A Brief Review of Educational Therapy & Its Current Role

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Introduction

Allied health professionals such as speech–language therapists (SLPs), physiotherapists (PTs), and occupational therapists (OTs) are commonly heard in Singapore as they offer their respective professional advice and specialized therapies to individuals, young and old, who need them, especially those with special needs. However, when the term educational therapist (ET) is mentioned, most parents and educators wonder what the job entails. In some way, they give a strange or puzzling look on their face. Many often mistake ETs to be specialist teachers that provide additional academic support to help weaker students.

In Singapore, OTs, PTs, and SLTs as well as diagnostic radiographers and radiation therapists are required by the Health Ministry to be registered with the Allied Health Professions Council (AHPC) under the Allied Health Professions Act 2011 (Attorney–General's Chambers Singapore, 2013) in order to practice. The AHPC governs and regulates the professional conduct and ethics of registered allied health professionals in accordance with the Allied Health Professions (AHP) Act 2011. In addition to the registration and issuing of practicing certificates, it also sets the standards for training, conduct, and practice and maintains the national register of allied health professionals in Singapore.

As for the ETs, it is not mandatory for them to be registered with the AHPC as they do not come under any statutory regulation here. Moreover, there is also a private registration body – The Registry of Educational Therapists Asia (RETA) – under the management of the Dyslexia Association of Singapore that represents the ETs based in Singapore and Asia, but not everyone is keen to register with the RETA. A small group of ETs here are registered members of the IACT.

The Historical Origin of Educational Therapy

The historical origin of Educational Therapy (abbreviated EdTx) began in the 1940s in Germany during World War II but it was not called educational therapy at that time. Known as heilpädagogik or therapeutic pedagogy (in the English translation), it is very much influenced by the work of two German pioneers August Aichorn (b.1878–d.1949) and Katrina DeHirsch (b.1903–d.1996). It was DeHirsch

(1977), who wrote about the 'Treatment Alliance' between the ET and the child, or interactions between the ET and his/her client, to distinguish the differences between educational therapy and psychotherapy. The field was somewhat eventually brought into the United States in the 1970s, and it is now widely known as Educational Therapy (EdTx) with the founding of the Association of Educational Therapists (AET) in 1978–79. Today, the AET is the US national professional association for educational therapists. The organization is dedicated to defining the professional practice of EdTx, setting standards for ethical practice, and promoting state–of–the–art service delivery through ongoing professional development and training programs. In addition, it provides information to the public about EdTx and facilitates access to EdTx services.

In the UK, EdTx is considered an appropriate mental health–cum–educational provision. The professional field began in the 1960s when Irene Caspari (b.1915–d.1976), who was born in Berlin, Germany, left for London, UK, to take the post of principal psychologist at the Tavistock Centre, London. Later, she became a leading trainer and exponent of a more psychoanalytic version of educational therapy (see Caspari, 1976, for detail). She established the Forum for the Advancement of Educational Therapy with her firm belief that a child might learn more effectively when an academic learning program went hand–in–hand with expressive work that delved into a child's deeper feelings if the ET was mindful of and able to engage the child's feelings as well as with his/her own relationship with the child as a learner. The term ET was later changed to an educational psychotherapist (EPT). Today, training to become an EPT is available to teachers and educational psychologists through the Caspari Foundation (see http://www.caspari.org.uk for detail), which also publishes its flagship journal – the Caspari Journal of Educational Psychotherapy. The educational psychotherapy has been recommended by the foundation to be included at later stages of the UK Code of Practice in a Statement of Special Educational Needs.

In summary of the development of EdTx, three main fields have come into play: Education, Psychology, and Therapy (see Figure 1). The Caspari model includes all three domains in its educational psychotherapy instead of the AET model of educational therapy, which sees it as

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a clinical practice of utilizing specific methods, strategies, tools, and approaches to help support academic success in students.
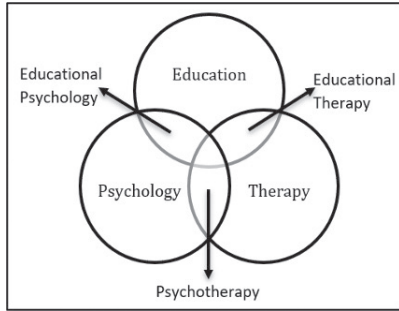

Figure 1. Tripartite Model of Education–Psychology–Therapy

Under the purview of the World Health Organization (WHO), ET has been officially recognized and classified under the diagnostic code 93.82 since 1986 in the International Classification of Diseases, Clinical Modifications–ninth revision, volume 3 (ICD–9–CM, Version 3) (WHO, 1986).

Compounding the Definition of Educational Therapy

The term Educational Therapy (abbreviated EdTx) consists of two keywords: (1) Education; and (2) therapy.

First, the term Education (abbreviated Ed) refers to the process of facilitation of learning, i.e., in terms of acquisition of content knowledge, essential skills, values, morals, beliefs, habits as well as personal development. According to Peters & Hirst (1970), education involves the development of knowledge and understanding. It is seen as the liberation of the intellect from innocence to achieve rational autonomy.

Second, the term Therapy (abbreviated Tx) often refers to medical treatment. It is an attempted remediation of a health–related problem, usually following a diagnosis (medical or psycho–educational as well as projective and observational). There are many different types of therapy, and it is important to note that not all therapies are effective. There are also those therapies that can produce unwanted adverse effects. In the context of mental health or wellness, the term therapy may refer specifically to psychotherapy and/or other allied therapies.

As mentioned earlier, we have chosen to define EdTx — by compounding Ed and Tx — as a form of remedial treatment (see Figure 2) that "combines both educational (Ed) and therapeutic (Tx) approaches for evaluation, remediation, case management, and communication and/or advocacy on behalf of individuals of all ages with learning disabilities or learning problems" (Psychology Wiki, n.d., para. 4).
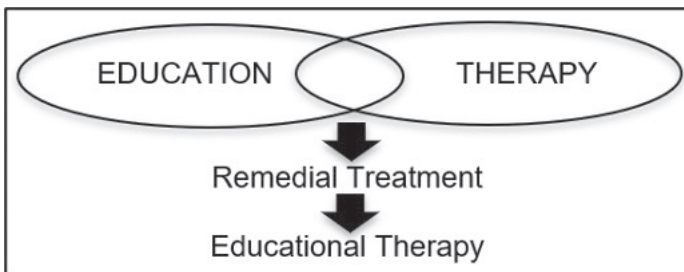

Figure 2. Educational Therapy as Remedial Treatment

The Professional Role of an Educational Therapist

What then is the professional role of an ET? What are the do's and don'ts for ETs in their professional practice? An ET has multiple roles of responsibility. According to the Association of Educational Therapists (AET), in order to teach particular strategies to address the specific deficit(s) of individuals with learning challenges, it is a must for ETs to possess a good foundation in an academic subject, especially in language and literacy skills, mathematics and numeracy skills, and specialized knowledge and understanding of diverse learning disabilities (e.g., autism spectrum disorder, literacy disabilities or disorders).

Here are several key occupational roles that require ETs to perform professionally:

- Addressing all aspects of the learning experience, which includes academic, social and emotional aspects;
- Communicating with people (e.g., family members and friends of the client) and other professionals as well as employers (if the client is already working) who play significant roles in a client's life;
- Finding out how the underlying learning issues impact other areas of academic, social or family dynamics in the client's daily routine;
- Fostering independence and self-advocacy in the client, helping him/her to take control of his/her own learning process;
- Administering appropriate assessments and integrating the results to develop a wide range of applicable strategies for remedial teaching or intervention;
- Performing an academic screening or progressive evaluation when it is necessary;
- Providing support for the client's emotional and social development;
- Referring a client to other specialists if it deems necessary that the client is best served by a different allied professional or specialist; and/or
- Empowering the client's parents or guardians through collaborative consultation and/or coaching which, in turn, can support EdTx treatments.

Because EdTx can be very broad in its treatment approach, it becomes important to look at an ET's qualifications when seeking or hiring one. The ET should meet the client's learning needs and should, or course, possess adequate professional training and relevant working experience to cover a diversified range of individuals with different learning challenges. Thus, a qualified ET is expected to:

- Be to acquainted with a diverse range of learning as well as behavioral challenges;
- Know how to engage with clients with learning and behavioral differences;
- Possess expertise in an academic subject area or skill (e.g., reading, mathematics and/or organizational skills); and/or
- Understand how socio-emotional-behavioral issues can impact a client, especially if he/she is still schooling.

In addition to having relevant extensive training and related working experience, ETs also administer formal and informal assessments, develop individualized education plans (IEPs), set short-term and long-term goals and objectives, and teach the clients using varied strategies to address challenges in the areas of reading, writing, spelling, mathematics, organization, and study skills. As such, ETs are able to offer services to meet the diversified needs of their clients with various learning and/or behavioral challenges, which include the following, but not limited to poor executive functioning skills (e.g., poor or short attention-concentration span, poor memory retention, slow information processing, poor organizational skills, poor ideation and planning), weak gross and/or fine psychomotor skills, negative learning inertia (e.g., laziness, procrastination, lacking in motivation or interest), and low self-esteem.

In this way, ETs can address the underlying deficit skills that affect academics (e.g., visual & auditory processing, attention, memory, and focusing), perform careful observations on their clients' behavior, assessment, and evaluation, and also develop IEP.

One of the most important roles that ETs do is to promote self-regulated learning of individuals with learning disabilities. They provide strategies on how to deal with academic challenges with motivation to utilize the right strategies at the right time (Newman, 2008). According to Connell and Wellborn (1991), ETs can help self-regulated learners to develop motivation in their learning around three personal needs. They are (1) involvement, (2) autonomy, and (3) competence. Interestingly, the authors of this article have proposed their framework of these three needs that are, in turn, based on three different theories: (1) Margaret Schönberger Mahler's (b.1897-d.1985) theory of separation-individuation in child development; (2) Jean William Fritz Piaget's (b.1896-d.1980) theory of cognitive development; and (3) Erik Homburger Erikson's (b.1902-d.1994) theory of psychosocial development (as shown in Figure 3 below). Together, the three theories can be triangulated to constitute the self-regulated learning.
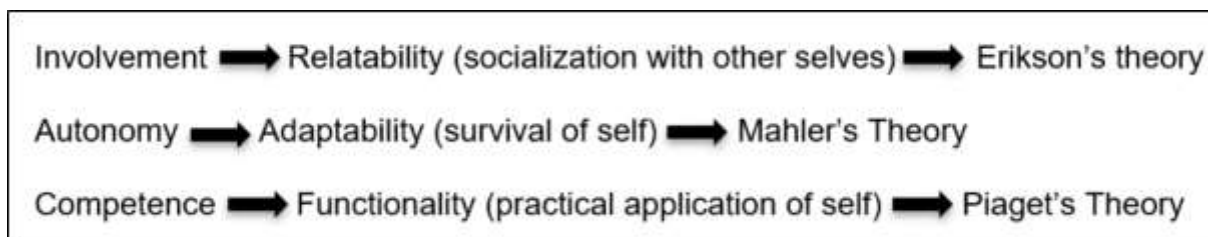

Figure 3. A Proposed Framework on Self-Regulated Learning with 3 Personal Needs

Some Misconceptions about ETs

As the professional roles of ETs are still cloudy, there are many misconceptions about them. Are they just like tuition teachers (or tutors)? Are they special education teachers? Or are they somewhat parapsychologists? These are some of the common questions that parents and the general public have always asked or have been

wondering about. Table 1 below briefly shows on the do's and don'ts of ETs' roles.

Table 1. The Do's and Don'ts of ETs' Roles

Do's of ETs	Don'ts of ETs
Refer clients to other allied professionals (SLTs, OTs, PTs, etc.) for further assessments.	Diagnose, assess, or prescribe medication for any medical conditions.
Describe behaviors to parents and allied professionals regarding clients' conditions (e.g., ASD, ADHD, Tourette syndrome, etc.).	*Administer intelligence or other psychological tests.
Interpret and analyze tests and assessment reports from allied professionals and share results with parents/caregivers.	Practice psychotherapy, hypnosis,

Some parents may equate ETs as tutors and they have mistakenly thought that both are pedagogists or teaching academics. Although both may seem to be working on the same educational domain, i.e., academics, in fact there are distinct differences between the two groups of professionals. Table 2 below further explains the main differences between traditional tutoring and EdTx.

Table 2. Differences between Traditional Tutoring and EdTx

Traditional Tutoring	Educational Therapy
Deals specifically with homework/academics (subject matter) with the aim of gaining a higher score on a test/exam.	Deals with processing of information that enhance academic learning.
Uses restricted methodologies and employs structured teaching materials.	Uses a variety of methodologies and employs several teaching materials.
May or may not have experience working with people with learning disabilities (e.g., autism, dyslexia, ADHD, etc.).	Experience working with people with learning disabilities (special education teachers, reading/math specialists, counselors, etc.).
Does not possess knowledge and teaching experience in different learning disabilities and lack the experience to identify red flags in areas of learning.	Possess knowledge and teaching experience in different learning disabilities with the ability to identify red flags and assess needs in areas of learning.
Does not possess knowledge & experience to conduct screening, assessment, evaluation, and remediation.	Possess knowledge & experience to conduct screening, assessment, evaluation, and remediation.

Conclusion

This article took a threefold standpoint: Firstly, the authors traced the German origin of EdTx, which was later transferred to the USA and the UK, which used different terms to describe this form of treatment. The development of EdTx involving three domains – education, psychology and therapy – came into play with the proposed model of "Tripartition of Education-Psychology-Therapy" (see Figure 1). Secondly, the roles of an ET are also explored and briefly described in terms of how ETs work with individuals with disabilities. The authors also put forth their framework on how ETs can help self-regulated learners to develop motivation in their learning around three personal needs: involvement, autonomy, and competence. Their framework relates three personal needs to three different theories (Mahler's theory of separation-individuation, Piaget's theory of cognitive development, and Erikson's theory of psychosocial development). Finally, the professional boundaries of ETs (i.e., do's and don'ts) are tabulated in Table 1 as well as some common misconceptions between traditional tutoring and EdTx are also differentiated in Table 2.

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