Reducing Conflict and Avoiding OCR Complaints When the 504 Committee Says "No" to a Parent Request

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A little housekeeping…

- Neither the materials nor presentation is legal advice. Talk with your school attorney should you need legal advice.
- These materials examine the school-parent relationship and how to preserve it when the 504 Committee says "No."
- Utilizing findings in medical malpractice studies and theory on the doctor-patient relationship, we'll look at how schools can improve their relationships with parents and decrease the likelihood of disputes, complaints and litigation.
- Just like car commercial claims about gas mileage…

Saying “NO” is sometimes necessary. It always has consequences.

- Section 504 Committees determine if a student is eligible (or not), if the student receives a 504 Plan (or not), and if that Plan includes services and accommodations sought by the parent (or not).
- **To comply with Section 504, the answer cannot always be “YES,” and yet some Committees fear saying “NO” due to uncertainty about the rules and concern over parent response.**
- Ideally, the parents and school are on the same page and there is little disagreement. Sadly, little of our work these days happens in the best of worlds.
- When the parent is disappointed, upset or angry at the decision, the working relationship with the school could be undermined and trust could be broken.

Saying “NO” is sometimes necessary. It always has consequences.

- **In the modern compliance environment, a trusting relationship with the school is especially critical.** A variety of factors have parents of students with disability on edge, concerned about the school’s ability (and desire) to address student need.
- For example,
  - Litigation by 17 states challenging Health & Human Services regulations, demanding as relief a court determination that Section 504 is unconstitutional.
  - The current climate focused on the elimination of diversity, equity and inclusion and potential impact on students with disabilities protected by a civil rights law.
  - The diminishment and refocus of the Office for Civil Rights which has provided the primary source of guidance and enforcement of Section 504 in public education.
  - Concern that the student’s school lacks the funds, personnel and will to follow through on the promised 504 Plan.

How can schools maintain good working relationships with parents of students with disabilities despite saying “NO”?

- Doctors have learned that how they interact with patients impacts whether patients sue for malpractice. The result?
  - Scientific, research-based data and some logical, sensible theories on building trusting relationships AND
  - Practical advice on avoiding conflict and litigation when the answer is “NO.”
- Let’s apply these lessons to the school-parent relationship when the student is eligible under Section 504.

Why do some mistakes lead to distrust and litigation and others don’t? Let’s look at the data.

- A 1997 Levinson Study attempted to determine what factors play into a patient’s decision to sue a doctor.
- Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. Physician-Patient Communication: The Relationship With Malpractice Claims Among Primary Care Physicians and Surgeons. JAMA. 1997;277(7):553–559. doi:10.1001/jama.1997.03540310051034

Why do some mistakes lead to distrust and litigation and others don't? Let's look at the data.

- The Levinson Study compared patient-doctor interactions in two groups of doctors: one group with no malpractice claims & the other with two or more such claims.
- The study found: the quality of care received was not the determining factor in whether a patient sued her doctor.
  - Both sets of doctors met the local standard of care.

Why do some mistakes lead to distrust and litigation and others don't? Let's look at the data.

- This finding is consistent with an earlier study that determined that while 1% of hospitalized patients suffer significant injury due to negligence, "fewer that 2% of those patients initiate a malpractice claim." *Id., p. 553.*
  - Very few mistakes creating patient injury result in a malpractice claim. WHY?
    - The doctors with no malpractice claims did a few things with their patients to build trust.

Why do some mistakes lead to distrust and litigation and others don't? Let's look at the data.

- Quality of care is certainly a factor (there must be injury to justify a legitimate claim).
- "Patient dissatisfaction is critical. **The combination of a bad outcome and patient dissatisfaction is a recipe for litigation."** ***Id.***
- "When faced with a bad outcome, patients and families were more likely to sue a physician if they feel the physician was not **caring and compassionate."** *Id.*

Why do some mistakes lead to distrust, complaints and litigation and others don't? Let's look at the data.

- What does the no-malpractice-claim doctor do to convey care and compassion to the patient and build trust?
  - She oriented the patient to the process.
  - She used facilitative statements to encourage patients to talk and share opinions.
  - She laughed and used humor more with her patients.
  - She spent more time with patients during visits (roughly 3 ½ minutes more) than doctors with malpractice claims. *Id., p. 558.*

An Initial Lesson from the Doctors

- Legal compliance is critical but won't end Section 504 and IDEA complaints and litigation (remember that both the no-claim doctors and those with malpractice claims met local standard of care).

- A key element in litigation protection is the creation and maintenance of Parent trust through care and compassion.

- Parents tend not to sue schools that they trust.
  - Trusted schools avoid common mistakes and proactively find and fix the mistakes they make.

So how does the school build trust with Parents?

- Start with an examination of the 504 process and the parent's role in it.

  - On review of depositions of medical malpractice cases, evidence of communication problems between doctor and patient were found in 70% of the cases. *Levinson, at 554.*

  - Think of where communication problems with parents might occur. Doctors have some ideas.

This isn't rocket science (brain surgery?). Use your people skills.

An expert on doctor-patient relationships

- "urges doctors to build rapport with their patients by greeting them warmly by name, asking briefly about important events in their lives, maintaining eye contact, focusing on the patient without interruptions, and displaying empathy through words and body language."

Brody, *Well-Chosen Words in the Doctor's Office,* THE NEW YORK TIMES, print edition, D-7, June 8, 2009.

Sharing information and decision-making lead to good doctor visits

- "[I]ncreasing patient involvement in care via negotiation and consensus-seeking improves patient satisfaction and outcomes."
- "Specifically, visits in which the physician uses a **participatory decision-making style** are associated with higher levels of patient satisfaction."

Cooper-Patrick L, Gallo JJ, Gonzales JJ, et al. Race, Gender, and Partnership in the Patient-Physician Relationship. JAMA. 1999;282(6):583–589. doi:10.1001/jama.282.6.583

Sharing information and decision-making lead to good doctor visits

- "Recent studies in physician-patient communication in primary care show the **highest levels of patient satisfaction** and the **lowest malpractice claims** with the psychosocial pattern, which is characterized by psychosocial exchange and **an almost equal distribution of patient and physician talk."** *Id.*

When a patient wants to talk about a nonmedical problem

- "Patients often present clues (direct or indirect comments about personal aspects of their lives or their emotions) during conversations with their physicians. These clues represent opportunities for physicians to demonstrate understanding and empathy and thus, to deepen the therapeutic alliance that is at the heart of clinical care."

Levinson W, Gorawara-Bhat R, Lamb J. A Study of Patient Clues and Physician Responses in Primary Care and Surgical Settings. JAMA. 2000;284(8):1021–1027. doi:10.1001/jama.284.8.1021

When a patient wants to talk about a nonmedical problem

- A Levinson study in 2000 determined that clues about patient worries occurred in more than half of all routine office visits.
  - Despite the importance of the clues, and the number of opportunities for relationship building that they provide, **doctors failed to act on or pursue the clues most of the time.** *Id., at 1026.*
- Even when they did notice the clues, physicians often failed "to explore the deeper feelings behind the clue." *Id.*

When a patient wants to talk about a nonmedical problem

Did doctors not pursue the clues because they didn't care?

- "physicians may feel uncomfortable responding because they may perceive that they do not have the ability to fix or cure the patient's emotions." *Id.*
  - A "Dumb Man" moment confirms this study

Did the doctors not pursue the clues to avoid lengthy visits?

- "visits in which a physician responded positively to a patient clue tended to be shorter than those in which the physician missed the opportunity." *Id.*

Want to improve interaction? Show honest interest in the parents' concerns.

- "Physicians also vary widely in their interest in and ability to elicit relevant information from their patients."
  - "patients disclose significantly more information about their emotional and social functioning when their physician has a positive attitude toward the psychosocial aspects of patient care."

Detmar SB, Muller MJ, Wever LDV, Schornagel JH, Aaronson NK. Patient-Physician Communication During Outpatient Palliative Treatment Visits: An Observational Study. JAMA. 2001;285(10):1351–1357. doi:10.1001/jama.285.10.1351.

Want to improve interaction? Show honest interest in the parents' concerns.

"In a recent survey of 15,000 patients, **only slightly more than half of the patients said their doctors 'always' listened carefully** to them, explained things clearly and showed respect for what they had to say." *Goldstein, supra.*

A Little Dave Commentary: Does your school listen better than the doctors in this survey? Are you respecting parent concerns and opinions?

Want to improve interaction? Does the patient know when to talk?

- "many patients may be unclear about their role in decision making and hence, adopt a passive or non-participatory style.
- Consequently, in certain decisions, particularly complex ones, the **patient may need an explicit invitation to participate** in the decision-making process."

Braddock III CH, Edwards KA, Hasenberg NM, Laidley TL, Levinson W. Informed Decision Making in Outpatient Practice: Time to Get Back to Basics. JAMA. 1999;282(24):2313–2320. doi:10.1001/jama.282.24.2313

Good things happen when parents are comfortable in the process

- **"if patients are comfortable with their physicians, they are more likely to heed their advice and get well."**
- "In one study, researchers discovered that the main thing affecting whether patients with headaches found relief–more important than the kind of tests or drugs they received–was whether the patients had felt their doctor spent a lot of time talking with them about their problem."

Amy Goldstein, *Empathy with patients pays, doctors learn, AUSTIN AMERICAN-STATESMAN, A-1, A-9, (October 5, 1998).*

Good things happen when parents are comfortable in the process

How about some examples of better medical outcomes due to good communication?

> "Feeling comfortable talking to a doctor has been shown to be related to lower blood pressure in patients with hypertension and lower blood-sugar levels in those with diabetes. And physicians skilled at communicating are better at diagnosing depression." *Id.*

Some Practical Thoughts on the Parent's Role in the 504 Process

- Statements of orientation help the parent understand how the 504 Committee will function and the parent's role.
- Timely and gentle reminders or cues can assist a parent who is unsure how or when to express concerns or ask questions.
- A parent who, without an advocate or attorney, feels free to share concerns, and then sees those concerns addressed in the 504 will have more trust in the Team, and be more supportive of 504 Plan implementation.

Parent Understanding is Critical to Trust & Meaningful Participation

Some terms can be tricky. *Nicolet (WI) Union High School District,* 37 IDELR 98 (OCR 2002).

- Parent believed that **preferential seating** meant the student would sit in the front row in front of the teacher's desk. The plan did not define preferential seating.
- The Parent's expectation was based on where the teacher stood during parent orientation, and not on day-to-day classroom activity.
- Instead, the student was placed in the row adjacent to the right-hand chalkboard that the teacher used for class presentations. OCR found no violation.

Parent Understanding is Critical to Trust & Meaningful Participation

Some terms can be tricky.

- *A Dave Comment:* While the result is certainly encouraging, **the fact that the school had to respond to an OCR complaint is telling of the relationship with the parent.** While there are parents who cannot be satisfied, the author wonders whether a friendly conversation with the teacher or a campus administrator explaining proximity seating could have prevented the complaint.
- *See also, Meridian (IL) Community Unit School District 101,* 42 IDELR 90 (OCR 2004)("With respect to the items in the complaint that allegedly were not implemented, the evidence shows that in those instances, the Complainant misinterpreted the scope and extent of the terms of the IEP.").

Parent Understanding is Critical to Trust & Meaningful Participation

Does the parent understand the importance of data in 504 decision-making?

- Parent or Student Preferences do not dictate plan elements. Desires for particular services need to be analyzed through data.
  - *Lincoln Elementary School District 156,* 47 IDELR 57 (SEA IL. 2006). Demand for special transportation for Student with asthma denied based on no showing of disability related need, despite Parent preference for such, as it was inconvenient for the Parent to bring the Student to school.

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the Parent understand the educational implications of his preferences and demands?
  - **Hydration & School avoidance.** *North Lawrence (IN) Community Schools,* 38 IDELR 194 (OCR 2002).
    - Student was diabetic, and Parent was concerned that his needs for water were being disregarded during the school day. Parent requested unlimited water fountain access.
    - The district grew concerned when too frequent water breaks were interrupting the educational process and interfering with the student's ability to stay on task.

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the Parent understand the educational implications of his preferences and demands? *North Lawrence (cont'd)*
  - Parent objected to school's water bottle plan, as Student had been denied access to the water fountain on a variety of occasions despite a parent demand that access be unlimited.
  - After an initial objection for unspecified "hygiene" reasons and logistical concerns about refilling it, the parent agreed to the accommodation, and OCR determined the matter closed.

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the Parent understand the educational implications of his preferences and demands?
  - *A Dave Comment:* When preferences, demands, etc., interfere with FAPE, the school needs to explain the problem to the parent and work to overcome the conflict.
  - Encourage parents to provide the 504 Committee with the reasons a particular service or 504 Plan item is needed, and using data, discuss the reasons, as well as the appropriateness of the proposed solution.

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the parent understand that some things doctors say have more weight than others?
  - **Doctors don't determine eligibility or placement.** *Marshall Joint School District #2 v. C.D.,* 54 IDELR 307, 616 F.3d 632 (7th Cir. 2010). "It was the team's position throughout these proceedings that physicians cannot simply prescribe special education for a student. Rather, that designation lies within the team's discretion, governed by applicable rules and regulations. We agree…."

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the parent understand that some things doctors say have more weight than others?
  - **Doctors & eligibility or placement.** *Marshall JSD (cont'd).*
    - **"**This brings us to a key point in this case: a physician's diagnosis and input on a child's medical condition is important and bears on the team's informed decision on a student's needs…. **But a physician cannot simply prescribe special education; rather, the Act dictates a full review by an IEP team composed of parents, regular education teachers, special education teachers, and a representative of the local education agency[.]"**

Parent Understanding is Critical to Trust & Meaningful Participation

- **Does the parent know what FAPE looks like?**
  - An example from a very attentive Parent at a presentation on autism
  - If the parent doesn't trust the school (or understand what the school is saying), and has no idea how to determine for him or herself whether the school is providing FAPE, what do you expect the parent to do?
  - The Parent's independent ability to recognize the success of the 504 Plan can go a long way to building trust. Of course, that skill is a two-edged sword.

Parent Understanding is Critical to Trust & Meaningful Participation

- Does the parent understand what's required by the 504 Plan?
  - A lesson from Dave's first mediation
- Does the School understand the parent's concerns?
  - A lesson from Monty Python

Doctors on Informed Consent & Understanding

You can't do what you don't understand. "The quality of discharge planning is an important determinant of patient outcomes following hospital discharge. **Patients often report inadequate discussion** prior to discharge regarding major elements of the postdischarge treatment plan, including medication and daily activities."

Calkins DR, Davis RB, Reiley P, et al. Patient-Physician Communication at Hospital Discharge and Patients' Understanding of the Postdischarge Treatment Plan. *Arch Intern Med.* 1997;157(9):1026–1030. doi:10.1001/archinte.1997.00440300148014

Doctors on Informed Consent & Understanding

Did you explore the patient's understanding? "Physicians believed that 89% of patients understood the potential side effects of their medications, but **only 57% of patients reported that they understood.** Similarly, physicians believed that 95% of patients understood when to resume normal activities, while only 58% of patients reported that they understood." *Id.* (emphasis added).

The study's conclusion: "Physicians overestimate patients' understanding of the postdischarge treatment plan. Steps should be taken to improve communication about postdischarge treatment." *Id.*

Doctors on Informed Consent & Understanding

- Interestingly, Braddock's study determined that the **physician explored whether the patient understood** the medical decision that had presumably been made jointly with the patient **less than 7%** of the time. *Braddock, supra.*
- **Dave's question:** How often is the school determining whether the parent understands? Does the school want the parent to be looking for understanding elsewhere? Is the parent fully informed by a document if the parent didn't understand it?

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Doctors on Informed Consent & Understanding

- "There has been so much attention paid to the consent documents… But the **documents are at best props in the theater of informed consent.** It's the process itself that is really important."

  Chen, Treating Patients as Partners, by Way of Informed Consent, THE NEW YORK TIMES, July 30, 2009.

- **Dave's question:** Is the Notice enough or is a conversation required for understanding?

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Doctors on Informed Consent & Understanding

If the notice document speaks for itself, without conversation, when is the trust built?

- "Patients must feel they have a certain degree of trust in their doctors before they can give consent, and **that trust is built,** in part, from the kind of **difficult conversations** that can arise." *Chen, supra.*

Bottom Line on Informed Consent & Understanding

- Section 504's required notices are important for legal compliance, but don't necessarily convey to parents the understanding necessary to meaningfully participate or to gain an independent realization that the school is meeting its legal obligations to the student.

Discussions about eligibility and services can get complicated

- **Parents are not required members of Section 504 Committees,** but most schools routinely invite parents and schedule meetings to encourage parents to attend.
- Consequently, the Section 504 **regulations do not provide Parents with explicit rights or power in the Section 504 meeting.**
- While a consensus decision is ideal, it is not required. If parents disagree with the Committee's decision, the Committee should attempt to build agreement. **If consensus is not possible, the Committee should make the decision and provide the parent with the Notice of Parent Rights.**

Getting to "NO" Without Damaging Trust

The Paterniti Study

- "Patients make a request for medication in roughly 10% of office visits, and most requests are honored."
- "physicians are cautious when rejecting patient requests for services, in part because of physicians' perception that rejection may lower patient satisfaction."

Paterniti DA, Fancher TL, Cipri CS, Timmermans S, Heritage J, Kravitz RL. Getting to "No": Strategies Primary Care Physicians Use to Deny Patient Requests. *Arch Intern Med.* 2010;170(4):381–388. doi:10.1001/archinternmed.2009.533

Getting to "NO" Without Damaging Trust

- First, "physicians have a duty to avoid doing harm and to maximize patient benefit. This duty may conflict with other ethical obligations, such as respecting patient autonomy."
- "Nevertheless, bioethicists are nearly unanimous that **physicians are not obligated to provide unnecessary or inappropriate care."** *Id.*
    - *Dave Commentary:* Similarly, note that 504 requires schools to provide a free provide appropriate public education (FAPE) rather than free inappropriate public education (FIPE).

Getting to "NO" Without Damaging Trust

- "Second, from a safety perspective, physicians must exercise caution when prescribing new, poorly tested, or marginally indicated medications." *Id.*
- *Dave commentary:* The internet and advice from neighbors can sometimes be less than helpful.

Getting to "NO" Without Damaging Trust

Do you believe everything on the internet?

- "We found widespread concern about the reliability of information on the Internet, and **only one third of respondents were comfortable with their ability to appraise information."**

- "Our reports suggest that people do not visit specific Web sites for health information, but instead **use search engines and visit the first sites listed."**

Murray E, Lo B, Pollack L, et al. The Impact of Health Information on the Internet on the Physician-Patient Relationship: Patient Perceptions. Arch Intern Med. 2003;163(14):1727–1734. doi:10.1001/archinte.163.14.1727

Getting to "NO" Without Damaging Trust

Do you believe everything on the internet?

Do you believe everything on the internet? What about your doctor's opinion?

- "Our data suggest that patients believe health information on the Internet has more positive than negative effects on the physician-patient relationship." *Id.*
- *A Dave Thought:* If parents believe similarly, how should schools react when parents ask for inappropriate services or devices?
  - Let's ask the doctors… Here's how my doctor responded, and what the study found.

Getting to “NO” Without Damaging Trust

Do you believe everything on the internet?

Interestingly, the doctor’s disagreement with internet info or that solution offered there didn’t damage the relationship if the doctor’s communication skills were good.

- “Patients were more likely to report a worsened physician-patient relationship if the physician was perceived to have **poor communication skills** or acted as if their **authority had been challenged, but not when they did not receive requested interventions.”** *Id.*

Getting to “NO” Without Damaging Trust

Back to the Paterniti study…

“Third, from a policy perspective, achieving control of health care costs is a critical national priority.” *Id.*

- *A Little Dave Commentary:* Read this third rationale as suggesting that limited public education dollars be spent wisely and not wasted. The 504 requirement is not to provide the most expensive response, but instead, one that is appropriate.

Getting to "NO" Without Damaging Trust

How did the Paterniti study work?

- Primary care physicians saw 1 standardized patient (SP) with depression and 1 with adjustment disorder.
- Eighteen insured, middle-aged, white, female SPs were trained and randomly assigned to make 298 unannounced visits.
- "The SPs scheduled new visits to physicians and presented with subacute fatigue and insomnia accompanied by an unrelated orthopedic complaint referable to low back strain or carpal tunnel syndrome." *Id.*

Getting to "NO" Without Damaging Trust

- SPs were told to make an antidepressant request within the first 10 minutes of the visit or before the physical examination.
- SPs were told to make a second request during the visit if no antidepressant prescription was offered.
- "Visits were digitally recorded using a concealed recorder; recordings were transcribed verbatim for analysis." *Id.*

Getting to "NO" Without Damaging Trust

"Physicians used 3 strategic pathways for denying patients' requests for antidepressants:

1. patient perspective-based strategies (63%),
2. biomedically based strategies (31%), or
3. outright rejection (6%)." *Id.*

Let's look at these responses in reverse order.

Getting to "NO" Without Damaging Trust

The Outright Rejection Pathway to "No"

- "In 5 of the 84 visits (6%), **physicians rejected patient requests without explanation and quickly shifted the topic** to investigation of the patient's musculoskeletal complaint (e.g., "Let's go through and do an examination"; "What about this low back pain?") or further exploration of the patient history unrelated to depression history or its context."
- None of these requests was brand-specific. *Id.*

Getting to "NO" Without Damaging Trust

The Biomedical Pathway to "No"

- "In 26 visits (31% of the 84 total visits), physicians used 1 of 2 biomedically based approaches to justify rejecting the request"
  - prescribing a sleep aid and perhaps sleep hygiene as an initial approach, or
  - ordering a diagnostic workup to rule out alternative medical illness." *Id.*

A Little Dave Commentary: This response is somewhat similar to an evaluation approach by a Section 504 Committee.

Getting to "NO" Without Damaging Trust

The Patient Perspective-Based Pathway to "No"

- "In 53 visits (63% of the 84 total visits), physicians gathered additional data about the request and its origin and offered information tailored to the patient's presentation of information."
- Three approaches emphasized the patient's perspective on "feeling tired" or the patient's rationale for antidepressants.

Getting to “NO” Without Damaging Trust

The Patient Perspective-Based Pathway to “No”

Three approaches within the Patient Perspective Pathway

(1) exploring the context of the request
(2) seeking the advice of a counselor or mental health specialist, and
(3) offering an alternative diagnosis to major depression.

Getting to “NO” Without Damaging Trust

The Patient Perspective-Based Pathway to “No” and exploring the context of the request

- This approach was the most frequent of the Patient Perspective approaches, used in in 34 of the 84 visits (40%).
  - Physicians asked “Where did you see the ad?” “What about the ad rang true for you?”
  - Physicians asked about events leading to the visit, which often led to a “negotiated timeline” for addressing the symptoms and sometimes the possibility of an antidepressant prescription in the future.

Getting to "NO" Without Damaging Trust

The Patient Perspective-Based Pathway to "No" and the referral approach.

- "Referral to a counselor or mental health professional occurred in 10 of the 84 visits (12%)."
- Physician reasons for referral included having the patient consult with someone who could "make a recommendation [to the physician] about the appropriateness of medication."
- Physicians frequently told the patient that the referral was an opportunity for her to "talk things out with someone."

Getting to "NO" Without Damaging Trust

The Patient Perspective-Based Pathway to "No" and the alternative diagnosis approach.

- Physicians rejected a request for antidepressants by
  - offering an alternative diagnosis of 'situational' or 'mild' depression
  - discussing the symptoms of major depression &
  - referencing "the contextual factors described by the patient to support the alternative diagnosis." *Id.*

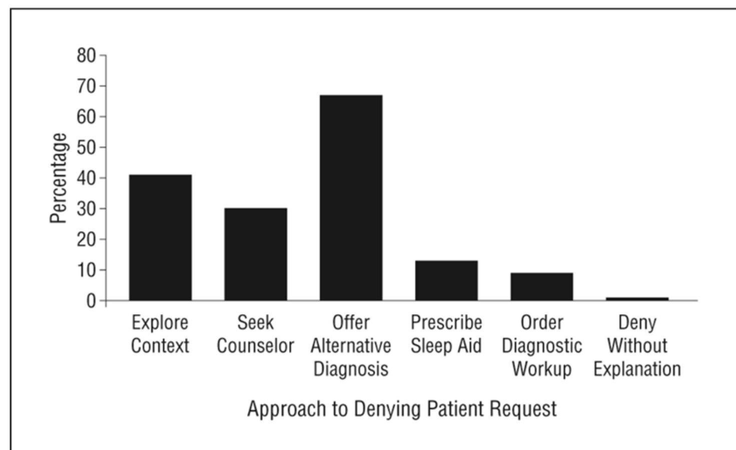
Getting to "NO" Without Damaging Trust

Which approach to "No" had the highest level of patient satisfaction?

- "The SPs were significantly more likely to report excellent visit satisfaction with approaches involving the patient perspective-based strategy."
- **"the SPs reported excellent visit satisfaction in 43% of the visits in which patient perspective-based approaches were us**ed and in 10% of the visits in which other approaches were used." *Id.*

Getting to "NO" Without Damaging Trust

Figure 3. Paterniti DA, Fancher TL, Cipri CS, Timmermans S, Heritage J, Kravitz RL. Getting to "No": Strategies Primary Care Physicians Use to Deny Patient Requests. *Arch Intern Med.* 2010;170(4):381–388. doi:10.1001/archinternmed.2009.533



Getting to “NO” Without Damaging Trust

A Dave Comment: Sometimes, the 504 Team needs to say “No.” How that “no” is articulated clearly matters. Discuss the request via a Parent Perspective-Based path to “No”

1. Does the request reveal a need that should be addressed by the 504 Plan? Does data evidence the need? No need = no change to Plan required.
2. Is additional data necessary to better understand the need or the requested solution? Pursue additional data gathering and circle back.
3. If need exists, but the request is problematic, what alternatives are available?

Note that **“need” in the Section 504 context** looks at whether the impairment is interfering with the student’s opportunity to participate or benefit in school programs and activities.

Final Thoughts
Building Relationships of Trust with Parents

1. It is not easy to leave work in the middle of the day and go to the school (or online) to get help or attend a meeting. When a parent makes that effort, respect the effort and the message.

2. Be approachable/accessible. Parents may not employ an advocate or attorney if they believe that they can talk to you and resolve things fairly.

Final Thoughts
Building Relationships of Trust with Parents

3. If you can’t solve the problem, listen, acknowledge the problem and be empathetic. Help the parent get in contact with someone who can solve it or make a call in the parent’s presence to introduce the two.

4. Listen as much as you talk.

Final Thoughts
Building Relationships of Trust with Parents

5. Try not to appear hurried (roughly three and a half minutes made a world of difference to patients). You may not discover the real problem until you have listened for a while.

6. Don’t let required procedure distract you from humanity. “Surgeons may have contributed to the decreasing level of trust from patients by emphasizing technical procedures over interpersonal relationships.” *Axelrod, at 58.*

Final Thoughts
Building Relationships of Trust with Parents

7. Avoid technical language wherever possible as it may not be understood by the parent or may be perceived as hiding something.

8. To ensure participation and input, ask open-ended questions of the parent and do not interrupt the answer. Listen for verbal clues about possible concerns and follow up with additional questions.

Final Thoughts
Building Relationships of Trust with Parents

9. Use humor appropriately as a way to connect with parents and break the ice.

10. Maintain your patience. Work to keep your anger or frustration with the parent from influencing your work with the child.

11. Celebrate the student's success and emphasize the many areas where school and parent are in agreement.