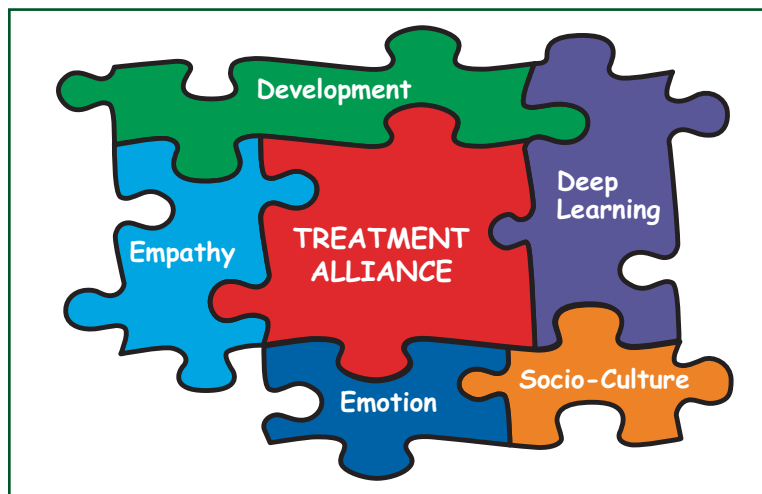


The Clinical Practice of Educational Therapy: A Teaching Model

Co-edited by Maxine Ficksman, MA, BCET, FAET and Jane Utley Adelizzi, PhD, ATR, BCET



There are no extra pieces in the universe. Everyone is here because he or she has a place to fill, and every piece must fit itself into the big jigsaw puzzle.

— Deepak Chopra

YOU SHOULD READ THIS BOOK BECAUSE YOU WILL LEARN...

- ◆ Why this profession is interdisciplinary, defining its roots in special education, psychology, and sociology.
- ◆ Who an educational therapist is, and isn't.
- ◆ About the rich complexity of the ET/client relationship.
- ◆ The business and ethical issues of the ET practice.
- ◆ How other ETs solve the critical issues that occur in practice.
- ◆ What the treatment alliance is in educational therapy, and how helpful it is to positive outcomes for clients.
- ◆ The process of setting psychoeducational goals in relation to successful outcomes for clients.
- ◆ About the therapeutic process from assessment to intervention in relation to executive functioning skills.
- ◆ The significance of the principles of educational therapy and their influence on positive outcomes for clients.
- ◆ Why this profession is so unique.
- ◆ The history of the profession as it evolved from its European roots to a growing presence in the United States.
- ◆ Why educational therapy is useful for individuals of all ages who struggle with learning and functioning.
- ◆ What a profound effect learning disabilities have on the life of an individual, and how an ET can assist in walking the client through the emotional problems that result from these experiences.

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What the Authors Have to Say . . .

Maxine Ficksman

“For me, my home office is ideal. My environment is inviting, safe, and quiet. Bookshelves lining my office walls convey my love of reading while my colorful puppets and a wide assortment of games for every skill level contribute to my aphorism that learning is exciting. In lieu of working in the student’s house, home visits for my students are incorporated into the study skills component of my practice.”

Jane Utley Adelizzi

“Together, she and I created a learning environment as we watched a soap opera and then analyzed the behaviors of the characters, discussing them as if they were lab rats behind a two-way mirror. Her created environment did not include choosing to interact with her peer group. Instead we watched the soap opera; we analyzed the behaviors; and then . . . we practiced the skills.”

Roslyn Arnold

“Empathic intelligence is a concept developed to articulate the practice of teachers and therapists who are attuned to the interface between cognitive and affective development, and mindful of the power of relatedness in learning, teaching and self-development. It is a concept that reflects many of the practices of teachers and educational therapists who seek to mobilize students’ tacit abilities in the service of their development into informed, well-integrated, resourceful individuals.”

Beverly Metcalf, Mickey Kirar Ashmun, and Natalie O’Byrne

“To the unfolding child, each new challenge may feel temporarily

like a crisis; however, from these experiences a new piece of the self emerges, new coping mechanisms develop, and new skills are mastered. In each new period, with its opportunities and challenges, children use skills acquired while progressing through earlier developmental periods in an epigenetic fashion.”

George McCloskey and Lori Lennon

“Maintain, model, and openly express attitudes of hope, perseverance, and patience throughout all intervention efforts. Help the client to see that change is possible through concerted effort across time. Record and share with the client observations related to positive changes over time, emphasizing the need for patience with the change process.”

Marcy Dann

“The potentiality of ETs developing a treatment alliance with more advanced technology than we presently experience is a reality, can encompass the collaboration of experts in specific fields from all over the world, and can be available to students in entire districts, states, and even countries, bridging cultural gaps that were otherwise difficult to overcome.”

Susan Fogelson and Ellen Opell

“Some of the clients ETs work with may need just a year or two of educational therapy before they no longer need support. Others may stop for a while and then return when they move on to the next level, from elementary to middle school or

middle to high school. Still others will probably need services for as long as they are in a school environment. In an ideal termination, the ET and family are both satisfied that the client has met the agreed upon goals, but leave the door open for returning in the future if necessary.”

Diane Goss

“Even when educational therapy is focused on helping adult students reach academic goals, there is often a parallel focus on the world of work. For adults, the academic and the vocational converge. Concerns about their present work situations as well as their future options are interwoven with their academic goals, problems, and issues. They are also interwoven with their personal growth and sense of self.”

Ann Kaganoff

“When students feel that they are being listened to, by a responsive teacher who truly knows them, they are often stunningly insightful and honest about themselves. I call this process ‘acknowledgment,’ in which I recognize, moment by moment, not only the struggles, but also the courage and achievements, of the students I work with. This acknowledgment is reassuring to the student, and a source of ongoing development of my own skills.”

Karen Kass

“Just as the actor gathers information about the character, setting, and design of the play, at the outset, a great deal of individual and shared information is gathered by the ET about the client, the family, and the many contexts in which the client participates. The actor develops

a relationship with the other actors and the audience; the ET develops a relationship with the client, the family, and allied professionals. Knowledge of interpersonal dynamics and the ability to sense internal affective responses from the audience — the client — are critical components of the relationship and therapeutic work.”

Phyllis Koppelman

“Deftly, JD removed the vent from the air conditioning shaft in the floor of my office. With only a few minutes left in his session, he had a mission to accomplish. After unseating the vent and peering down the shaft, he put his ear to the floor and reported hearing people talking. Spying a handheld mirror that I use for phonemic awareness instruction, JD positioned it, so as to catch the light coming in from the window, causing it to bounce off the mirror and illuminate the world below.”

Linda Lawton

“The fear and frustration felt by the young student trying to complete homework assignments may grow into despair in adulthood; the accompanying stress which that insecurity and chaos can produce over years of repeated failure can be debilitating. The adult, just like the child, tries to understand how such a thing could happen to a person who has the greatest of intentions”

Phyllis Maslow and Dorothy Ungerleider

“This clinical teaching model, brought to America from Europe in the 1940s by pioneers like Marianne Frostig, Katrina DeHirsch, and others, was inspired by the work, called *heilpädagogie*, of August Aichorn

in Vienna (Aichorn, 1965), who attempted to address the issues of adolescents whose learning experiences were challenged as a result of their life circumstances. Many of these practitioners, in preparing for this unique pedagogy, independently trained themselves from the course offerings of two or more disciplines, from fields such as special education, psychology, speech/language, and child development.”

Pat Mytkowicz

“One of the first difficulties that the educational therapist faces in dealing with non-native speakers who may be experiencing academic problems is trying to determine whether an LD may be part of the presenting problem. Accurately identifying LDs in non-native speakers is not only problematic, but may, in fact, be impossible due to overlapping characteristics of second language acquisition and LDs, current testing procedures and norms, and cultural issues.”

Trisha Waters

“Parents of pupils at risk of exclusion are often the group of parents who are hardest to engage in school partnership. This can be due to the defensiveness engendered by having to continually come up to the school to hear about their child’s poor behavior, by the triggering of uncomfortable memories of their own schooling, or by the fact that they are themselves under stress and struggling to cope with day to day matters.”

Gail Werbach, Barbara Kornblau, and Carole Slucki

“The educational therapist of the 21st century has a rich endowment

of techniques based on the practice, writings, and scientifically sound methods of professionals who have worked with children and adults with learning problems for the last hundred years. Practitioners and therapists in the fields of special and remedial education, psychiatry, psychology, and sociology have contributed their narratives to develop the guidelines of this burgeoning profession in the United States and Europe.”

Nancy Cushen White

“I began working with Arthur when he was nearly 8 years old and could not recognize the word *the*. He entered my office, looked around, and announced, “This place is pandemonium!” “Indeed it is,” I had to agree. “I hope you like pandemonium because it is not likely to change in the near future.” We stepped into the teaching room, and I asked him to tell me his birthday. He eagerly announced the month and day of his birth and then said, “I can never remember the year—only the month and day.” I explained to him that his birth date, including the year, was a palindrome: 8-9-98. He was delighted with both the mnemonic for remembering his birth date and the new entry to his very rich oral vocabulary.”

Albert Galaburda

“If one believes that learning disabilities are just another example of a medical condition, by virtue of the presence of special genes and unique brains underlying the dysfunction, together with sometimes toxic learned behaviors, one would be correct in thinking of educational therapists as important members of the team of allied medical/educational professionals trusted to improve the health and quality of life of these particular fellow human beings.”