
Educational Therapy That Addresses Complex Profiles

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Understanding the relationship between learning and social/emotional functioning, and helping to bring about positive change, is fundamental in my practice as an educational therapist. The additional strengths that contribute to my practice are my abilities to develop strategies addressing: the social and emotional aspects of learning; the formation of supportive relationships; and the facilitation of communication among the student or client, the family, the school, and involved professionals.

A FAMILY CASE STUDY: ALEX AND ROBERT

Alex and Robert were born developmentally delayed. In the 1960s there was no early intervention or special education law. Their parents were told that Alex was trainable and Robert was educable. They were advised to have Alex institutionalized, and following this advice proved detrimental for the family. The stress caused their mother to turn to alcohol, and their parents to divorce, negatively affecting the life of all 3 children. It wasn't until 1975 that the original special education law, the Education Handicap Act (Public Law 94-142), was passed. It was renamed the Individuals with Disabilities Education Act in 1990 (Public Law 101-476).

As a result of hospitalizing Alex, his mother had to fight to get Robert into public school. Eventually, she succeeded, and she was then able to get Robert placed in a school for the multiply handicapped because he was also legally blind. He flourished there, and learned to read and write, eventually returning to the New York public school system where he graduated from high school in 1978 under the protection of the Education Handicap Act. The eventual success of the brothers occurred as the result of a mother who was an advocate for her sons—a warrior who fought diligently for the human rights of her children—and an educational therapist who persevered in integrating the services and skills necessary to create opportunities for her sons.

THE CASE OF JOSH

Ronda, a new mother in the 1970s, adopted a child she described as a “high maintenance child”, but it

wasn't until he was 6 years old that there was a diagnosis for his behaviors and high energy. He was diagnosed with ADHD and it was then that I began my work as his advocate and ET. His elementary school years went relatively well and it wasn't until middle school that things changed. His Individual Education Program (IEP) was not enough to give him the support he needed as he approached adolescence. Although he was receiving services, he was overwhelmed, and he stopped doing his homework and became the class clown, resulting in numerous suspensions. His despair increased and he used all his energy to hold himself together at school. When he came home he became explosive. His behaviors eventually led to juvenile court. As an ET I advocated for him in the school, the courtroom, and subsequent settings. Even in a therapeutic school, he was suspended, and eventually he was restrained for his behaviors. My work with him and his family became more challenging. I was eventually able to convince his family to have him hospitalized. An eventual second hospitalization was very successful and upon discharge he started a residential therapeutic school where he thrived.

In hindsight, as an ET I was dismayed by the public school's inability to recognize the early signs of Josh's illness and I couldn't believe the state of children's mental health services.

Josh is now 21 years old, and has graduated from a regional high school with honors. He works full-time as a carpenter, has his own landscaping/handyman business, recently completed an emergency medical services program, and is now an EMT.

THE CASE OF ANNA

Joan called me sobbing about her 12-year-old daughter, Anna. Anna refused to go to school for weeks, didn't come home one night, and didn't answer her cell phone. Because of sheer exhaustion between these episodes and Anna's multiple hospitalizations, Joan missed work and worried she would lose her job.

Because Anna was not attending school, the school district was mandated to file a Child in Need of Services (CHINS) report through the Department of Children and Families (DCF, formerly the Department of Social Services). Although her behaviors were manifestations of her mental health diagnosis, Anna was unable to receive mental health services from the Department of Mental Health, since she was already a DCF client. With a CHINS report you must appear in front of a judge in the juvenile justice system, and in this case the judge ordered that she be placed in an appropriate facility.

What was very concerning was that both the middle school she attended (which filed the CHINS) and the DCF, which was providing services through the CHINS, never thought to recommend a psychoeducational evaluation, which would have determined if Anna was eligible for special educational services and an IEP.

As Anna's ET and an advocate working with her and her mother, I presented the idea of a psychoeducational evaluation to the school. The school responded: "But she's a very good student, she has always received A's." Although that was true we had to remind them that her mental health problems seriously affected her ability to attend school, which led to her falling behind. Finally, the evaluation was completed there were no surprises. She scored average or above average in her cognitive and academic abilities. She was also found eligible for special services and an IEP to address her mental health issues, which affected her ability to learn.

CONCLUSION

"A traditional therapist works to psychoanalyze and resolve emotional problems; this becomes the 'work' of psychotherapy. An educational therapist uses a therapeutic approach that acknowledges emotional problems without letting them derail the learning process" (Aubin, 2006).

Recognizing the presenting problems as the manifestation of the underlying learning and mental health issues is a key component of the therapeutic aspect of an ET practice.

It has been my experience that public schools are often unable to adequately address the emotional health of students with IEPs. Because of this the student's emotional health declines, with the exhibition of inappropriate behaviors that may eventually lead to suspensions and hospitalizations. It is then that the student may be placed in a therapeutic residential or day school, but at what price for the student and the family? We can surely do better.

Mindy Mazur is an educational therapist and special education parent coach. She is a former deputy director for the Massachusetts Department of Public Health (MDPH) AIDS Bureau for HIV Counseling and Testing, and she was a regional manager of MDPH in the Bureau of Family and Community Health. Mindy has worked for the Parent/Professional Advocacy League (PAL), the state organization for the Federation for Children's Mental Health. Mindy earned her Graduate Certificate in Educational Therapy from Curry College in 2007, is an AET Associate Member, and is

an active member of the study group that meets at Curry College. She continues her work with the Special Advocates Network Board, the Massachusetts Public Health Association, and the Youth Centered Suicide Prevention Program Steering Committee in Boston.

REFERENCES

- Aubin, J. Hartford CT. (2006). Excerpt from GCET classroom discussion, Hartford, CT: Curry College.
- Goleman, D. (2006). *Social intelligence*. New York: Bantam Books.