Jensen, E. & Snider, C. (2013). *Turnaround tools for the teenage brain.* San Francisco, CA: Jossey-Bass.

Kaganoff, A. (2013, October). *Three essential operations in the educational therapy session: Frontloading the task, promoting analytic questioning, and giving informative feedback* [CD]. Presented at the AET 35th Annual Conference, San Mateo, CA.

Locke, E. A. & Latham, G. P. (1990). *A theory of goal setting and task performance.* Englewood Cliffs, NJ: Prentice-Hall.

McCloskey, G. & Lennon, L. (2010). Applying an executive function framework in educational therapy. In M. Ficksman & J. U. Adelizzi (Eds.), *The Clinical Practice of Educational Therapy: A Teaching Model* (pp. 147-185). New York: Routledge Mindset Works, Inc. (2014). Brainology [blended-learning curriculum]. Available from www.mindsetworks.com.

Pintrich, P. R. & Schunk, D. H. (2002). *Motivation in education: Theory, research and applications* (2nd ed). Upper Saddle River, NJ: Merrill Prentice Hall.

Raskind, M. H. (2009). *Success attributes among individuals with learning disabilities.*

LDonline. Retrieved November 27, 2013 from http://www.ldonline.org/article/32729/.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.

Schab, L. M. (2008). *The Anxiety Workbook for Teens*. Oakland, CA: Instant Help Books.

Siegle, D. (2000). *Self-efficacy*. Retrieved December 27, 2013 from http://www.gifted.uconn.edu/siegle/SelfEfficacy/INDEX.HTM.

Stixrud, W.R. (2013, May). *Self-propelled: Helping kids with executive dysfunction find internal motivation* [CD]. Presented at the 35th Annual Learning & the Brain Conference, Arlington, VA.

U. S. Department of Labor, Bureau of Labor Statistics. (2014, 8 January.) *Occupational Outlook Handbook.* Retrieved February 22, 2114 from http://www.bls.gov/ooh/.

Weiner, B. (1992). *Human motivation: Metaphors, theories, and research*. Newbury Park, CA: Sage.

Wigfield, A. & Eccles, J. (1992). The development of achievement task values: A theoretical analysis. *Developmental Review*, 12, 265-310.

***Sherry Cramer, MS, ET/P,*** *has a private practice in educational therapy located in Fort Wayne Indiana. She came to educational therapy after more than 30 years in the classroom, mainly serving secondary students with learning disabilities, attention deficits and emotional handicaps. She now meets with students in an office filled with two of her favorite things–books of all kinds and elephants of the knickknack variety. Sherry is past president of the Learning Disabilities Association of Indiana and currently serves as AET's eNews editor.*

# Critical Need for Educational Therapy in Schools

Christine Moloy, MEd, CAGS

*A growing body of literature highlights the prevalence of students with learning disorders who also experience comorbid psychiatric conditions. This emphasizes the need for educators to be sufficiently equipped to accommodate and address psychosocial issues alongside purely academic needs. Yet, most educator training programs fail to address these issues within an interdisciplinary framework, leaving many educators with insufficient knowledge or skills to meet the needs of this population. In fact, educators who leave the field cite emotional issues and lack of motivation among students as primary reasons for abandoning the profession. The clinical model of educational therapy holds promise as a pedagogical framework for enhancing the skills of educators to teach this increasingly psychiatrically involved group of students. Central tenets to the practice of educational therapy are outlined to support this premise.*

## Introduction

The increased susceptibility of children with learning disorders to develop other psychiatric disorders has been well-documented (DeLisi et al., 2011; Hinshaw, 1992; Loe & Feldman, 2007; Maughan & Carroll, 2006; Sexton, Gelhorn, Bell, & Classi, 2012). In particular, reading disorders and attention disorders co-exist so frequently that they are better understood as co-occurring rather than comorbid, as this distinction acknowledges their shared pathophysiological pathways (Sexton et al., 2012; Sundheim & Voeller, 2004). Additional emotional/behavioral difficulties which overlap with literacy problems include disruptive behavior disorders, anxiety, depression, and social skills deficits (Loe & Feldman, 2007). Speech/language disorders are also commonly associated with anxiety, depression, and conduct or antisocial personality disorders. Furthermore, while the comorbidity of Nonverbal Learning Disorder (NLD) and ADHD is well-established, findings have also shown frequent occurrence of anxiety and mood disorders in individuals with NLD (Sundheim & Voeller, 2004).

Whereas anxiety and depression can be perceived as emanating from learning challenges, there is a bidirectional influence of disruptive behavior, i.e., reading challenges can cause children to act out behaviorally; conversely, disruptive behavior can cause students to miss instruction (Loe & Feldman, 2007). These issues have been shown to be persistent, not transient, and impact children and youth across a range of developmental tasks leading to poor academic achievement, increased grade retention, low rates of high school graduation and post-secondary education, decreased social cognition, and resultant impairment in occupational success (Loe & Feldman, 2007; Sexton et al., 2012; Sundheim & Voeller, 2004). Adding to

concern is the widely understood correlation of psychosocial, behavioral, and educational deficits with the development of juvenile delinquency (DeLisi, et al, 2010). It should perhaps further be clarified that the prevalence of psychiatric disorders among learning disabled children is not explained by low IQ, marked hearing loss, brain damage, socioeconomic status, or maternal education (Sundheim & Voeller, 2004).

Despite these very real concerns regarding mental health issues in learning disabled youth, many educators continue to lack sufficient training and practice to accommodate these particular learners.

## Limitations of Existing Educator Training Programs

Carroll (2003) notes that, according to surveys, many teachers have less than positive attitudes towards students with disabilities. This results, in part, from their discomfort, fear, and uncertainty regarding their ability to address these students' learning needs, as well as overly sympathetic approaches and lack of effective coping skills. Teachers' discomfort was exacerbated by the continued segregated training practices among general and special educators, i.e., training programs offered few to no opportunities to develop approaches that embrace the transdisciplinary nature of education that is required in today's classrooms.

These attitudes are not exclusive to general education teachers. Special education teachers, in fact, are more likely to leave the field of education than any other teacher group (Billingsley, 2004). Factors contributing to this attrition include: teacher characteristics (e.g., younger teachers leave at twice the rate of mature teachers); teacher qualifications (e.g., teachers with higher National Teacher Exam scores were twice as likely to leave, perhaps perceiving other employment options outside of school settings); work environments (school climate, administrative support, and opportunities to grow and advance all affected teacher retention); and teacher's affective reactions to the work (stress level was the most powerful predictor of attrition). In particular, those working with students with emotional issues were most ill-equipped and thus most likely to leave. Both general and special educators cited disciplinary problems and lack of student motivation as a primary reason for departure (Billingsley, 2004). Further complicating the situation is the persistence of fragmented service delivery models wherein positive behavioral interventions, mirroring, scaffolding, and myriad instructional modifications are often perceived as someone else's role or responsibility. Services are more likely to be fragmented when professionals do not share common conceptual tenets, i.e., many service providers continue to be trained to function independently within their specific discipline, rather than interdependently as members of a collaborative educational team (Giangreco, 1995).

These very real concerns contribute to a shortage of effective special educators which, in turn, impacts the quality of students' educational experiences, leading to reduced student achievement levels and insufficient competence of graduates in the workforce (Billingsley, 2004). In an effort to meet the needs of the growing population of students with comorbid disabilities, adjustments to teacher training programs are required. Darling-Hammond (1999), as quoted in Billingsley (2004), adeptly states: "It is more expensive to under prepare people, and then let them spin out again, than it is to prepare people more effectively to keep them in the profession" (p.44).

## Educational Therapy as a Possible Solution

The multidimensional model of educational therapy (Ficksman & Adelizzi, 2010) holds promise as one way to enhance educators' abilities to motivate, accommodate, and instruct emotionally vulnerable youth in a way that maximizes their learning potential. educational therapy, as a theoretical construct, promulgates a holistic view of the child which acknowledges the social, emotional, neurobiological and cultural aspects of a student alongside academic needs. In practice, it is a psychodynamic process that strives to alleviate fears, boost self-esteem, and provide opportunities for incremental successes through a client-centered, responsive practice of attuning to students' emotions and behaviors, and modifying instructional approaches accordingly (Ficksman & Adelizzi, 2010).

Educational therapy can be understood as a melding of clinical and psychotherapeutic theories with pedagogical and educational practices. Early contributors to the underlying ideology and the eventual field of educational therapy understood that disruptive behaviors could be the result, not the cause, of serious learning disorders and language impairments. They strove to combine the theoretical knowledge and techniques from the professions of psychiatry, social work, psychology, and teaching into an interdisciplinary approach to address- in a cohesive manner- the complex learning needs of individuals (Werbach, Kornblau & Slucki, 2010).

Central to pedagogy, as it pertains to educational therapy, is the concept of empathic intelligence. Empathically intelligent teaching practices create a climate of care and mutual respect, thus galvanizing tacit abilities and creating affirming attitudes towards learning, resulting in often transformative educational experiences that foster the development of higher order cognitive abilities (Arnold, n.d.). Characteristics of empathic intelligence include attunement to self and others, and the ability to model attitudes and behaviors conducive to positive outcomes. It involves gentle and effective mirroring of client's emotions, scaffolding of educational opportunities in a fluid progression at a pace often guided by the student, and the utilization of "intelligent caring" as a disciplined and principled strategy to promote a discouraged learner's ability to engage and persist in learning endeavors (Arnold, 2010). In print, it is challenging to

***The model and practice of educational therapy, with its emphasis on empathic teaching practices and it's acknowledgement of the whole child (addressing the multiple issues that confluently affect learning), appears uniquely suited to serve the complicated population of learning disabled students with comorbid psychiatric conditions.***

explain and perhaps sounds oversimplified. In practice, it is a cultivated art form. Arnold (2010) offers the following example:

A common statement made by students in classrooms is, "I hate math". A teacher can reply "You will need math when you grow up so you must persevere" or "It's frustrating when you can't quite remember the formula, isn't it? Let's go through the steps again". It is easy to see which response is likely to mobilize the student. (p.67)

The model and practice of educational therapy, with its emphasis on empathic teaching practices and it's acknowledgement of the whole child (addressing the multiple issues that confluently affect learning), appears uniquely suited to serve the complicated population of learning disabled students with comorbid psychiatric conditions. While most educators, including special educators, teach subject matter or provide specific academic skills training, educational therapists concurrently address underlying issues that impede learning. In so doing, they teach strategies for social, emotional, behavioral, attentional, organizational, and metacognitive growth, in addition to curriculum content. It encompasses the holistic treatment of issues that impact the learning process (Techaviratanakul & Murkowski, 2012).

To be perfectly clear, educational therapists do not practice psychotherapy. There is an acknowledgement within the theoretical framework that needy students often require multiple service providers and counseling may be a related service. Rather, educational therapists harness basic practices and principles from psychology to promote learning in students whose underachievement is impacted by emotional variables such as past failure experiences. It requires the ability to "think on the spot", being attuned to the client's emotional experiences (be they related to the curriculum content or another subjective experience of the day), in order to stop in the middle of a task, address a symptom, behavior, or misperception, and then redirect again. In so doing, educational therapists make adjustments in treatment to accommodate temperament, emotions, social skills, and cognitive development (Ficksman & Adelizzi, 2010). The resultant effect is that a student with embedded avoidant behaviors or other "emotional interference" feels supported enough through the evolving therapeutic alliance to take risks in learning that might otherwise seem untenable. The obvious ramification is the student's subsequent perseverance and academic gain.

## Future Directions

A cursory review of the top 10 special education training programs in the United States (see http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-education-schools/special-needs-education-rankings) revealed no course offerings specific to educational therapy. While some of the programs contained requisite courses in psychology as part of their special educator training programs, most required no core psychology courses. This represents a concerning lack of psychological-mindedness in the training of those who will serve psychiatrically involved students. With the growing awareness of comorbid psychiatric conditions in a large percentage of students identified for special education support, it seems imperative that training programs begin to assiduously address this.

The model of educational therapy provides a framework for such a retooling of educator training programs. In an effort to more effectively meet the needs of learning disabled students with comorbid psychiatric conditions, institutions should examine and incorporate teachings such as those offered through the clinical model of educational therapy. Werbach, Kornblau & Slucki (2010) sum it up well: "Whether we regard the work of educational therapists as an approach or a methodology, the goal remains the same; offering remediation, relief, and a cohesive sense of self to individuals whose progress, production and learning have been compromised". (p.61)

## Conclusion

Students with learning disorders and comorbid psychiatric conditions represent a growing body of students served by general and special education teachers, yet the ability to effectively teach such learners is affected by a lack of training programs which incorporate related principles, procedures, and perspectives. This is illustrated by the high attrition of special educators citing emotional issues and motivational deficits in students as primary reasons for leaving the profession. The theoretical model of educational therapy is uniquely suited to acknowledge and address psychosocial issues that impact educational attainment in this population of learning disabled students. Educator training programs are encouraged to incorporate theory relating to educational therapy and empathic intelligence

in standard coursework, in order to support all educators in their ability to compassionately view and address the needs of these learners. Furthermore, trained educational therapists are encouraged to pursue special education certification which would enable them to work directly in schools.

## Refernces


Arnold, R. (n.d.). Empathic intelligence: The phenomenon of intersubjective engagement. Retrieved from http://www.curriculumsupport.education.nsw.gov.au/secondary/creativearts/assets/drama/pdf/empathic.pdf

Arnold, R. (2010). Empathic intelligence in educational therapy: An international perspective. In M. Ficksman & J. Adelizzi (Eds.), *The clinical practice of educational therapy: A teaching model* (pp. 65-79). New York, NY: Routledge.

Billingsley, B. (2004). Special education teacher retention and attrition: A critical analysis of the research literature. *The Journal of Special Education*, 38, 39-55. Retrieved from http://www.eric.ed.gov/PDFS/EJ693730.pdf

Carroll, A., Forlin, C. & Jobling, A. (2003). The impact of teacher training in special education on the attitudes of Australian preservice general educators towards people with disabilities. *Teacher Education Quarterly*, Summer, 65-79. Retrieved from http://www.eric.ed.gov/PDFS/EJ852365.pdf

DeLisi, M., Vaughn, M., Beaver, K., Wexler, J., Barth, A., & Fletcher, J. (2010). Fledgling psychopathy in the classroom: ADHD subtypes, psychopathy, and reading comprehension in a community sample of adolescents. *Youth Violence and Juvenile Justice*, 9, 43-58. doi: 10.1177/1541204010371932

Ficksman, M. & Adelizzi, J. (2010). The dynamic of educational therapy: Theoretical framework and model. In M. Ficksman & J. Adelizzi (Eds.), *The clinical practice of educational therapy: A teaching model* (pp. 3-26). New York, NY: Routledge.

Giangreco, M. (1995). Related services decision-making: A foundational component of effective education for students with disabilities. In E. McEwen (Ed.), *Occupational and physical therapy in educational environments* (44-67). Binghamton, NY: Haworth Press.

Hinshaw, S. (1992). Academic underachievement, attention deficits, and aggression: Comorbidity and implications for intervention. *Journal of Consulting and Clinical Psychology,* 60, 893-903.

Loe, I. & Feldman, H. (2007). Academic and educational outcomes of children with ADHD. *Journal of Pediatric Psychology,* 32, 643-654. doi:10.1093/jpepsy/jslo54

Maugham, B. & Carroll, J. (2006). Literacy and mental disorders. University of Warwick Institutional Repository. doi:10.1097/01.yco.0000228752.79990.41

Sexton, C., Gelhorn, H., Bell, J. & Classi, P. (2012). The co-occurrence of reading disorder and ADHD: Epidemiology, treatment, psychosocial impact, and economic burden. *Journal of Learning Disabilities,* 45, 538-564. doi: 10.1177/0022219411407772

Techaviratanakul, D. & Murkowski, W. (2012). Educational therapists seek to be healers in times of tight budgets. *Phi Delta Kappan*, 93. Retrieved from http://www.questia.com/library/1G1-282444096/educational-therapists-see-to-be-healers-in-times

Werbach, G., Kornblau, B. & Slucki, C. (2010). Educational therapy's ancestry and migration. In M. Ficksman & J. Adelizzi (Eds.), *The clinical practice of educational therapy: A teaching model* (pp. 45-62). New York, NY: Routledge.



***Christine Moloy,*** *M.Ed, CAGS, is presently a School Psychologist employed in an urban school district on the outskirts of Boston, Massachusetts. Concurrently, she is completing her doctorate in psychology at Massachusetts School of Professional Psychology. Ms. Moloy's professional pursuits have encompassed work with children and youth in residential, clinical, and varied educational settings. Her particular interest lies in improving outcomes for students with emotional/behavioral disorders, most of whom also possess comorbid learning disorders.*