
Refining the Definition of Educational Therapy

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What is educational therapy? Since the formation of AET in 1978, the definition of educational therapy has undergone a series of changes. As the profession grew, the need became apparent to define its boundaries more precisely. Therefore members of AET periodically have attempted to describe exactly what we do. In 1988, on AET's tenth anniversary, Dorothy Ungerleider wrote that, for those who were not actively involved in the formative years, it was probably difficult to understand the enormous obligation that comes with giving formal definition to a profession. Three years later, she wrote the article "An Educational Therapist Is ..." in *The Educational Therapist*, listing the skills that educational therapists must master. This list was to become the basis for the core curriculum of the graduate certificate programs in educational therapy at a number of colleges and universities in California.

Now, at our silver anniversary, a reexamination is appropriate. This time we hope that the definition will be written into official documents such as state—and eventually national—education codes.

In 1985 the AET Executive Committee adopted a Code of Ethics and Standards for Professional Practice that states, "The main goal and purpose of educational therapy is to optimize learning and school adjustment, with recognition that emotional, behavioral, and learning problems are intertwined." The Code further states, "an educational therapist works in the educational domain with persons who exhibit learning disabilities and learning problems. An educational therapist is skilled in: formal and informal educational assessment; synthesis of information from other specialists, and from parents; development and implementation of appropriate remedial programs for school-related learning and behavior problems; strategies for addressing social and emotional aspects of learning problems; formation of supportive relationships with the individual and with those involved in his educational development; facilitation of communication between the individual, the family, the school, and involved professionals."

In 1994, Susan Fogelson, Carole Slucki, and Gail Werbach again attempted to refine the definition in an article titled "The Parameters of Educational Therapy." They wrote, "the population served by educational therapists is comprised of young children, adolescents and adults who are referred for the evaluation and remediation of learning problems. This includes, but is not limited to, dyslexia, poor school

performance, test anxiety, reading/writing/language/math problems, attention deficit disorder, and school placement." They added, "the question of differences between the work of an educational therapist and that of a tutor is sometimes asked. For the benefit of clarification (as defined in the *Dictionary of Occupational Titles*), a tutor helps with homework and 'teaches academic subjects such as English, math, and science to pupils requiring private instruction.' The interpretation of assessments and the social and emotional aspects of learning problems traditionally are not addressed. The tutor is not necessarily a case coordinator or advocate, and may not have formal training in the field of learning disabilities."

With the introduction of the graduate certificate program in educational therapy at UCLA in 1996, Maxine Ficksman and Ann Kaganoff, with input from others, created a graphic model of educational therapy titled *Psychoeducational Therapeutic Process*. The model shows the interactive flow of the elements of educational therapy. Beginning with assessment procedures, it moves through analysis of assessment information, treatment plan and case management, ecological information gathering, and finally reflection and progress evaluation. Ficksman and Kaganoff integrated into this graphic model the interface of the educational therapist with all the other "players" concerned with client outcomes (for example, family, school, workplace, staff, and allied professionals), as well as contextual factors of impact from the community and culture.

In 1998 Gail Werbach wrote an article entitled "Educational Therapy" for *The Handbook of Child and Adolescent Psychiatry*. In it she calls educational therapy "the clinical arm of special education. It is the process of evaluation, intervention, and remediation of learning problems. The educational therapist works in the educational domain (private practice, schools, hospitals, or public agencies)."

In 2000, during her term as president of AET, Ann Kaganoff gathered and compiled information from the Board of Directors to create a document that attempts to spell out the many aspects of educational therapy and answer common questions asked about the profession. The topics include a brief definition of educational therapy, qualifications and training backgrounds, domains, age ranges served, client issues, core principles of the practice, skill areas and treatment goals, specific treatment areas (academic, social, and emotional aspects of learning), case management, and the role of the Association of Educational Therapists. In 2002 this document was posted on the new AET Web site to explain educational therapy to the public.

Today a survey on the efficacy of educational therapy, developed by Dorothy Ungerleider, Phyllis Maslow, and a committee of AET members, is in progress. This survey details the work of the educational therapist and seeks

to ascertain the effectiveness of the therapy. The information being gathered can be used by colleagues and allied professionals, as well as by state and national agencies, to determine whether to recommend educational therapy as a publicly funded separate service. Preliminary tabulations of the data support our belief that the activities of our profession are effective.

In defining educational therapy for government purposes, it is important to state exactly which activities we are allowed to do and which fall under the umbrella of a related profession. It must be understood that educational therapy is an educational, not a psychological service. The therapeutic component of educational therapy refers to the nonacademic interventions necessary to facilitate the remediation of learning disabilities and problems, focusing on processes such as metacognition, organizational skills, attention, and self-esteem. Because it can be difficult to separate academic aspects from the social and emotional aspects of learning, it is essential that educational therapists have a strong foundation in child development, speech and language development, and the psychological issues that affect learning. Educational therapists must also know testing terminology from our own and related fields, be able to administer and interpret (or interpret from evaluations of others) a wide range of assessments related to learning, achievement, and processing information in order to design an appropriate, individually tailored program that will enhance learning.

When she designed a course for graduate certificate programs in educational therapy, Maxine Ficksman compiled a helpful list of do's and don'ts that define ethical and boundary issues. She states, "educational therapists do not diagnose, assess, or prescribe medication for medical conditions such as Tourette Syndrome, ADD/ADHD, and depression. They do not administer intelligence or other psychological tests. They do not practice psychotherapy. Educational therapists do refer clients to allied professionals for assessments for the above. They do describe behaviors to parents and allied professionals regarding conditions such as Tourette Syndrome, ADD/ADHD, and depression. They do interpret intelligence tests and assessment reports from allied professionals." [NB: As the Association of Educational Therapists is a national organization, and as educational therapists are allowed to administer intelligence tests in some states, a qualifying statement should be added that educational therapists should only give tests (including, but not limited to intelligence tests) for which they are trained and certified according to the guidelines in the test manuals and by the publishing houses that sell such tests.]

The descriptions discussed here reveal a common thread that has come down from the original definition of

the profession. Educational therapy encompasses a wide range of skills that must include assessment; program design; intervention techniques and strategies; social and emotional aspects of learning; collaboration with families, allied professionals, schools, and workplaces; and advocacy.

Looking toward the future, one envisions a credential with a specialization in educational therapy and a listing of educational therapy as a designated instruction and service in the educational or administrative codes of states. The purpose would be to provide intensive educational and therapeutic interventions for evaluation, remediation, management, communication, and advocacy, on behalf of persons with learning disabilities and learning problems (e.g., dyslexia, nonverbal learning disorders, attention deficit disorder, language processing problems, anxiety disorders, reading and writing difficulties, math disabilities, and motivation disorders).

Another purpose of establishing a credential would be the training of teachers in individualized strategy development in order to reduce the student's time in special education settings and provide more opportunity for successful reentry into general education. The minimum requirements for this credential or service would be a master's degree, or the equivalent, from an approved institution, along with postgraduate course work and continued training in keeping with the professional membership requirements of the Association of Educational Therapists.

As our goal is to help all students realize their potential, the time has come for educational therapy to be recognized as a necessary service that must be made available to all of those in need.

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