Interview*

Synchronization

- Pre-interview data alignment ensuring professional roles are defined (Educational vs. Clinical) to prevent redundancy and parent fatigue.
- Share and review data to prevent redundancies and identify areas to explore

Facilitation

- Establishing psychological safety with a "Lead & Support" model.
- Balancing trauma-informed clinical inquiry with academic impact assessment.
- Share notetaking duties to ensure relevant information is captured

Synthesis

- Immediate joint debriefing to bridge the gap between home-based stressors and school functioning for holistic IEP recommendations.
- Facilitate collaborative discussion regarding ongoing action items

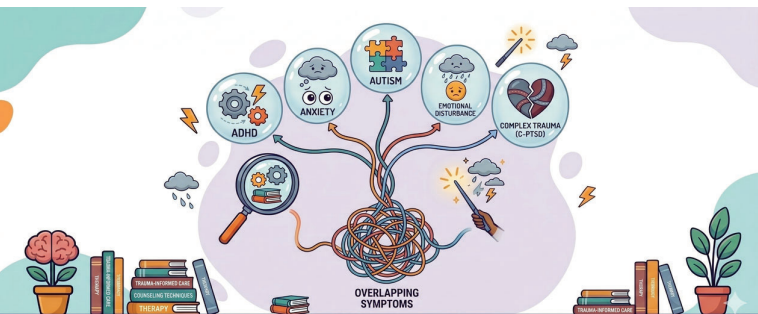
**School
Psychologist
considerations**

- Did the student express internal distress (such as guilt, remorse, or chronic anxiety) that would help distinguish ED from Social Maladjustment?
- Do you see evidence of an underlying internalizing disorder, or are these behaviors better explained by a behavior/conduct-based pattern?
- Scales show elevations in social deficits, but given the student's trauma history, do these present more like clinical attachment disorders or emotional dysregulation than primary Autism?

Considerations During the Assessment period...

**ERMHS
Specialist
considerations**

- Do psychologist rating scales identify any mood or anxiety concerns?
- Are there critical items that require further follow-up? (suicidal ideation, self-harming behavior, indicators of disorganized thinking?)
- Could substance use or behavioral concerns be related to trauma history or poor coping mechanisms?
- In what ways (if any) do mental health concerns impact student access to education?



Utilizing Dual Perspectives to Tease Apart Overlapping Clinical Profiles

ED vs. Social Maladjustment

EMOTIONAL DISTURBANCE

- Involuntary internalizing distress.
- Inability to maintain relationships.

SOCIAL MALADJUSTMENT

- Intentional, goal-directed behavior.
- Strong peer-group/subculture loyalty.

ADHD vs. Generalized Anxiety

ADHD (INATTENTIVE)

- Primary executive function deficits.
- "Can't" focus due to dopamine gaps.

ANXIETY DISORDER

- Rumination/Fear blocks cognition.
- "Won't" focus due to internal panic.

Autism vs. Emotional Disturbance

AUTISM SPECTRUM

- Social communication/pragmatic deficits.
- Sensory processing & rigidity.

ED (MOOD/TRAUMA)

- Interpersonal friction via affect.
- Reactive behavior vs. neuro-atypicality.

Complex Trauma vs. ADHD

PTSD/TRAUMA

- Hyper-vigilance mimicking inattention.
- Physiological triggers & dissociation.

ADHD (COMBINED)

- Pervasive hyperactivity across settings.
- Neuro-biological impulse control.

Case Example 1: Dale

BACKGROUND INFO

- **Profile:** Male; 14 yrs old; 9th grade
 - Parents divorced. Lived with mom. Dad lived out of state
- **Educational History:**
 - found eligible for special education in 7th grade
 - Eligibilities of ED and SLI (pragmatics only)
 - In general education with goals in behavior, pragmatics, and social-emotional
 - History of peer conflict and aggression
 - History of obsessions around guns and gun violence

REASON FOR REFERRAL

- Recommended for an updated evaluation following verbal and written threats of physical violence including obtaining weapons and ammunition and executing a school shooting or violent attack.
- Recent psychiatric hospitalization as a result of threats led to diagnoses of ADHD and Autism
- Updated assessment was performed to help inform Manifestation Determination

ASSESSMENTS FINDINGS

Academics: Weakness in Written Expression

Cognitive: Average across processing domains

Social Emotional:

- refused to participate in ADOS; Parent and teachers reported significant social communication deficits and restricted interests (ASRS; SRS-2)
- Elevated Anger by self-report (BYI-2)
- Clinically Significant Withdrawal by all teachers (BASC-2)
- Clinically Significant problems in Relations with Parents and Interpersonal Relations (BASC-2 self report)
- MACI-II - profile suggested "faking good" or lack of insight

Speech/Language:

- Nonverbal Communication Deficits
- Pragmatic Language Deficits

GENERAL CONCLUSIONS

- Significant struggle with maintaining peer relationships and social boundaries
- Perseverative Interests in war and weapons which often alarmed peers and contributed to social rejection
- Deficits in reading nonverbal cues and emotional perspective taking
- Significant impairments in social communication
- High Functioning Autism

DETERMINATIONS

ELIGIBILITY

- **ED:** *Not eligible.* Did not meet any criteria. Only identifiable condition for consideration was ADHD
- **OHI:** *Not eligible.* No evidence of limited strength, vitality, or alertness.
- **SLI:** *Eligible.* Pragmatics
- **Autism:** *Eligible.*

MANIFESTATION DETERMINATION

- Conduct was not a manifestation of disability. Student understood consequences of behavior, was able to control behavior, and all services and supports were correct and being implemented at time of incident

IEP RECOMMENDATIONS

Goal Areas: Behavior, Social Emotional, Communication, Pragmatics, Writing

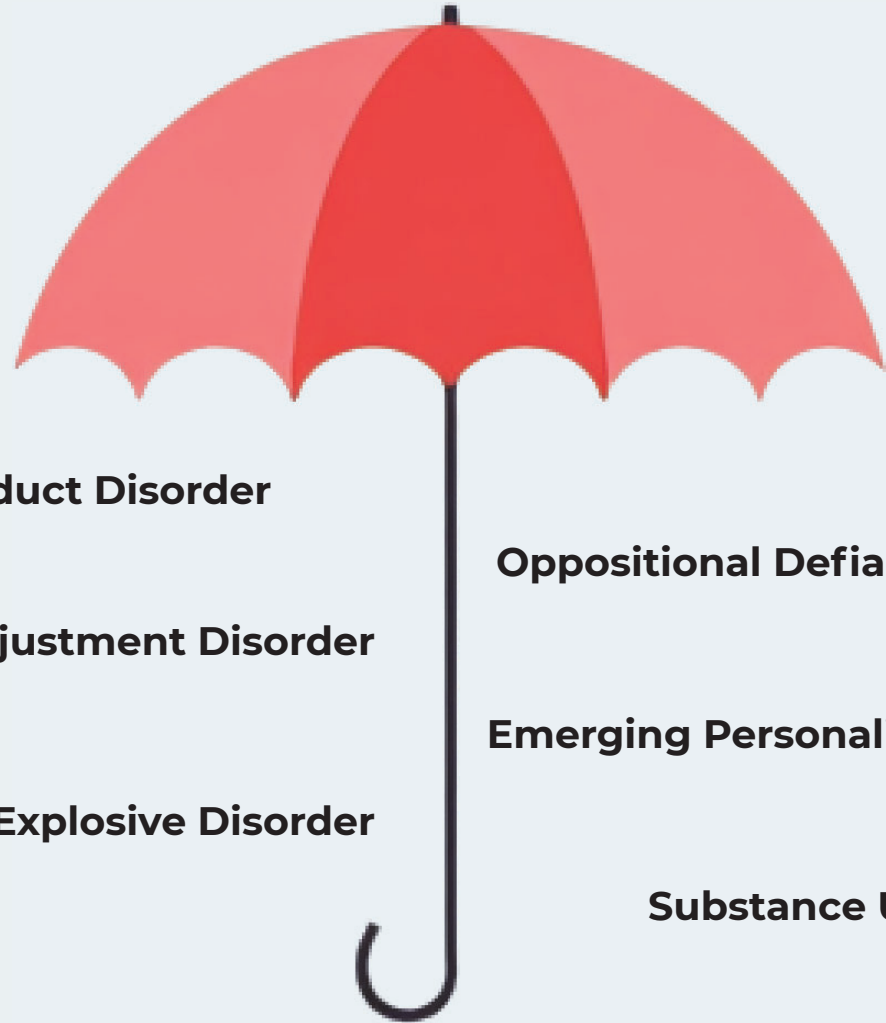
Placement Recommendation: NPS

Service Recommendations: SAI, Speech and Language, Individual Counseling (school psychologist); WRAP

Social Maladjustment

Refers to a pattern of engagement in delinquent or disruptive acts that are **volitional and socially reinforced**.

Unlike internalizing disorders (Anxiety/Depression), these diagnoses are externalizing-- manifesting as conflicts with authority, societal norms and the rights of others



Conduct Disorder

Adjustment Disorder

Intermittent Explosive Disorder

Oppositional Defiant Disorder

Emerging Personality Disorders

Substance Use Disorders

Case Example 2: Brennan

BACKGROUND INFO

- **Profile:** Male; 15 yrs old; 10th grade
 - Extensive psychiatric hospitalizations
 - substance use onset at 14
 - physical violence resulting in incarceration
 - significant family discord between divorced parents
- **Medical Diagnoses:** ADHD; Disruptive Mood Dysregulation Disorder; High Functioning ASD; Traumatic Brain Injury; ODD; PTSD
- **Educational History:**
 - multiple schools
 - extensive school disciplinary history
 - IEP since 6th grade, eligible under TBI and ED

REASON FOR REFERRAL

- Triennial evaluation following return to district after living out of country with father for a year.
- Placed in nonpublic school upon return based on last agreed upon IEP. Student had limited attendance.
- Suspected Areas of Eligibility
 - TBI
 - ED
 - OHI
 - Autism
 - S/L Impairment

ASSESSMENTS

School Psychologist

- ASRS
- CDI-2
- MASC-2
- CEFI
- Conners-3
- BYI-2
- EDDT
- WISC-V
- ABAS-3

ERMHS Specialist

- M-PACI
- DSM-5 TR Level 1 Cross Cutting Symptoms
 - Student
 - Mother
 - Father
- DSM-5 Level 2
 - Mother
 - Student

FINDINGS

Cognition: High Average

Autism Rating Scales: Significant variability amongst raters

Self-Reports: Mostly Average and inconsistent with other raters

Parent Ratings: Very Elevated in most domains to include anxiety, depression, and Social Maladjustment

Clinical Measurements:

- Compulsive and Narcissistic personality features (M-PACI)
- Somatic symptoms, sleep problems, inattention, depression, anger, irritability, mania, anxiety, substance use, suicidal ideation/suicide attempts

ELIGIBILITY FINDINGS

TBI: *Not eligible.* Behaviors existed prior to TBI

OHI: *Not eligible.* No evidence of limited strength, vitality, or alertness in non-public school setting

SLI: *Not eligible.* All speech scores WNL

Autism: *Not eligible.* No deficits found in verbal communication, nonverbal communication, or social interaction

ED: *Eligible.* But ALSO socially maladjusted.

IEP RECOMMENDATIONS

Goal Areas: Self Regulation; Identify Feelings; Coping Skills; Managing Emotions; Barriers to Attendance; Peer Socialization

Placement Recommendation: RTC

Service Recommendations: SAI, Individual Counseling, Group Counseling, Parent Counseling, College Awareness, Career Awareness, Psychological Services

The Logic of the Joint Framework



Compliance

Joint interviews reduce redundancy and minimize procedural errors that lead to legal challenges



Triangulation

Merging standardized psych scales with in-depth clinical measures creates a robust 360-degree student profile



Defensibility

Targeted goals backed by both educational impact and the clinical “why” stand up to highest level of scrutiny

Comparison of Outcomes

Domain	Psychologist (Educational)	Therapist (Clinical)
Primary Goal	IDEA Eligibility Determination	Condition ID & Clinical Progress
Data Focus	Cognitive & Academic Record	Diagnostic & Emotional Intake
Key Outcome	Special Education Placement	Goals & Intervention Modalities
FAPE Link	Legal Access to Curriculum	Clinical Stabilization & Growth

Case Example 3: Alice

BACKGROUND INFO

- **2020-2021 SY:** 3 model options for IUSD due to the pandemic
- **Profile:** Female; 10 yrs old; 4th grade; AA Adopted @ 2 wks into a White household. 10th child of Bio mother, reports of drug use in utero, inconsistent prenatal care. Family fostered an infant when Alice was 3. Behaviors in home started. Younger sister, also AA and adopted when Alice was
- **Medical Diagnoses:** Autism, Anxiety, ADHD, ODD, and Mood Disorder. Aug 2021 - RAD (by WRAP team)
- **Medications:** Vyvanse, Dextroamphetamine (2x), Clonidine, Risperdal (3x), Lexapro, Ativan (2x)

EDUCATIONAL HISTORY

- Initial IEP in 2nd grade. District's offer of FAPE was M/M; however, advocate for family requested BSLC program. Student was placed in program through SA
- Early Triennial evaluation requested by the family's advocate. Parents want to consider RTC, recommended by psychiatrist
- Recent increase in maladaptive behaviors (home & school), with higher intensity in the home.
- Regressive behaviors: thumb sucking, pacifier & blanket use, baby talk, curling up in a ball, kicking her legs & crying
- Parent perspective: "Discipline doesn't work... Any boundaries or requests are almost always met with defiance and immediate hostile response."
- Suspected Areas of Eligibility: ED, SLD, OHI, SLI, Autism

ASSESSMENTS

School Psychologist

- ASRS
- CEFI
- CAS2
- CBRS
- FAM
- FAR
- RCMAS-2
- TAPS-4
- TVPS-4
- Vineland

ERMHS Specialist

- M-PACI
- Clinical Interviews
 - Psychiatrist
 - Parent
 - Student
 - ABA provider
- Mental Status Exam
- Clinical Risk Assessment

FINDINGS

- **Cognition:** Alternative Assessment due to Larry P. Gc (Below Avg), Gf (Low Average), Gv (Average), Ga (Below Avg), Gsm (Below Avg), Glr (Below Avg), Gs (Below Avg)
- **Rating Scales:** Significant variability amongst raters, with home ratings Very Elevated on everything
 - School - emotional regulation, inhibitory control, behavior rigidity, peer socialization, anxiety, hyperactivity
- **FBA** - Elopement, Property Destruction, Physical Aggression. Occur simultaneously as part of escalation cycle.
 - Low Frequency & intensity, but high duration (avg. 79m)
 - Function: Attention & Access to Tangible

FINDINGS CONT.

Clinical Measurements:

- **Student Interview:** Family Discord. parents fight - they always tell me not to tell anybody. Mom and dad tell me. 'it is you causing the trouble, not your sister.'
- **M-PACI:** Independent strivings mask her underlying dependency needs; anxious seeking of reassurance from others; sense of helplessness; highly irritable, impulsive, and negativistic in mood
- **Home Interventions:** Treatment type, Purpose, and Parents' notes (reasons for discontinuing treatment)

IEP RECOMMENDATIONS

- **Eligibility:** ED (Anxiety), OHI (limited alertness ADHD + heightened alertness Anxiety), SLI (prags). **NOT eligible** - Autism (Primary ED, therefore, cannot be eligible under AUT) - only met Social interaction prong, SLD (Global LD)
- **Goal Areas:** Academics (5), Self-Awareness, Positive Self-Talk, Problem-Solving, Communication (2), Behavior: Coping Strategies, Social Interactions, Functional Communication for Attention, Tolerating Denied Access, Bx reduction goals
- **Placement Recommendation:** BSLC Program
- **Service Recommendations:** SAI, 1:1 BI, Individual Counseling, Group Counseling, Language & Speech, WRAP services

The Tangled Ball of Issues

The Alice case represents a complex web of 15 distinct issues raised by the Student, involving allegations of procedural and substantive FAPE denials. These issues span from 2019 through early 2022, centering on:



Prior Written Notice (PWN) Compliance



COVID-19 Pandemic Response & Implementation



Appropriate IEP Placement & Service Offers



Failure to Implement Agreed-Upon Programs

Synthesizing the Lenses

(Merging the Educational & Clinical Perspectives)

- **The Eligibility Conflict:** Parents wanted Autism eligibility. District testified that a mental health approach was more effective for this student's behaviors than social skills therapies typically directed at autism.
- **Educational Decision:** The ALJ noted that under California law, autism eligibility does not apply if the educational performance is primarily affected by an emotional disturbance.
- **Synthesis in Action:** The District successfully argued that while the student had an autism diagnosis, the clinical mental health condition was the driver behind the physically aggressive behaviors.

Synthesizing the Lenses

(Merging the Educational & Clinical Perspectives)

- **ED vs. Autism** - peer socialization, behavior rigidity and emotional regulation. Social situations create anxiety which then impacts her EF skills, & further exacerbates cognitive processing challenges (retrieve previously learned information). Students with Autism often need to be explicitly taught a variety of social skills and have significant skills deficits. Alice= performance deficit. Mood/anxiety heavily dictates success in social situations
- **BSLC vs. NPS/RTC** - behaviors in the educational setting have not escalated to a level of severity in which Alice could cause physical harm to herself or others



YEP!

Best Friends in Mental Health Care

Questions? Let's talk about building your own dream team for comprehensive assessments. When psychologists and therapists work together, everyone wins!