

RESPONSE TO THE REPORT  
"SHOOTING AT SANDY HOOK"  
BY THE OFFICE OF THE CHILD ADVOCATE

Abbreviations:

SHES- Sandy Hook Elementary School

NPS-Newtown Public Schools

SDE- State Department of Education

AL- Adam Lanza

OCA- Office of the Child Advocate

KF- Key Finding

INTRODUCTION

*"Sunlight is said to be the best of disinfectants"- Louis Brandeis, U.S. Supreme Court Justice*

In the aftermath of the shooting at Sandy Hook, the Office of the Child Advocate (OCA) was directed by the Connecticut Child Fatality Review Panel to prepare a report focusing on the life of AL with the goal of developing a set of recommendations for public health system improvement. The report was released on November 21, 2014, nearly two years following the tragic events of December 14, 2012. The OCA based the legitimacy of the report's findings upon "thousands of pages of documents" reviewed, consultation with law enforcement and members of the Child Fatality Review Panel, interviews, and "extensive research."

An essential element of fair discourse is the opportunity for rebuttal. Because we were never afforded the opportunity to challenge the findings, it was incumbent upon us to exercise the initiative to do so. We were not complacent and our silence until now should not be misconstrued. We chose to delay our response to the report for good reason. Like so many others traumatized by the events of that day, we too were profoundly affected by the unconscionable loss of lives including those of our friends, colleagues, and former students.<sup>1</sup> We felt that a response at the time of the report's release would have been too emotionally driven to be productive in any

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<sup>1</sup> In the immediate aftermath of the shooting, the former Director of Pupil Services was summoned to return to Newtown and remained to support the district's recovery through the opening of the Chalk Hill School and was officially recognized by the National Association of School Psychologists for "Courage, Compassion, and Collegiality shown during and after the 2012 Newtown Tragedy". The former Supervisor of Special Education voluntarily returned to support Newtown special educators during the recovery.

sense. Time has allowed for greater perspective and we believe that our response can now take a more constructive approach intended to inform our collective understanding as a matter of historical record. We owe this to the twenty students AND the six educators who lost their lives on December 14, 2012 and to whom our response is dedicated.

We are taken aback by the report's negative depiction of the Newtown Public Schools, in particular the aspersions cast upon the special education program when our experience indicated otherwise. Newtown has a long history of educational excellence and we were proud of the accomplishments made during our tenure.<sup>2</sup> We were known for developing model programs that were often replicated by other school districts and our expertise and knowledge was regularly sought by state leadership to help define "best" practices in Connecticut. We are offended by any insinuation that our skills as educators and clinicians or that of our staff and contracted consultants are substandard to those of outside service providers and remain unapologetic if our capacity to responsibly provide our students with a free appropriate public education diminished their fiscal "bottom-line".

We question the report's integrity with concerns based upon its conclusions including the objectivity of the panel and misleading and/or missing information. We are also troubled by our exclusion from the process without explanation. Given our long-standing commitment to serving the public good, we are confident that we could have provided additional information to assist the panel objectively in their mission.

Joseph Goebbels, a German propagandist, once stated, "If you tell a great lie and repeat often enough, the people will eventually come to believe it". To that end, we are highly concerned by the false and, increasingly inflammatory and damaging narrative being perpetuated about the Newtown Public Schools.<sup>3,4</sup> The attacks have been strategic, have targeted specific district leadership, and have resulted in both personal and professional damage. We cannot and will not allow this ongoing defamation to continue. We will not let others define the legacy of our dedication to

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<http://view.liveindexer.com/ViewIndexSessionSLMQ.aspx?indexSessionSKU=tOVqBRCmPKTOtyS1n3DNlw%3D%3D>

<sup>3</sup> <https://www.attorneyfeinstein.com/Articles/Opening-Remarks-of-Andrew-A-Feinstein-at-ConnCASE-2018.shtml>

<sup>4</sup> [http://www2.housedems.ct.gov/MORE/SPED/pubs/2014-12-04\\_Feinstein\\_Testimony.pdf](http://www2.housedems.ct.gov/MORE/SPED/pubs/2014-12-04_Feinstein_Testimony.pdf)

the students and families of Newtown, nor that of the myriad of other professionals who served under us.

The desire to attribute causation in the aftermath of tragedy is understandable. We all feel safer if we can identify and prevent such acts of violence from occurring in the future. The OCA admittedly stated that their report cannot and does not answer the question of “why” AL committed murder. That notwithstanding, it is our view that the caring and competent educators of Newtown took more than reasonable steps to help a child who presented with anxiety and social deficits **in the absence of signs of aggression** to master the developmental tasks of childhood. AL left the Newtown Public Schools with experiences in extra-curricular activities, a successful job placement, and an earned diploma.

What follows is our response to the OCA report framed around the aforementioned concerns.

## OBJECTIVITY OF THE PANEL.

*"The idea is to try to give all the information to help others to judge the value of your contribution; not just the information that leads to judgment in one particular direction or another"- Richard Feynman, Theoretical Physicist, Nobel Prize Winner*

A basic standard of research embedded in the ethical codes of a multitude of professions is the ability to maintain objectivity, an essential value that forms the basis for public trust.<sup>5</sup> Those conducting research should be led by their data and not by other interests that might undermine the integrity of their work. Further, standards of research dictate that authors and/or contributors to research need to disclose personal, scientific, professional, legal, financial, or other interests, biases, or relationships that could reasonably be expected to impair their objectivity.

Excluding employees of the OCA, the communications consultant, copy editor, and student participants, the report cites a panel of four primary authors and four additional contributors along with their affiliations. With reference to the aforementioned research standard, we find the obvious absence of full disclosure of all panel members' affiliations curious and question the motivation to list only those mentioned. Consequently, we refute the objectivity of the panel based on its composition given that:

- The panel does not include a public school educator nor is any panel member certified by the Connecticut State Department of Education to work in a public school.
- Four of the eight panel members mentioned above are or have been affiliated with Yale, which is repeatedly referenced as a primary care provider to AL in the report's findings.
- Five of the eight panel members own or are employed in full or in part by education consulting firms.

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<sup>5</sup> National Institutes of Health, NOTICE: OD-00-040

Listed below are the authors and contributors with affiliations excluded from the report:

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#### PRIMARY AUTHORS

Christopher Lyddy, L.C.S.W.-**former state representative from Newtown** who, along with state representative Debra Lee Hovey, requested a formal investigation by the Connecticut State Department of Education's Bureau of Special Education (BSE) of the Newtown Special Education Department and school system in 2011.<sup>6</sup> Following their review, the BSE found the request baseless and declined to launch such an investigation.<sup>7,8,9</sup> Given his history of antagonism toward the school district, Christopher Lyddy should have immediately recused himself from the panel.

Julian Ford, Ph.D.-**Advanced Trauma Solutions**<sup>10</sup>

Andrea Spencer, Ph.D.-**Founder and CEO, Synchrony Solutions, LLC**<sup>11</sup>

Harold I. Schwartz, MD- **Yale School of Medicine**<sup>12</sup>

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#### ADDITIONAL CONTRIBUTORS

Michael Powers, Psy.D.-**Yale School of Medicine**<sup>13</sup>

James Loomis, Ph.D.-**Yale School of Medicine**<sup>14</sup>

We are concerned that the report's authors make criticisms about AL's educational programming even though the shootings occurred three and a half years after he

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<sup>6</sup> <https://www.newtownbee.com/hovey-lyddy-request-state-investigation-of-newtown-special-ed-dept/>

<sup>7</sup> <https://www.newstimes.com/local/article/State-won-t-investigate-Newtown-parents-1461572.php>

<sup>8</sup> <https://patch.com/connecticut/newtown/state-declines-to-investigate-special-ed-in-newtown>

<sup>9</sup> A parent survey conducted by the Newtown Board of Education PPT Task Force on 6/15/2012 found that 97% of parents agreed with their child's IEP and felt they were included as part of the Planning and Placement Team process.

<sup>10</sup> <http://www.advancedtrauma.com/About-ATS.html>

<sup>11</sup> [https://www.slideshare.net/slideshow/embed\\_code/key/BKMF7y\]xCBqPA9](https://www.slideshare.net/slideshow/embed_code/key/BKMF7y]xCBqPA9)

<sup>12</sup> <https://medicine.yale.edu/news/HIS5.profile>

<sup>13</sup> [https://medicine.yale.edu/childstudy/faculty/michael\\_powers-3.profile](https://medicine.yale.edu/childstudy/faculty/michael_powers-3.profile)

<sup>14</sup> <https://medicine.yale.edu/childstudy/faculty/jloomis.profile>

successfully earned his high school diploma and had exited NPS. That time span was marked by occurrences beyond the control of any public school system. Page 103 of the OCA Report states, "The looming prospect of moving from Newtown may have increased AL's anxiety, as he may have worried about where he would go to live, and the loss of the sanctuary he had developed in his home. This was quite possibly an important factor leading to the shootings." Also, Page 104 describes some of these occurrences as "a cascade of events, many self-imposed, that included: loss of school, absence of work, disruption of the relationship with his one friend, virtually no personal contact with family; virtually total and increasing isolation; fear of losing his home and of change in his relationship with Mrs. Lanza, his only caretaker and connection; worsening OCD; depression and anxiety; profound and possibly worsening anorexia; and an increasing obsession with mass murder occurring in the total absence of any engagement with the outside world. AL increasingly lived in an alternate universe in which ruminations about mass shootings were his central preoccupations." In addition, in the years following graduation from high school, there were other factors beyond the school's control including:

1. AL's presumed refusal to take medications,
2. The loss of treatment by AL's community psychiatrist who voluntarily surrendered his license to practice in both CT and NY following multiple allegations of sexual relationships or sexual behavior with clients. (See footnote 48 on page 39)
3. A lack of mental health services to AL as a young adult,
4. AL's refusal to communicate or interact with his father,
5. The possibility of brain damage from anorexia (referenced on page 102),
6. His mother's consideration of plans to move him into an RV as she planned to sell the house,
7. AL's anticipation that his mother might move with him to a new state, and
8. AL's access to a growing arsenal of guns coupled with his growing and obsessive interest in mass shootings.

## KEY FINDINGS (KF)

The report presents 37 Key Findings. 19 of these findings make references to AL's educational services. **16 of these 19 findings can be refuted using information presented in the body of the report.** It is our opinion that, in such cases, the authors' recommendations should in part be considered with careful scrutiny or in whole disregarded.

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### KF1

**AL presented with significant developmental challenges from earliest childhood, including communication and sensory difficulties, socialization delays and repetitive behaviors. He was seen by the New Hampshire "Birth to Three" intervention program when he was almost three years old and referred for special education preschool services.**

#### **Response to KF1:**

This key finding, about AL's early years of services in New Hampshire, is made without complete information. Specifically, page 20 states that "Records do not always document the level of services that AL received during these early education years, which professionals were working with him, or the frequency and duration of services."

Regardless of this lack of information, the report draws conclusions and criticizes AL's preschool services for insufficiently addressing important aspects of AL's programmatic needs including his:

- a) Cognitive and social-emotional development,
- b) Possible issues with expressive communication,
- c) A likely diagnosis of autism,
- d) Aspects of programming for his rituals and sensory sensitivity, and
- e) Comprehensive educational assessments.

Furthermore, the authors criticize Newtown Schools for insufficiently transitioning AL from early services in New Hampshire to SHES. Again, these criticisms are made even though (a) "It is not clear whether the school district was provided, asked for, or considered material from AL's early intervention or preschool program in New Hampshire" and (b) AL's social withdrawal and isolation became "less obvious in his later years at Sandy Hook Elementary School."

**The Newtown Public Schools also provided some special education services to AL when he was in elementary school, but services were limited and providers did not identify any communication or social-emotional deficits (KF2).**

**AL's social-emotional challenges increased after fourth grade. (KF3)**

**Response to KF2 and KF3:**

In grades 4-7, the increased challenges were observed in his home, not in school. Page 36 states, "Mr. Lanza noted that when AL was between the ages of 11 and 12, he began to seem a little different, less happy. To Mr. Lanza, AL grew more anxious and frustrated, though he did not seem to Mr. Lanza to be angry or aggressive." Yet, in school, page 36 also notes that his "positive academic trend" continued. A teacher at Reed Intermediate School "remembered him as bright, if reluctant, with good ideas regarding creative writing. AL would not necessarily engage in conversation, but he would not ignore others. This teacher remembered no incidents of bullying or teasing, a common refrain from virtually all teachers or other former classmates of AL's. Another teacher who had worked with him from 2002-04 remembered him as a shy, quiet boy who listened and participated in class."

On page 29 of the OCA's report, the authors note that AL transitioned from SHES to Reed Intermediate School for grades 5 and 6. The report states, "According to school records, he exhibited good effort, made independent application of grade-level concepts and skills, and showed great insight into the motivation of characters in stories he read, as well as solving mathematics problems. He was described as well-liked by his peers and showing appropriate classroom behavior..."

Also on page 29, another student's mother said AL spent a lot of time with her son during this period of time. "She told police that AL and her son would do typical boy things together and would ride bikes and play in the neighborhood. AL often spent time at this friend's house and the mother described AL as 'normal and polite.' Her son had also been to AL's house and had never reported any worries or unusual incidents."

In the report's summary for ages 5 through 10, page 31, the authors refer to AL and his brother as, "doing many typical childhood activities. They also say, "AL was described by some as seeming happy, smiling, and participating in community and school activities."



On page 37, AL's 7<sup>th</sup> grade teacher at his parochial school states, "I truly do not believe that AL's parents were upfront with teachers about AL's mental capacities. Furthermore, on page 32, the authors also admit, "There is no clear indication in the family's records regarding how AL actually socialized or got along with children." Still, even with admissions of limited information or documentation, the report's authors draw conclusions in their key findings about AL's increased social-emotional challenges.

If there were not increased social-emotional challenges being observed by elementary school personnel or reported to them, it is logical for AL not to receive direct services targeting this area.

Regarding the authors' commentary on a lack of services for AL's communication needs, they draw conclusions about a paucity of services for his social communication skills without clear knowledge of home-school interactions about these needs. Page 34 says, "...it is not clear if there were individuals who could recognize the social-emotional red flags in his presentation at school or speak to his family about what kinds of supports might be available either in the school or community to assist him..." In addition, page 34 states "The goals and objectives from AL's education plan had been primarily focused on articulation, with little recognition of the social aspects of education. An incorrect assumption *may* (italics provided) have been made that any social isolation AL demonstrated was solely based on the degree of his speech intelligibility." While admitting here the tentative nature of this assumption, the authors still go on to conclude that NPS' efforts were limited in addressing his communication needs.

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KF4

**Graphic writings "appeared to have been largely unaddressed by schools and possibly by parents."**

**Response to KF4:**

The OCA report cites only one of AL's graphic writings that was allegedly written when he was in public schools. According to the OCA's own report, there isn't any evidence that this one story was even submitted to his teachers. Specifically, on page 29 of the OCA's report, referencing a book, "The Big Book of Granny," the report's authors say the book *MAY* have been submitted. Again, on page 33, the report states, "There is no evidence of communication in any form between the school and AL's parents about this book. *If the book was indeed turned in* (italics provided) or

otherwise brought to the attention of school officials, there is no indication as to whether its contents were carefully reviewed.”

This point is also made on page 29, “There is no clear indication in the educational records that school staff carefully reviewed or were otherwise explicitly aware of the contents. There is no mention in the school record of any staff response to receiving this book...”

Furthermore, the report’s authors use information given by a former student, who was listed on the “Book” as AL’s co-author, to draw their conclusions. This student is described on page 29 as “an individual who as an adult was diagnosed with mental illness and is purportedly living in a residential settings.”

While the OCA’s report references other disturbing pieces of AL’s creative writing, these pieces were written in the fourth quarter of AL’s 7<sup>th</sup> grade year when he transferred to a parochial school. His teacher at the parochial school is quoted as saying, “I remember showing the writings to the principal at the time, AL’s creative writing was so graphic that it could not be shared.” Footnote 45 states, “There is no copy in the educational record of this disturbed writing.” Hence, while the staff of the parochial school appear to have seen the disturbing writings, there is no documentation of NPS personnel ever having seen any graphic writings that are referenced in KF4.

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#### KF 5 AND KF6

**AL’s anxiety began to further impact his ability to attend school and in 8<sup>th</sup> grade he was placed on “homebound” status through his education plan- a placement for children that are too disabled, even with supports and accommodations, to attend school. (KF5)**

**AL had several sessions with a community psychiatrist between age 13 and 15, though there are no medical records regarding this physician’s treatment. Through brief correspondence with the school the psychiatrist supported Mrs. Lanza’s desire to withdraw AL from the school setting in 8<sup>th</sup> grade. (KF6)**

#### **Response to KF5 and KF6:**

These key findings fail to explain that while Mrs. Lanza initially wanted to withdraw her son and opt for home schooling, an NPS administrator “recommended that the family and school work together to try and meet AL’s needs, even in unconventional ways if necessary.” (See page 41). In fact, in spite of having the support of AL’s

psychiatrist to keep him out of school, Mrs. Lanza eventually agreed to re-enroll AL into Newtown Public Schools and to an Individualized Education Program (IEP) that included up to 10 hours a week of special education. (See page 42). As an example of the authors' bias against NPS, the authors fail to give credit to school personnel for working effectively with Mrs. Lanza and the psychiatrist to reach this compromise as a beginning step. It would have been much easier for the school district to go along with Mrs. Lanza's desire to homeschool her son, especially with a psychiatrist's report supporting that desire.

On page 42, the OCA report explains the Planning and Placement Team's (PPT) decision, "The school district followed up on the psychiatrist's recommendations at an IEP meeting ...The IEP indicated that AL was to receive up to 10 hours of special education in the form of tutoring based on the psychiatrist's belief that AL could not function in a regular education environment." This decision reflects compromise from Mrs. Lanza's initial position of wanting to opt for home schooling. With encouragement from NPS personnel, Mrs. Lanza changed her initial position to an agreement to enroll AL as a student of NPS to receive special education through homebound instruction.

KF6 is also misleading in stating the psychiatrist provided "brief correspondence." In reality, as the report documents, the psychiatrist evaluated AL in Sept, Oct, and Nov of 2005, he attended AL's PPT meeting in Dec 2005 and he shared recommendations to school personnel in person, through written correspondence, phone calls, and through AL's mother.

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KF7

**"The district provided little surveillance of AL's homebound status, which lasted an entire school year."**

**Response to KF7:**

The district not only provided surveillance, the district provided the homebound instruction. (The week the report was due, the authors of the report cancelled their interview with a key NPS administrator who could have directed them to records about the surveillance).

**“Recommendations from the Yale Child Study Center, where AL was evaluated at age 14 (AL’s 9<sup>th</sup> grade year) offered prescient observations that withdrawal from school and a strategy of *accommodating* AL, rather than addressing his underlying needs, would lead to a deteriorating life of dysfunction and isolation.”**

**Response to KF9:**

NPS did not support the mother and psychiatrist’s desire to withdraw AL from public school (See response to KF#6). With advice and encouragement from NPS’ personnel, Mrs Lanza and the psychiatrist eventually agreed to have AL receive services from NPS that provided accommodations, modifications AND specialized programming. These services addressed his underlying needs and brought him from his former isolation to mainstreamed classes, inclusion in an extracurricular activity, and a successful job placement in the community. He earned his high school diploma.

The accommodations provided by NPS were not in absence of treatment for AL’s underlying needs. NPS knew AL was being treated by a licensed psychiatrist who communicated with school personnel and participated in a PPT meeting to determine AL’s re-eligibility for special education and to design his IEP. While this psychiatrist’s moral and ethical behaviors were later the subject of an investigation, at the time, the parents and school team had no reason to question the validity of the psychiatrist’s input. In fact, the Yale Advanced Practice Registered Nurse (APRN) who saw AL for a few visits, contacted AL’s psychiatrist to say “all agreed” it would be better for the family to “work with one provider” and that the “consensus’ was the psychiatrist would be the best person as AL liked and trusted him.

The approach of taking “baby steps” to reintegrate an anxious and school-avoidant student is the approach being currently used by a private special education school that specializes in students with chronic school absenteeism due to anxiety. This school’s personnel are regarded as experts in the area of educational programming for students with significant anxiety. This school has been approved by CT’s State Department of Education as meeting all of the state’s standards, policies, and procedures. Yet, the authors of the OCA report criticize NPS for using the same approach.

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KF11

**“Yale’s recommendations for extensive special education supports, ongoing expert consultation, and rigorous therapeutic supports embedded into AL’s daily life went largely unheeded.”**

**Response to KF11:**

There is no evidence that NPS received a report from Yale with these recommendations. In fact, there is no evidence that Yale had ever finalized the report because the authors could only locate a draft report.

Furthermore, while the report’s authors criticize providers for not heeding Yale’s recommendations for ongoing expert consultation, they also admit they don’t really know how much consultation was provided by AL’s community psychiatrist. Specifically, page 39 states: “Present day telephone interviews with the community psychiatrist revealed that AL’s medical records were, at some point, destroyed. There were no copies of this psychiatrist’s evaluation or treatment of AL contained in AL’s pediatrician’s records, and no copies found by authors in state police evidence files from the Lanza home. “

While the authors criticize NPS for its failure to heed Yale’s recommendations for extensive special education supports, Mrs. Lanza repeatedly expressed satisfaction and appreciation for AL’s school team and the progress he made. For example, on page 28, in a letter she wrote on 5/18/01, Mrs. Lanza wrote about his elementary school experience, “He has made tremendous strides in your school system.” On page 65, the authors note, “Mrs. Lanza expressed written appreciation for the work of the school team with AL. She stated that she was ‘impressed’ with one particular school staff member who helped him return to regular classes at the high school, even when Mrs. Lanza thought they had run into a ‘brick wall.’ Mrs. Lanza commended this individual as having had ‘tenacity and creativity to find the doorways in that wall.’ Mrs. Lanza described a group of teachers and counselors who were assigned to work with him, and that as a ‘parent of a child with special needs,’ she appreciated the group leader’s ‘accessibility, positive attitude, and ( ) ability to handle any situation that (arose).” Furthermore, page 66 of the report describes emails between Mrs. Lanza and school staff as being exchanged every day of the week and the tone of the emails being one of “cordiality and even partnership.”

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KF13

**“Once AL was diagnosed, AL’s education plan did not appropriately classify his disabilities and did not adhere to applicable guidelines regarding education for students with Autism Spectrum Disorders or Emotional Disturbance.”**

**Response to KF13:**

The diagnosis of an Autism Spectrum Disorder was listed as a “rule out” and would have required testing that he wasn’t able to tolerate. This conclusion is addressed on page 43, “A June 2006 IEP record noted that AL’s primary disability was “to be determined,” but the team agreed to defer evaluation due to his extreme anxiety and the psychiatrist’s recommendations. “

Footnote 53 notes the IEP Team could have identified AL’s primary disability as Autism or Emotional Disturbance based on his diagnoses from the community psychiatrist. However, guidance from the State Department of Education indicates a school district needs to provide evaluations that are different and more comprehensive than the psychiatrist’s evaluation for educational purposes.<sup>15</sup>

Yale personnel only said he MAY have this disorder.

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KF14

**“Though AL showed initial progress in 10<sup>th</sup> grade with the school’s plan to incrementally return him to the school environment, his progress was short-lived. By the spring of that year, AL had again withdrawn from most of his classes and had reverted to working on his own or with tutors.”**

**Response to KF14:**

It is important to consider AL’s starting point, after his mother abruptly withdrew him from public school in September 2004, to attend a private school in 7<sup>th</sup> grade, i.e. *he was so anxious he wouldn’t leave his house*. Given this state of significant anxiety and isolation, AL’s progress from 7<sup>th</sup> grade to his graduation, was remarkable and more than “short-lived.” By the time of his graduation (June 2009), he had been fully mainstreamed, he had participated in an extracurricular activity, he had successfully participated in college courses, and he had a successful job placement through the high school’s Job Coach in the community. This progress did

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<sup>15</sup> [https://portal.ct.gov/-/media/SDE/Special-Education/Guidelines\\_Autism.pdf?la=en](https://portal.ct.gov/-/media/SDE/Special-Education/Guidelines_Autism.pdf?la=en)

not appear in a vacuum. Instead, progress was made through programming that was highly individualized to meet his unique learning profile and in consideration of his social-emotional needs. His programming included mainstreamed classes, tutoring, independent studies, transitional services, college courses for high school credits, special curricular modifications, accommodations, summer services and collaboration with AL's parents and psychiatrist. It's also important to note the authors interviewed many of AL's teachers and peers. No one observed any aggression from AL or any aggression towards him.

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KF15

**“AL’s parents (and the school) appeared to conceptualize him as intellectually gifted, and much of AL’s high school experience catered to his curricular needs. In actuality, psychological testing performed by the school district in high school indicated AL’s cognitive abilities were average. “**

**Response to KF15:**

In actuality, some of AL's scores were in the superior and very superior ranges. While he was not identified as a gifted student, test findings do support the school's conceptualization of AL as a student with gifted capabilities.

Of course NPS catered to AL's curricular needs. It is the district's responsibility to cater to student's curricular needs. However, NPS also catered to his social-emotional needs. See response to KF14.

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KF16

**AL completed high school through a combination of independent study, tutoring, and classes at a local college.**

**Response to KF 16:**

AL completed high school through a PLANFUL combination of independent study, tutoring, classes at a local college AND through specialized instruction, mainstreamed classes, summer services, transitional services, child study meetings, evaluations, and extensive home/school collaboration.

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KF17

**“Records indicate that the school system cared about AL’s success but also unwittingly enabled Mrs. Lanza’s preference to accommodate and appease AL through the educational plan’s lack of attention to social-emotional support, failure to provide related services, and agreement to AL’s plan of independent study and early graduation at age 17.”**

**Response to KF17:**

See responses to previous Key Findings 11, 14, and 16.

Also, note that NPS personnel and Mrs. Lanza did not simply appease AL. As noted throughout the report, school and social interactions created intense anxiety for AL. In middle school, he became school avoidant and did not attend school for months. He wanted to be isolated at home. His community psychiatrist recommended that AL not attend school to avoid detrimental effects. Eventually, however, the psychiatrist, AL’s parents and NPS personnel supported AL in attending school, learning, and earning his diploma at age 17, through effective use of desensitization strategies, positive reinforcement, motivational systems, and the delivery of quality special education.

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KF18

**“AL and his parents did not appear to seek or participate in any mental health treatment after 2008. No sustained input from any mental health provider is documented in AL’s educational record or medical record after 2006.”**

**Response to KF18**

In footnote 48, the authors note, “Copies of billing records obtained and reviewed by OCA may not constitute the universe of billing records available.” Hence, their criticism of mental health providers for failing to provide sustained input is based on an admission that they may have lacked evidence.

Pages 39 and 40 include a section entitled, “Treatment by a Community Psychiatrist: Beginning Fall 2005.” While the investigators did not find documentation of sustained input from any mental health provider, they did theorize that AL’s community psychiatrist had more of an extensive relationship with AL than the obtained records would indicate.

Page 89 concludes, “It is not clear what steps the school district took, beyond correspondence in the spring of 2006(AL’s 8<sup>th</sup> grade), to confirm or determine what



treatment was in fact being provided to AL or his family. However, it is also possible that school personnel may have asked for and received verbal updates from Mrs. Lanza that *do not appear in the school record* (italics provided), and the answers the school received were satisfactory.” Also, later on page 89, “In this case, authors cannot know the degree to which Mrs. Lanza may have heightened or mollified the school’s concerns about AL, and she certainly presented as invested and concerned for his welfare... who knew how to manage her son’s unique needs...Even with the case of AL, it would have been difficult to predict the risk of violence and the tragic outcome, and *the family could possibly have made a credible case* (italics provided) that they believed that they were meeting his needs.”

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KF30

**“In the course of AL’s entire life, minimal mental health evaluations and treatment (in relation to his apparent need) was obtained. Of the couple of providers that saw AL, only one- the Yale Child Study Center-seemed to appreciate the gravity of AL’s presentation, his need for extensive mental health and special education supports, and the critical need for medication to ease his obsessive-compulsive symptoms.”**

#### **Response to KF30**

While the authors demonstrate a bias against NPS, they also demonstrate a bias in favor of the Yale Child Study Center. Perhaps this bias is perpetuated through the inclusion of contributors who are from Yale or who have known associations with Yale. On the other hand, public school educators are excluded.

KF30 includes an inaccurate/undocumented statement. Specifically, the authors state, “Of the couple of providers that saw AL *only one-the Yale Child Study Center* (italics provided) seemed to appreciate the gravity of AL’s presentation, his need for extensive mental health and special education supports, and the critical need for medication...” Yet, pages 38 and 39 describe how staff of Danbury Hospital also recommended psychiatric evaluations and therapeutic educational placement at the Center for Child and Adolescent Treatment Services and offered a full evaluation of him to expedite admission to the school. In addition, page 45 credits Danbury Hospital as the only health care provider to educate the Lanzas about the potential harms of extended homebound status or school withdrawal or to provide meaningful alternatives for treatment and education. On page 46, the authors also describe the hospital’s recommendations as “sound and appropriate.’ It is interesting to note that in the key findings, regardless of the aforementioned praise for Danbury Hospital’s response to AL’s visit, the Yale Child Study Center is

described as the only provider to appreciate the gravity of AL's needs to make appropriate recommendations.

While the report's authors praise Danbury Hospital's recommendations, they note, on page 47, that the Emergency Department staff may not have been in the position at the time of his visit to doubt or compel the family's follow up, or to communicate with the school without Mrs. Lanza's approval. The community psychiatrist ultimately made drastically different recommendations than the Emergency Department staff, and these were the recommendations that were provided to and adopted by the school system." Is it fair to criticize school staff for considering the psychiatrist's recommendations over recommendations they never received, especially when the psychiatrist predicted dire consequences for failing to follow his recommendations? Keep in mind, at the time, the psychiatrist was licensed and Mrs. Lanza held his opinion and care in high esteem. **Furthermore, esteemed personnel from Yale also referred AL's parents back to the community psychiatrist.**

In addition, page 40 says that AL's community psychiatrist reported seeing AL approximately 8 times, but "records obtained by OCA provide a picture of a longer and more extensive relationship between the community psychiatrist and AL than portrayed by this psychiatrist in multiple interviews." The report continues to say "the extent of AL's actual participation with or progress in treatment or what treatment actually was provided cannot be confirmed due to the psychiatrist's lack of records, and the absence of any meaningful corroboration of the treatment, including the lack of any treatment records or recommendations in the pediatric or educational file for the bulk of this time period." In other words, even though the authors admit they do not know the extent of AL's private treatment with his community psychiatrist, they conclude that only Yale Child Study Center appreciated the gravity of AL's needs.

Regarding the conclusion that the Yale Child Study Center was the only provider to appreciate AL's need for medication, the authors overlooked their own commentary on page 39 that "Records indicate that individual psychotherapy and medication management were billed by the community psychiatrist..." and this community psychiatrist did indeed make recommendations for medication as also stated in footnote #48.

The authors commend the Yale Child Study Center as the only provider to appreciate the gravity of AL's presentation, his need for extensive supports, and for

medication.<sup>16</sup> Yet, the authors do not address Yale's limited response to its recognition of AL's grave need including the admission of Yale's apparent failure to produce a final report. There is also no evidence that NPS ever received the report, even in draft form. Furthermore, Yale's APRN only met with AL four times between October 2006 and February 2007. In March 2007, this APRN contacted AL's psychiatrist to say "all agreed" it would be better for the family to "work with one provider" and that the "consensus" was the psychiatrist would be the best person as AL liked and trusted him. Unfortunately, no one, neither NPS nor Yale's APRN, could predict that AL's psychiatrist would leave the country and surrender his license amidst allegations of misconduct with his clients.

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<sup>16</sup> Given that an authorized release of information was signed by AL's mother, Yale personnel could have taken the necessary steps, to convey the information to school district personnel or at a minimum to Newtown's school physician.

## SUMMARY

The report's inaccurate and/or biased statements of key findings have lead readers to draw invalid conclusions about the reasons for the tragedy of 12/14/12. NPS has been unjustifiably condemned by individuals who reference the OCA report as evidence to support their own outrageous claims. To say the least, this outcome is disappointing, mostly because misplaced blame creates missed opportunities for meaningful discussion, problem solving, and future prevention of violence. Furthermore, these claims unnecessarily demoralize and re-traumatize NPS staff.

The authors of the OCA report demonstrate their bias against NPS in their failure to cite as **key findings**:

- For most of AL's elementary and intermediate education, AL made good academic progress. While he is described as being a quiet student, school personnel were successful in encouraging him to participate in class discussions and group activities.
- The investigators found no evidence of AL being bullied or being a bully.
- In 7<sup>th</sup> grade, when AL began to show increased anxiety at home, Mrs. Lanza abruptly withdrew him from public school to try a placement in a parochial school and later in a small, public high school in a town other than Newtown. There is not any evidence of Mrs. Lanza having communicated to NPS the reasons why she withdrew him from public school until these two attempted placements were not successful.
- After attempts at two other schools were unsuccessful, Mrs. Lanza returned to NPS to inform personnel of her decision to opt for home schooling for AL. While this decision would have been an easier route for NPS, school personnel convinced Mrs. Lanza to re-enroll him in NPS and to work in collaboration with Newtown's school personnel.
- School personnel communicated with AL's community psychiatrist and worked with him to design and implement an IEP that eventually re-integrated AL to being mainstreamed at Newtown High School. AL had a successful job experience in the community through the support of high school personnel. He also participated in an extracurricular activity. Mrs. Lanza expressed deep satisfaction and appreciation of school personnel for their collaboration and nearly daily communication. These accomplishments were reached in spite of the community psychiatrist's initial concerns that

AL's extreme anxiety would prevent him from ever re-entering the school building.

- AL's IEP was highly individualized, creative, and fluid. At different times in 8<sup>th</sup> grade and in high school, AL received tutoring both at home and in the school after school hours, he participated in mainstreamed classes with supports, independent study projects, and in college classes through a college-high school partnership program.
- Additional evaluations were offered and declined by Mrs. Lanza as they were anticipated to be anxiety provoking for her son. AL's community psychiatrist participated in discussions about additional evaluations and agreed with Mrs. Lanza's reasons for declining them.
- As a highly capable student, with several scores in the very superior and superior range, AL was able to accelerate his programming that included credits earned for independent studies on his personal time. With advice from AL's psychiatrist, AL's parents encouraged his high school team to have him earn his high school diploma ahead of time. AL's team supported this proposal because he was faring well in the college-high school partnership program. Indeed, his psychiatrist believed a college campus would cause less anxiety for AL than the environment of a large, comprehensive high school. AL's IEP team, in collaboration with AL's parents and psychiatrist, exited AL from special education when he earned his high school diploma as required by special education laws and regulations. This decision was made through the PPT process in the belief that it was in AL's best interest.
- In the three and a half years between AL's exit from NPS and 12/14/12, there were numerous developments that were never communicated to NPS personnel and were well beyond the school district's control. In fact, the authors of the OCA report also lacked information from these last few years of AL's life. Page 104 states, "Authors believe it was important to know as much as possible about AL's mental state during the last period of his life so as to better inform clinical conclusions and recommendations. Our capacity to know with any certainty, however, is severely limited by the paucity of information."
- After AL's graduation, his primary and sole clinician, a community psychiatrist, surrendered his license and moved out of the country amid allegations of sexual misconduct. There is no documentation about the impact of these developments on AL.
- After AL graduated from high school, there is ample evidence that AL's mental health deteriorated. There is also evidence that Mrs. Lanza tried to

find adult services and treatment for her son. She explored out-of-state programs. Connecticut, like many states, has a lack of services for high school graduates and young adults who struggle with mental health challenges. (The authors of the OCA Report reference this dearth of services on pages 89 and 94). The most common age for a person to have a psychotic breakdown is in the early 20's. Yet, like AL, many of these young adults have graduated from school systems that have provided daily contact with a team of caring and skilled professionals to post-secondary lives where they receive a few hours per month of counseling at best.

In light of the biased and misleading information presented in the OCA report, we respectfully request that a copy of this response be permanently attached to the OCA report as a matter of public record.

Respectfully submitted,



10/18/18

Dr. Michael Regan  
Former Director of Pupil Services  
Newtown Public Schools



Janet Calabro  
Former Supervisor of Special Education  
Newtown Public Schools