You're an Educational Therapist, But What Do You Do in That Job?

Dorothy Ungerleider, MA, BCET, FAET

So often I am asked, "What is educational therapy?" and I explain that in 1979, we incorporated the California Association of Educational Therapists, to codify the definition, code of ethics and standards of training and practice for a clinical practice that had existed in Europe and America since the 1950s but had lacked such standards for professional clarification. However, there is an always an abiding second question: *"What do you do?"* For those who are new to the term, or for those who may not understand the scope of our interventions, I like to take them along with me behind the proverbial "closed door" to experience a typical week in the life of one educational therapist. For example:

This week, I made jelly with Jimmy, a third grader who is so terrified by the printed page that whenever he opens a book he becomes immobilized, holding his breath in gasps, his face distorted by fear. But if we make jelly, he will laugh, and he will tell me the procedure we used, step by step, so I can write it down. And he'll even read back what he told me, forgetting or ignoring or maybe not realizing that this, too, is reading. He'll be free of the grotesque symptoms for a few moments—the moments that make the road to reading possible for him.

This week, Amy's teacher refused to move fifth-grade Amy out of the second-grade reader, because she could not pass the required phonics test. This week the teacher had to be helped, guided, cajoled, seduced into understanding that Amy does not hear the distinction between those sounds and may never perceive them correctly. Her auditory perceptual skills are so limited that she cannot recognize the tune of Happy Birthday when it is played to her without words, but her visual memory skills are superior and have enabled her to read at grade level by shear visual memory of whole words. This week, Amy needs me as ombudsman and advocate to explain that she needs to be evaluated differently from most kids.

This week, Mark, a fifth grader who hates to write, who withholds his thoughts—who avoids social situations and remains the outsider looking in—makes a volcano with me, because he loves projects. He dictates the procedure into a tape recorder. He doesn't want to dictate the procedure. He's used to grumbling, refusing, and having grownups back off. But he wants the joy of the volcano, so he strikes a bargain, dictating and transcribing. By his use of the pause button, he shows me how long an auditory sequence he can hold and write. Mark has been a not-so-secret disappointment to his older, highly successful parents. *This week* his parents were amazed when they heard his recording. They never knew he owned such a vocabulary. *This week,* they began to look at him a little differently.

This week, I worked with Bob, who was referred because of his constant failure on tests of grammar. Parts of speech were his problem, said mother. Indeed, his scores on high school placement tests contrasted 99th percentile in math with 45th percentile in language. More telling, though, are Bob's deep sighs and heavy breathing during the most minor testing during our sessions. When I told Bob I could feel his tension so strongly that it made *me* tense, he looked surprised. He seemed totally out of touch with his own feelings. *This week,* Bob's mother reported finding cutouts in his room—cutouts of female bodies with the heads cut off and moved to different bodies, and violent cartoons he'd drawn with a hero called "Captain Slaughter." Alarming stuff for a mother to find. She described his screaming and object-throwing while watching his favorite football team make "stupid mistakes." Mistakes were intolerable to Bob. Teachers who criticized were intolerable to Bob. He spoke of revenge while denying his anger. Parts of speech had become Bob's cry for help. *This week* his family was guided to appropriate psychotherapy.

This week, Jack tried desperately, once again, to tell me what happened to his dog Troy. For more than a year this story keeps peeking out from his memory but he has never been able to retrieve it. *This week,* though, Jack had a breakthrough, because he has learned to draw. He drew a rectangular shape with curved legs and said, "What is this?" I stared and guessed that it looked like a table. "Yes," he said, "but what kind of table?" When I stretched my imagination and said, "A wrought iron table," his voice rose. "Yes, wrought iron"—and the word triggered the memory. Out came the whole story of his dog being caught in the table, and the fire department being called to free him. He and his Grandma were sent into a back bedroom to spare them the trauma of watching the procedure. In the end, the dog was so badly hurt he had to be put to sleep. And clearly, Jack had not been spared the trauma. He just wasn't able to put the feelings into words.

Jack has a hole the size of a small lemon in the corpus callosum of his brain. This anomaly was discovered when I referred him to a neuro-ophthalmologist because of apparent visual problems. During that eye exam, the incredibly thorough doctor noticed something unusual in Jack's retinal structure, leading to the diagnostic brain scan. We then knew the source, not only of Jack's visual problems, but more debilitating, his major language retrieval problems. *This week,* we found a clue to some means of retrieving the floods of thoughts he has locked inside.

This week, Julio has called five nights in a row. He just needs to talk, to keep a check on reality. Julio is 20, learning disabled, a former (he assures me) gangbanger and drug dealer (but not user, he assures me). Julio and I go back to our first meeting four years ago. Since then, we have corresponded while he did time in youth authority jail and reconnected when he got out, to help with re-entry. *This week,* and every week, Julio needs someone who knows the system outside the "hood." *This*

week and every week, Julio wants to "be somebody," to do something right so that others will respect him.

This week, 17-year-old Todd, a high school senior, needs help writing college applications. This week, he proudly shows me his new checking account and sheepishly admits that he has been taking his "pills" now—almost every day, and that he has a job! *Last week,* I'd called a meeting with Todd, his mother, father, and stepfather, and his psychologist, so that all could hear all the issues simultaneously, and, most important, Todd would know that everyone knew the same facts and recommendations. Last week, Todd, who is severely ADHD but in denial, spoke little or nothing during the meeting but passed me notes saying he had just started to take his medication that morning. Last week's meeting, when he seemed not to "be there," made this week's intervention a whole new start. Mother has removed herself from the constant doing for him. Father has stopped pulling him out of school to prove his love by taking him on little trips. Stepfather has expressed pleasure about Todd's job, and everyone is waiting to see what *Next week,* will bring.

This week, Diane is back from traveling with her parents and there is no way she wants to see me again. She's started a new school, a new developmental phase—very pubertal—and a new optimism. She still gets her homework done with less than optimal standards, but it gets done. She still denies the existence of a learning difficulty but was always proud of the writings she could produce in our sessions. *This week,* she will get my cheers for her great confidence, my wishes for her success, and my card so she knows I'm "on call" when and if she needs me. Diane needs to be in control. I know from her past that, when she asks for help, we can get much more accomplished in much less time.

This week, I served as ombudsman for a former client, 17-year-old Sarah, a survivor of lymphocytic leukemia at age 3 and of the subsequent radiation and chemotherapy. *This week,* Sarah's self-proclaimed "crazy-making" mother, and she is indeed just that, was making her usual dozens of calls to get dozens of bits of conflicting advice about dozens of possible colleges for Sarah next year. *This week,* I convinced Mom that we must all meet—the team of teacher, school counselor, college counselor, neuropsychologist, Mother, and me, with Sarah, in one room, face to face, and resolve, for Sarah, once and for all, the procedures and directions for her to follow. Hopefully, *This week* will end the current cycle of crazy-making, and give Sarah a bit of a breather before the next one.

This week, Alex announces proudly in his stage voice that he loves his new school, has "no mortal enemies, three friends, and Rebecca (his teacher) should win an award for being so flawless." Who can believe this is the Alex with near-fatal asthma, who could touch-type at 40 wpm a perfect report in fourth grade but who scored below norms on all the tests of fine motor skills? This highly gifted (180 IQ) youngster set his goals with me during the second session and they were all messages for his frantic Mom:

1. Stop worrying about my health.
2. When I get sick, be calm and ask specific questions about what's bothering me. If I say I'd like to stay home from school, don't freak out.
3. I will tell you if there is something I want you to worry about.

This week, 43-year-old Ed has not answered my phone calls. He came to find out if he had dyslexia, and if that was the cause of all his struggles with remembering and with the paperwork involved in his work as a building contractor. *This week,* he received my report in the mail and must not have been ready to face the recommendations. Poor, tormented Ed is torn by conflict—a state that puts so many adult LDs into denial, avoidance, or rage. His latest fear is that the very low memory scores mean he has some kind of Alzheimer's disease. I'll keep trying to reach him to be sure he understands what all those words on paper really mean.

From these few vignettes you can get some sense of the range of client problems and disabilities we must face: 1) the emotional aspects of severe dyslexia; 2) auditory discrimination problems; 3) severe emotional disturbance surfacing through poor academic performance; 4) expressive language and retrieval disabilities; 5) bilingual and sociocultural issues superimposed on learning disabilities; 6) written language disabilities; 7) parental underestimation of child's potential; 8) attention deficit disorder in teen years—and the compounding of family issues; 9) accommodating to financial and school limitations of some clients; 10) resistance to help and denial of the problem; 11) the causes and effects of "crazy-making" in mothers; 12) unique problems of highly gifted LDs; 13) the rage and fear of previously untreated adults seeking first-time help. By the way, the Department of Education's study of adult Americans' literacy and numeracy skills found that nearly 50 percent of American adults were "at risk" because their extremely limited skills meant they couldn't keep up with today's technologically changing world.

Here is the way I try to explain our discipline to those who have no background in it. Educational therapy is a never-boring adventure. No two of our cases will ever be alike, although threads of similarity will be found everywhere. A world increasingly dependent upon specialists and a technology increasingly concerned with details is in crucial need of a generalist—one committed to a view of the whole. I believe we are the generalists of our time.

The joy of this field is the potential of successful outcomes that can be measured and felt by our clients in very real terms of daily performance and functioning. Unlike the pure psychotherapies, our domain is education. The word "teach" is a part of us. But the way in which we decide what must be taught and how it must be taught is determined by how we listen and look. We must become the "third ears" of the educational world. Psychoanalyst Theodor Reik first used that term to refer to the way in which one mind speaks to another beyond words, catching what other people feel and think but may not say. When we apply the concept to educational therapy, it can be broad-

ened beyond the psychoanalytic concern with the unconscious to a concern for listening to the whole of our clients' internal and external realities. We must learn to listen to more than is being said, to listen to what is really going on, inside and outside our clients and their families, to listen for their fears, strengths, and deficits, and the familial, social, and academic expectations upon them. For such a task, we must draw upon the tools of two disciplines—education and psychotherapy, to determine *why* a child fails, *how* a child feels, and what interventions will be most relevant and effective.

When I say this now, I laugh to think about the great pioneer in remedial reading, Dr. Jeanne Chall, who said, "For years I worked to teach kids to read and write. Now I'm supposed to worry about whether they're happy. Well, some of the greatest writers in history were the most unhappy people of their times." Listening with a third ear is not necessarily synonymous with "happiness"—but good things *do* happen.

I always make it clear that we are *not* psychotherapists. Katrina de Hirsch said it so eloquently: "The educational therapist is concerned with pathology of learning. …The goals are educational and while in the process of learning, the child's inner situation may be modified." She is concerned with that part of the child's psychic organization that deals with reality. In contrast, "the psychotherapist works with disturbed youngsters who may not be available to learning…[and] directs himself to the child's inner situation" (to his unconscious conflicts and inner fears that interfere with functioning). And de Hirsch warns: "The educational therapist who sees himself as a psychotherapist is bound to fail in both roles."

As I work more and more with adults and read all the current research trends, I'm more and more conscious of our need to maintain a long-range view for even our young clients. Much of special education today has increased our already dependent clients' dependency. Children must learn to understand their differences, make peace with those differences, and focus on their capabilities. They must know how to explain what they need in simple ways that are positive for them to say as well as for others to hear. They must learn self-help learning strategies that work in every situation and across all subject matter. Through this strategic approach, we can terminate our clients in a much shorter time than by just trying to teach subject matter.

In closing, I want to comment on our society's growing hope about the role of technology, brain scans for diagnosis, and even remediation by computer that the brave new world of the 21st century may bring. Those tools will be vital to our work but we must never forget the words of Harvard neuropsychologist Jane Holmes Bernstein: *"No matter what the focal point of the dysfunction in the brain, what you do with a youngster will be the same, because the problems are in the real world and not inside the head. Look at the real life problems and develop the critical skills for solving these problems."*

Dorothy Ungerleider is an educational therapist in private practice. She is founding president of AET, and serves on the AET Advisory Board, which she chaired for many years. She is author of two books: Reading, Writing, and Rage, and Psychoeducational Perspectives.