



Pointing Fingers:

Things Teachers and Parents May Say That Foster Distrust

Part I: Things Teachers Say

1. *"I don't see any symptoms -- or at least, not very many. I wonder if this student really even has [diagnosed condition]. I certainly don't see any indication it's affecting him in my classroom!"*

Remember that what you see in the classroom may be only the "tip of the iceberg." For example, most children who have tic disorders do not tic as much in the regular classroom as they do in other environments due to suppression and other factors. Nor do teachers see hidden symptoms such as internal tics, the urge to tic building up, mental obsessions, mental compulsions, distractibility, anxiety, and embarrassment.

In the author's experience, it frequently happens that when a student's teachers get together to case conference the student, they have significantly different reports on symptom levels. One teacher may be reporting no symptoms and no problems, while another teacher may see mild symptoms and significant behavioral features, and a third teacher may be reporting significant symptoms but no behavior or academic problems. There really is that much variability, and understanding under what conditions the student is able to function well is an important part of planning for the student.

When meeting with the parent, then, what might be more helpful is to say, "I know that I'm probably only seeing the tip of the iceberg, but I just wanted to let you know that I don't see many symptoms in my class. Is he telling you that his symptoms are bothering him in class? If so, please tell me so we can think about how to help him."

At that point, don't be surprised if the parent tells you that their child is having a lot of symptoms that are being suppressed and that are coming out at home after school. If you get that kind of

report, you, the parents, and the student (if appropriate) should sit down together to figure out some accommodations or strategies to help the child.

2. *"He did it yesterday, but he wouldn't do it today. I know he could do it if he just tried harder."*

Many of the disorders covered on this web site are regulatory disorders, and variability is one of the cardinal characteristics of a regulatory disorder. The regulatory disorders include ADHD, Tourette's, OCD, anxiety disorders, and mood disorders, to name just some.

Since the symptoms of these conditions fluctuate from day to day, week to week, setting to setting, and even within an hour, the fact that a student was able to focus and/or perform yesterday doesn't mean that they will be able to do it today. Most children want to do well. If they're not, then assume that they can't at that moment and see what you can do to help them focus or function. All children will have "bad days" -- even those without any diagnosable conditions. Those who do have neurobehavioral problems are likely to have many more "bad days." Your empathy and respect as a teacher can make a world of difference.

Does this mean that the student is always trying? No. Sometimes they've given up or are overwhelmed. In other cases, their failure may reflect age-appropriate disinterest or other factors (such as an adolescent's greater concern for socialization than academics, at times). But when in doubt, your best strategy is to start from the premise that the student can't do it at that moment and see what impact patience, accommodations, and interventions make.

Telling a parent, "Your child could do it if he just tried harder," may be intended as encouragement, but is more likely to be construed as evidence that you don't understand how much effort the child must make to sustain any kind of effort. Think of a child who needs reading glasses to read. Would you tell them that they could read without their glasses if they just tried harder? Of course not. Since motivation is generally not the problem in educating students with neurobehavioral conditions, let's forget about the "just try harder" line and look to see what supports they need.

A more productive way to communicate your observations might be to say to the parent, "I understand that variability is one of the hallmarks of his condition, and I am seeing a lot of day-to-day variability. Do you have any ideas about what we might do in school to help him function more consistently?"

3. *"I understand that you (the parent) are concerned, but I really don't see a serious problem here."*

Earlier I referred to the "tip of the iceberg." Educators need to remain ever-aware that what they see in their classroom may be vastly different than what the parent observes in the home, where the student often feels freer to let their symptoms out or where the student may "explode" after a day of trying to cope with the stresses and demands of school.

Your student's parents are often the most reliable source of information as to whether the student is thriving in school or is facing challenges that need to be addressed. The parents can also tell the educator about the student's strengths so that you can pitch to his/her strengths and develop a more integrated and effective educational program.

A more productive way to communicate with the parent might be to say something like, "I hope you'll share your observations with me about how he's doing in school. From what I see, he's managing to do a good (or great) job in class, despite all the challenges he's dealing with. Does he feel he's doing well in school or do you or he have any concerns that you'd like to share?"

4. *"How can I consider this child disabled -- he's above grade level?!"*

You're probably thinking, "Oh no, I'd never say anything like – no one would!" I'm here to tell you that I wish I had a dollar for every time an administrator said exactly that to me.

All too often, children with neurobehavioral problems seem to have to deteriorate significantly before the schools recognize that they need help. The presence of any intellectual giftedness may just mask detection of learning disorders that need to be addressed. This is particularly evident in young students with ADHD who may be bright enough to "coast" through their early years but who seem to "crash and burn" when they hit middle school and the demands for organization and independence increase significantly.

In speaking with the parent of a child who is above grade but who the parent feels need special education, you might try an approach like: "I understand you have some concerns. What do you see as her educational disabilities that you feel we need to address?" Many times, you will get a response that will actually bring you into agreement with the parent, like, "Well, she's only doing well on her homework because I sit with her and have to help her with every step. And she never brings home her homework or supplies – we're always having to drive back to the school or call one of her classmates." Or maybe the parent will say something like, "Well, she's very bright, but it takes her two hours just to write one paragraph. She can't seem to get herself started and she can't organize her thoughts. She sits at the table and we end up fighting over the work."

5. *"This student is taking up a disproportionate amount of my time and it doesn't seem fair to the other students."*

This is a tough one to address, as it's frequently true that one or two students in a regular classroom are taking up disproportionate amounts of time. But the reality is that it's not the student's fault that he has a regulatory disorder. So what point is there in telling the child's parent that the student is taking you away from your responsibilities to your other students? The parents' main concern is their child.

6. *"I think the mother isn't giving the child the medicine the child is supposed to be getting every morning."*

While parents may occasionally forget to give their child medication, most parents are quite conscientious about giving necessary medication as they know that missing a dose or abrupt changes in medication can produce or cause serious withdrawal or other adverse effects. If the child's behavior or symptoms really seem "off" on some mornings and not others, the variability the teacher is observing is usually due to other factors such as lack of sleep. And if the teacher were to ask the parents whether there are some mornings when they can tell that their child is "off," many parents would tell them that they can tell when their child is in for a rough morning.

If – despite the above – you still suspect that the child isn't getting their medicine at home, you can take a proactive approach with the parent, like "I know it's easy to forget things in the morning, so I just wanted to let you know that if you want to, you can arrange to leave a supply of your son's medicine with the school nurse. That way, if he ever leaves home without having taken his medicine, you can just call the school and let us know and ask the nurse to give him his pill. You can speak with the school nurse about this, if you think it's a good idea."

7. *"I tried to tell the parent what's going on in school and the parent got very defensive and then insulting."*

Most parents of children with neurobehavioral conditions get defensive occasionally because they are constantly being told what they are "doing wrong" by people who really have no sense of how difficult it is to parent these children or to "control" them.

A "safe" way for teachers to communicate with parents is to provide an objective description of what the child is doing or how the child is functioning *without characterizing or interpreting* the

behavior at all. Let the parent know that you realize that home and school are different environments and that you just want to let the parent know what you are observing so that the parent has that information when s/he communicates with the child's treating professional(s).

Building a collaborative relationship is a two-way street, so in the next section, I describe some things parents say that foster distrust or a poor working relationship.

Part II: Things Parents Say

1. *"The teacher scolded my child for something that is a symptom of his disability. How insensitive and unfair she is!"*

Often, teachers don't recognize a behavior as being a symptom of a condition because they've never been trained in your child's condition. You might be shocked to discover how little training in neurobehavioral conditions most regular education teachers receive at the pre-service level of training or even on a continuing education basis. Indeed, not all states even mandate continuing education for teachers.

Assume that the teacher is in good faith and needs to be educated more about your child's condition and about your child's specific symptoms or manifestations. Have you sent the teacher a letter that specifically mentions what "behaviors" are symptoms and how the teacher might handle them or prevent them? If not, why not? Remember how you were frustrated with your child or may have punished child before you understood what it was all about? Give the teachers the same permission to learn and be supportive of their efforts.

Most teachers donate a lot of their after-school time and energy to their work. For that reason, I do not recommend "swamping" a teacher with written materials to read or videos to watch unless the teacher has indicated that he or she would welcome it. Providing some practically oriented literature that is tailored to your child and letting the teacher know that you have other things if they'd like them is probably a better strategy.

2. *"The teacher only tells me negative things about my child. I am so tired of all the phone calls complaining about him."*

Why are you taking the phone calls? If you are getting worn down or worn out by the phone calls, don't answer the phone. Let the answering machine pick up.

Sometimes the teacher isn't really complaining but rather trying to be helpful by informing you of what they're seeing in school. If every day is pretty much the same thing, you might simply send the teacher a note suggesting that you both conserve your resources and that there's no need for her to call you every day to basically tell you that your child is still symptomatic -- that you will assume your child is still symptomatic until you hear otherwise from her. You can also specifically ask the teacher to tell you something positive your child has done each day so that you can reinforce the child in the home by saying, "Mrs. B. said that you really did a good job on...."

3. *"The teacher is supposed to record his homework and make sure everything's packed up, but at least once or twice a week, she isn't doing it. I think she could do it if she just tried harder."*

Parents should assume that the teacher is trying the hardest he can -- just as we want the teacher to assume that our child is trying the hardest he can and that they (the parents) are trying as hard as they can. If the teacher is unable to meet the responsibility on a fairly regular basis, then it's time to consider whether the system needs to be changed or if the teacher needs more support in the classroom so that he can accomplish everything he wants to and needs to accomplish.

If there's no assistant teacher or paraprofessional in the room, have you advocated for one so that the teacher gets some additional help in there?

4. *"The teacher keeps telling me all these things my son supposedly does, but he never does them in the home, and I don't know whether to believe the teacher."*

Just as teachers need to remember that school and home are different environments with different structures, supports, and demands, so, too, do parents need to remember that. In general, I would believe the teacher's objective description of a behavior although I might question the teacher's interpretation or explanation of the behavior if I felt the teacher did not really understand my child or the conditions.

If there are recurring problems, requesting a functional behavioral assessment (FBA) might be appropriate.