

# Chapter 18

## Oral Reporting

### 18.1 Overview

The purpose of the feedback conference is to review findings with the multidisciplinary team and caregivers. This will include a discussion of the approach to evaluation, a discussion of the report's findings, and then a presentation of the recommendations. Throughout the report conference the psychologist will permit time to address any questions the caregiver might have.

### 18.2 Format and Meeting Participants

There are two general ways in which to structure report conferences: (1) private conference between psychologist and caregivers or (2) team approach which is spearheaded by the psychologist or some other member of the multidisciplinary team. The first approach to feedback conferences has the psychologist and the caregiver separately discuss the report. This approach is sometimes taken in the schools as the psychologist may be able to more appropriately convey sensitive information in a more private setting. It is also the clinic-based approach taken within a private agency or university clinic. When this approach is taken within the schools, after the feedback conference, the psychologist and the caregivers will convene the IEP or Section 504 meeting, if there is need, and proceed to a discussion of the IEP or 504 plan.

The second approach has the psychologist furnish feedback to parents in front of all the multidisciplinary team members. Many school districts choose this approach as it conveys the perspective that the report and its conclusions were predicated upon a team decision-making process. It also permits participation from the team's participants who might have additional perspective regarding the child. Participants within the report conference may include the student's teachers, the caregivers, instructional aides, administrators such as the director of special education or the

principal, and sometimes even the child. Additional participants who may attend a meeting include a special education advocate, an outside therapist or psychologist, and an attorney. Conferences formatted in this fashion often have one person (i.e., psychologist, special education teacher, case manager) facilitate the meeting and ensure that all attendees are able to participate. The psychologist will still be responsible for discussing a significant portion of the report. However, there are elements such as classroom performance, behavior, or how services will look in the classroom that are best be clarified by additional personnel.

### 18.3 General Framework for Feedback Conferences

In the majority of report conferences it is the psychologist who will be responsible for discussing the report. The following general framework will help students learn this often complex process. The structure is presented below followed by a more detailed discussion of each component.

1. Starting the Conference.
2. Provide a Very Brief Description of Evaluation Process.
3. Present strength-based assessment results and then classification decision.
4. Address any question or concerns.
5. Discuss each Section of the Report.
6. Integrate findings.
7. Discuss recommendations.

#### 18.3.1 *How to Start the Conference*

When the caregivers were initially interviewed the process of rapport building began. During the interview phase of the evaluation process you should have discussed the aims and scope of the evaluation including what information you were gathering, what is to be expected from the evaluation, and when the evaluation might be completed. Since it may have been some time since the psychologist last corresponded with the caregiver(s) the psychologist should engage briefly with them. This is not the time, however, for protracted or affected attempts at connecting with the caregiver(s). Caregiver(s) may be quite anxious and want to get started with hearing your perspective (and that of the multidisciplinary team if you are in a US public school setting) regarding eligibility and services to which the child might be entitled.

#### **Example**

Psychologist: Hello Mrs. Smith. It is good to see you again. I am glad we are able to discuss Johnny's report. How have things been since we last spoke?

Mrs. Smith: It is good to see you too. Things have been just about the same. Johnny still struggles with reading and writing.

### ***18.3.2 Brief Description of Evaluation Process***

Although you may have discussed with the caregiver(s) the information you were gathering and the approach to evaluation you were undertaking, you should review the process you used to conduct the evaluation. Since much of this information, even when discussed in a straightforward manner, will seem quite technical, you should revisit the process you used to arrive at your conclusions and recommendations.

#### **Example**

Psychologist: I see. Johnny is still struggling with reading and writing. Well. Let's jump right in and get started with a review of Johnny's report.

Mrs. Smith: Very good.

Psychologist: As we had discussed previously when we last spoke I was responsible for conducting the evaluation of Johnny. As part of that process I used multiple methods of assessment and gathered information on his progress in several areas including how he is doing academically, cognitively, behaviorally and socially. As part of this process I gathered input from you, his teachers and from standardized testing. I also observed Johnny in his classes.

### ***18.3.3 Presentation of Strengths-Based Assessment and Then the Classification Conclusion***

Following the discussion of the evaluation process should be a discussion of the positive aspects of the child. The focus of the report conference will be on the child's struggles and the accommodations for those struggles, so it will be important to begin with a brief discussion of the results of your strength-based assessment. After presenting this information immediately move to a discussion of the classification conclusion and whether the child is eligible for support. Many caregivers may be anxious and not hear anything else you might say up until that point.

#### **Example**

Psychologist: Please allow me to discuss Johnny's strengths. Numerous sources of evaluation data revealed that he is a kind, compassionate and well-liked child. He also is an exceptional athlete and quite motivated to learn mathematics. These qualities are important to highlight. Now I would like to move to the classification decision. Based upon the comprehensive evaluation, Johnny will qualify for special education support under a classification of learning disabilities.

### ***18.3.4 Address Any Questions or Concerns***

Once you present your classification decision, then this is a logical place to address any questions or concerns that the caregiver might have. The caregiver may have several reactions ranging from agreement and relief to denial and anger. At this point it may be appropriate to inquire with caregivers about their initial

perspective regarding the classification decision and any other concerns or questions they might have.

### **Example**

Psychologist: Do you have any thoughts, concerns or questions about this classification?

Mrs. Smith: I always suspected Johnny had something going on. His older brother never struggled the way he did, so this makes sense.

Psychologist: I am glad this makes sense. Shortly, we will discuss recommendations that will hopefully improve Johnny's reading and writing, but first I would like to review some of the details of the report including how the classification decision was arrived at by the team. Is this okay with you?

Mrs. Smith: Yes it is.

## ***18.3.5 Discuss Each Section of the Report***

After the classification decision is offered and any questions or concerns addressed you should delve into each section of the report. Be cautious, however, about getting too technical unless the caregiver asks for additional technical details. For instance, it is less appropriate to discuss the intricacies of confidence intervals and the standard error of measurement. Granted, these are important concepts but they may be too technical for the average caregiver. Instead, comment in general how the child is doing in the major domains: cognitive, academic, behavior, social-emotional, and adaptive.

### **18.3.5.1 Cognitive and Academic**

When reviewing standard scores, it is best to avoid presenting too much technical information unless it is asked for. There are two approaches that may be taken when presenting standardized cognitive and academic information. One approach has the psychologist present an annotated depiction of the bell curve and discuss where the child falls on the curve. This requires the psychologist to note various points on the curve (e.g., average, below average, above average) and discuss where the child being evaluated falls on the curve. The danger in this presentation is that it can be overly difficult to understand for some caregivers. A second option is to discuss the child's performance more linearly noting that percentiles range from approximately 1 to 99. Explain that the average falls somewhere between the 25th and the 75th percentile and then place the child on the percentile continuum. Take a child who scores at the 60th percentile as an example. Indicate to the caregiver that the child scored at the 60th percentile which means that she scored greater than 60 of 100 children her age. You could even state if we line up 100 children of your child's age then your child would be number 60 out of 100. After discussing norm-referenced scores move to a discussion of curriculum-based assessment results, grade reports and teacher impressions of academic progress.

### Example

Psychologist: Please allow me to begin with a discussion of Johnny's cognitive and academic performance on standardized testing. Johnny scored in the average range, at the 75 percentile, on a measure of cognitive ability. He struggled on a measure of academic achievement—the WIAT-III—in the areas of reading and writing where he scored in the 6th and 8th percentiles, respectively. This means that if we place Johnny next to 100 of his peers, he scored higher than 75 on the IQ test and higher than 6 and 8 of children his age on a measure of reading and writing. He also struggled on a measure of phonological awareness (the CTOPP-2) scoring at the 9th percentile. Johnny's difficulties with these achievement tasks is consistent with teacher and parent reports where Johnny faces significant difficulty with activities involving reading and writing. Does this make sense?

Caregiver: Um. Yes. His difficulties make sense to me, but I don't know what you mean by phonological awareness.

Psychologist: Okay. Good question. Phonological awareness represents Johnny's ability to connect the sounds that words make to the words themselves. It helps him to decode or sound out words. Johnny has difficulty with these tasks—sounding out words and decoding them. It is a reason why he struggles with reading so much. For Johnny to fluently read and therefore comprehend what he has read, he must quickly and efficiently decode words. He struggles with his word attack skills and so this is interfering with his ability to quickly read and understand what he has read. Does that make sense?

Caregiver: Yes. I think so.

#### 18.3.5.2 Social-Emotional and Behavioral

The threshold for discussion with social, emotional, and behavior instruments is generally the average, at-risk, and clinically significant range. Discuss standardized test results and reconcile with observations, background information, and teacher reports.

Psychologist: Okay. Let's move on to a discussion of Johnny's progress in the behavioral and social-emotional arena. Johnny was described by his teachers and rated on the BASC-2 as a well-adjusted child. He sometimes loses focus easily but this occurs during reading instruction and not mathematics. He is helpful to the class and a good friend to several students in the class. Other than his occasional loss of focus during reading instruction, there do not appear to be any additional concerns.

Caregiver: Do you think Johnny's loss of focus is related to his difficulty with reading?

Psychologist: It is certainly possible that this is the case, but we have to be cautious about making such a definite statement. Still, since he does not lose focus when other academic subjects are being discussed, it seems like a possible explanation. We will continue to monitor his behavior in this area to see whether the supports that he will receive will help.

#### 18.3.6 Integrate Findings

Here is where you put it all together. It need not be a long synthetical discussion but it should tie your results together so that you move into the recommendation and intervention planning phase. When caregivers ask for more elaborate discussion of the information then it is appropriate to take the time to discuss that information.

### Example

- Psychologist: Based upon multiple methods of assessment and sources of data including standardized assessment, review of grade reports, medical records, interview results, observations, all supported by clinical judgment, Johnny qualifies for specially designed instruction under a classification of learning disabilities. His tendency to lose focus during reading will continue to be monitored. Johnny is otherwise described as a well-adjusted and well-liked child with several friends who seeks to help others.
- Caregiver: Yes. That makes sense. Do you think he will overcome his learning disability?
- Psychologist: The scientific evidence suggests that learning disabilities are a life-long condition. This does not mean that Johnny will not be successful and cannot learn. He will learn strategies that will help him learn. I would imagine you have numerous thoughts going through your head, some of which may be scary for you.
- Caregiver: Yes! The world is a tough place and I want Johnny to be successful. I'm concerned that he won't do well in high school and beyond and then not be able to make it.
- Psychologist: These are very valid concerns. But I think that Johnny will be able to learn and it is our hope that he will understand how to make adjustments to his learning style that will help him. No one can predict the future, but I think that Johnny is a bright child and this bodes well for his future success. Keep in mind that there is a difference between a learning disability and an intellectual disability. Johnny does not have an intellectual disability.
- Caregiver: Uh. When I went to school, if one received a special education classification, then we never saw the child anymore. He was placed in a separate class in a separate building.
- Psychologist: No. This will not happen with Johnny and it would be inappropriate. Our school embraces an inclusive philosophy and most of Johnny's additional support will take place right in the classroom. Does this make sense?
- Caregiver: I think so.
- Psychologist: Well. Ms. Anne can describe more fully the look and feel of Johnny's services. She will also be discussing the components of his IEP. I think some of your concerns will be addressed further by Ms. Anne.
- Caregiver: Okay. Thank you.

### 18.3.7 *Discuss Recommendations*

Within this section, you will discuss your recommendations for the child. If presenting the feedback in a school setting, this should flow into a discussion of the IEP or Section 504 plan (if the child is found eligible).

### Example

- Psychologist: As we discussed, Johnny struggles with reading and writing. Let's please turn to the recommendations section of the report and review the recommendations that are indicated for Johnny. More specific intervention recommendations are offered within Johnny's IEP and the team will move to a discussion of the IEP following a discussion of the recommendations that are deemed appropriate for him.
- Mother: Great.
- Psychologist: [The psychologist would proceed to discuss recommendations].

## 18.4 Case Examples

There is no replacement for practicing the provision of feedback with caregivers and a multidisciplinary team. The discussion of a few case examples cannot capture all of the varied scenarios faced by psychologists, but they will give a sense of the process.

### *18.4.1 Case Example 1: The Unexpected Response*

This is an example of a case that involved a third grade child who scored in the gifted range on measures of academic achievement (reading, writing, and mathematics). He was the highest in his grade in all academic areas. His score on a measure of cognitive ability was approximately 108. His mother, a highly involved parent, referred the child for an evaluation to see whether he qualified for special education support because he would sometime lose focus, have poor handwriting, and was somewhat clumsy. Upon completing the evaluation, it seemed as if this would be a smooth conference with the provision of positive results. In reality, the conference was unexpectedly antagonistic.

Psychologist: Good Morning Ms. Smith. Thank you for coming to this meeting to discuss the results of Sammy. It is good to speak with you again.

Mother: Thank you.

Psychologist: As I mentioned to you previously, I conducted a comprehensive evaluation of Sammy looking at his progress across multiple domains including cognitive ability, academic achievement, behavior, social, and emotional.

Please allow me to begin with a discussion of Sammy's numerous strengths. He excels in all academic areas and is in the highest reading and math groups in his grade. He is also a very thoughtful child who reaches out to and supports others in need. It was a genuine pleasure getting to know Sammy. Because Sammy is one of the highest achievers in his grade, and scored in the gifted range on measures of academic achievement he will not be eligible for special education support. What are your thoughts about this finding?

Mother: I disagree. My sister who is a special education attorney with A, B & C law firm read through your report and indicated it was poor. She expressed that it was disorganized and the cognitive ability instrument that you used is not commonly used to evaluate children who might be gifted. She also said that you also use achievement instruments that are old and outdated. Thus, I dismiss this report and its findings and feel that it is inaccurate.

Psychologist: I am sorry that you feel that the report and the procedures used to arrive at the conclusions are inappropriate. What is it that you thought you would have expected to see?

Mother: I am surprised that Sammy was not classified with a learning disability or some other classification so that he can obtain services. He struggles with his handwriting and loses attention easily. I think he needs special education support. I am also surprised that he did not score in the gifted range on the IQ test. My sister questions the reliability and validity of the IQ test you used to evaluate Sammy. She mentioned that it is not commonly used for gifted testing and she said that you should have used instead the Stanford-Binet 5.

Psychologist: I can understand why think that Sammy might be eligible for special education support. It is difficult to watch such a bright child struggle with writing out his responses when he has so much to convey. It must also be frustrating when you work with him to see him tune out and lose focus.

Mother: Yes. But this does not change the fact that he needs support for those difficulties and I want that support provided through an IEP.

Psychologist: Please allow me to explain why Sammy was not found eligible and then perhaps brainstorm with the team to come up with a plan to support Sammy's struggles with handwriting and loss of focus.

Mother: Okay.

Psychologist: I can assure you that the instruments used within the report and the evaluation itself was comprehensive. One of the requirements for special education eligibility is to determine whether a condition experienced by the child adversely impacts educational performance. Sammy's scored in the gifted range (i.e., higher than 130 or at the 98th to 99th percentile) on all academic achievement tests. He is also considered to be at the highest level in his class across all subjects. Because he is one of the highest students in his class we could not make a case that his condition is adversely affecting his educational performance. This does not mean that we will not attempt to provide accommodations for his difficulties. We will. It is just that he will not be eligible for special education support for those difficulties. Does this make sense to you?

Caregiver: Yes. It makes sense but it still does not address the issue of using an inappropriate IQ test for giftedness testing.

Psychologist: Please allow me to assure you that the IQ test used is a valid and reliable measure of cognitive ability. It is the newest IQ test available and therefore may not be as widely known. But rest assured that it is valid and reliable for the purpose of ascertaining an IQ test score.

Caregiver: Okay. I will convey that information to my sister. She had serious reservations about the test and even about your report.

Psychologist: I think now is the time to move to a discussion of the recommendations that I have for Sammy. Although he did not qualify for special education support, he still would benefit from recommendations for his occasional attentional lapses and his handwriting difficulties.

...The psychologist goes on to discuss the case...

### ***18.4.2 Case 2: The Caregiver in Denial***

The following case represents a caregiver who is not quite ready to acknowledge the possibility that her son has an autism spectrum classification. The son was in kindergarten and struggled with the core symptoms of ASD.

Psychologist: Good Morning Ms. Jones. Thank you for coming to this meeting to discuss the results of Jackie. It is a pleasure to meet with you in person.

Mother: Thank you. Same here.

Psychologist: As I mentioned to you previously, I conducted a comprehensive evaluation of Jackie looking at her progress across multiple domains including cognitive ability, academic achievement, behavior, social, and emotional.

Please allow me to start with a discussion of Jackie's strengths and then move to my conclusion. It was a genuine please being able to evaluate Jackie. She is an incredible artist who produces creative drawings. She also has an outstanding capac-

ity to spell and really understands how to navigate the Windows operating system. However, Jackie struggles with communication, socialization and other behaviors suggest that she will qualify for special education support under a classification of autism. The evaluation results indicate that Jackie has high functioning autism spectrum disorder.

What are your thoughts about this classification?

Caregiver: I completely disagree with you. My sister works at the Center for Autism in Smithville, USA and she does not see autism in Jackie. She thinks it is more a learning disability combined with a speech issue and attention deficit disorder.

Psychologist: Please allow me to explain how the classification decision was arrived upon. Ms. Jones, as mentioned when we spoke, I conducted a comprehensive evaluation of Jackie's functioning looking at her cognitive, academic, social, emotional, behavioral, and adaptive functioning. Although Jackie's cognitive ability is approximately in the average range, she struggles with socializing and communicating at an age expected manner. For instance she rarely makes eye contact when spoken too and often has her back turned to others while they attempt to engage her in conversation. When asked a question, Jackie tends to furnish tangential responses or switch the conversation to a topic preferred by her. Jackie also spends a significant amount of time playing in the sand tray. When redirected she will engage briefly in the requested activity, but then return to the sand tray moments later. Jackie also becomes upset when the classroom routine is changed. For instance, when her teacher is absent or when the class is abbreviated, Jackie becomes distressed and starts flicking her fingers. All these characteristics suggest that she meets criteria for an autism spectrum classification.

Does this make sense?

Mother: I understand what you are saying but I think that she is young and will outgrow many of these social issues. I know that my husband was shy as a child and struggled socially, but he does not have autism. I think that kids these days tend to be classified with autism much more than they should. My sister agrees and thinks that Jackie just has a communication issue, a speech issue, and ADHD.

Psychologist: I respect your perspective. At this point I would encourage you to take some time to consider what we have discussed at this conference. If you agree then we can move forward with an IEP.

Mother: I would like to consider my options. Would it be possible to get a second opinion?

Psychologist: Yes. You are entitled to a second opinion. Please let us know and we can furnish you with a list of individuals who are qualified to conduct independent educational evaluations or you can furnish a few names of appropriately qualified individuals.

### ***18.4.3 Case 3: The Appreciative Caregiver***

In this third example the case that will be presented is of a child who qualifies for special education via the IDEA category OHI. The caregivers have been concerned about the child's ability to focus and complete schoolwork.

Psychologist: Good Morning Mr. and Mrs. King. Thank you for coming to this meeting to discuss the results of Jamal. It is good to speak with you again and a real pleasure to meet you in person.

Parents: Thank you. It is nice to finally meet you in person too.

Psychologist: As I mentioned to you previously, I conducted a comprehensive evaluation of Jamal looking at his progress across multiple domains including cognitive ability, academic achievement, behavior, social, and emotional.

Please allow me to begin with a discussion of Jamal's numerous strengths. Jamal's mathematical abilities are quite high. He is particularly good at geometry. He also is an outstanding artist. Jamal's teachers indicated that he is a charming child who has many friends. It was a genuine pleasure getting to know Jamal. The results of the evaluation suggest that Jamal will be eligible for special education support under a classification of Other Health Impairment. Multiple methods of assessment and sources of data suggest that his attention related difficulties are negatively impacting his academic performance particularly in reading and writing. What are your thoughts about this finding?

Parents: We definitely agree and feel as if this report describes Jamal really well. It is right on target. And, thank you for pointing out Jamal's positives. We have heard so much this year about how he is not paying attention and how poorly he is doing. It is getting difficult to hear this over and over. So, what does this mean for Jamal?

Psychologist: I am glad you feel that the report accurately portrays Jamal. Since you agree with the findings, the next steps will be to briefly discuss some of the details of the report and then move to a discussion of the report's recommendations.

Parents: Okay. That sounds great.  
 ...Psychologist and parents discuss additional details and then move to the recommendations and the IEP.

## 18.5 General Oral Reporting Guidelines

The guidelines for report writing may also be applicable for oral conference reporting. Here are a few general suggestions that should be considered when involved with an oral report conference.

### *18.5.1 Facilitate the Meeting and Engage All Appropriate Participants*

If you are discussing the child's progress in the classroom with the classroom teacher and other school professionals (e.g., teacher's aide) present then ask the teacher or the aide to furnish his or her impression of the child's functioning. A first hand accounting of perspective is superior than having it furnished second hand.

### *18.5.2 Team Decision*

Emphasize that although you wrote the report the conclusions are the result of multiple perspectives, methods of assessment, and a collaborative decision-making process that involves caregiver.

### ***18.5.3 Avoid Pedantic Psychobabble***

Speak to parents in direct terms using accessible language. Speak parsimoniously avoiding big words and pedantic psychobabble. This is discussed more fully in Chapter 19 under report writing but is also applicable when orally conveying results to caregivers and teachers.

### ***18.5.4 Expect the Unexpected***

As sample case 1 above illustrates when you think that the report conference will go smoothly, it may not. You may anticipate a difficult report conference only to have it go smoothly. You may expect a smooth conference to have it turn out to be difficult.

### ***18.5.5 Pressure or Negotiation for a Classification***

Caregivers may wish to receive service for their children but may seek to receive a different diagnostic label, one that they perceive is less pejorative (i.e., LD instead of autism). Do not amend your classification decision for this reason or for any other reason that is not supported by your evaluation results. This is not only unethical but also illegal.

### ***18.5.6 Be Empathetic but Maintain Boundaries***

This is a corollary of the above recommendation. You will need to empathize with caregivers, but be cautious to maintain boundaries. Psychologists tend to be kind people who hope to help and please. New psychologists, under certain circumstances, will need to balance the need to be empathetic and the need to establish appropriate boundaries.

### ***18.5.7 Be Prepared***

Rehearse what you will say and be well prepared for the conference.

### ***18.5.8 Be Direct but Gentle***

Do not avoid difficult questions or issues. Similarly, be cautious about being brutally blunt in your communication.

### ***18.5.9 Speak Slowly and Permit Time for Caregivers to Process Information and Ask Questions***

You will be furnishing a lot of technical information loaded with potentially emotional content. Caregivers will need time to process this information so you should speak slowly. Caregivers may also require clarification questions and the psychologist should anticipate and ask whether there are any questions.

## **18.6 Conclusion**

Within this chapter you have been furnished with a general framework for how to structure and guide the oral feedback meeting. Like report writing the discussion of the written report requires complex cognitive skills and can be challenging to the beginning psychologist. The guidelines offered within this chapter should help furnish guidance on the process. However, a chapter on the topic can never supplant experience with the practice (and art) of oral reporting. But it is a good start.