



Board Certification Part Two: The Ethics Examination

BCET Ethics Examination Study Guide

This Study Guide is intended to support AET members in preparation for Part Two of the Board Certification process, the Ethics Examination. It is to be used in conjunction with the *AET Code of Ethics*, the panel discussions of Ethical Issues that are presented at AET conferences and workshops, and the CDs and tapes that have been made of those panel presentations over time.

The Study Guide contains representative samples of the ethical issues that are discussed in the panel discussions, and that are likely to arise in a typical practice. These outlines and notes have been taken from BCET panelists' presentations at various *AET Ethics and Etiquette* workshops. While we encourage candidates for the Board Certification Exam to listen to tapes of these workshops, we hope that the enclosed materials, in addition to the *AET Code of Ethics*, will give you additional help in preparing for the exam.

The formal *AET Code of Ethics* is a framework to guide all educational therapists in their practices, but many issues are not simply black or white. On the written exam, Educational Therapists need to demonstrate their abilities to respond to recurrent ethical issues that come in shades of gray. It is important that Board Certified Educational Therapists understand the standard of practice of their profession and have good rationales for their responses to problems that arise. Written responses to exam questions will require the candidate to demonstrate good judgment regarding complex ethical issues, as well as to provide substantial support of examples from the candidate's own background of experiences.

Our thanks go to the panel members who generously shared their notes from those presentations. Our thanks also go to AET members who share so freely their collective wisdom in matters of ethics. Readers of this Study Guide will note that there are positions and opinions expressed by members within the Board Certified community that may differ from one BCET to another, depending upon professional experiences and training background. Our over-riding goal is always to do what is in the best interests of our clients and their families.

Compiled by Susan Fogelson and Ann Kaganoff, September 2007

Updated December 2011 and February 2014

BOUNDARIES

(All references are to the *AET Code of Ethics*)

“An Educational Therapist seeks to develop relationships with parents based on mutual respect for their roles in achieving benefits for the client.”

What constitutes “mutual respect for their roles?” Note the words ***mutual*** and ***their*** indicating that the respect goes two ways. We must have respect for our clients. The term *client* refers to the students we work with and their parents. They in turn must have respect for us and here is where many of us are faced with a dilemma. *Section Two---#2, AET Code of Ethics*

Establishing boundaries at the beginning of the relationship avoids future issues such as your policy about skipped sessions, phone calls, perpetually late to sessions, and so on. Some educational therapists have written contracts, some a list of policies, and others convey the information verbally. There is no “right” way. It is an individual choice, but it is something that must be done, one way or another. *Section One, #1---D*

Establishing boundaries allows us to step over them on those few occasions when it is really necessary.

1. What defines professional boundaries for an Educational Therapist?

- A therapeutic relationship is a planned and goal directed interaction between our clients and their parents for the purpose of making learning easier.
- Professional boundaries are limits that protect the space between our power and the client’s vulnerability.
- There are limits to any therapeutic relationship that must be recognized and respected by both parties. Identifying these limits for oneself and for our clients is vital. Identifying limits can be one way of dealing with potential boundary violations.

2. How is the relationship between the Educational Therapist and the client affected when boundaries are crossed? *Section Two, ---#2---E*

- Dual relationships (being the Educational Therapist and trying to be a friend) impair professional judgment, disregard client welfare and may impede the client’s progress.
- Dual relationships can create confusion and potential for conflict of needs.
- We are the experts and are in the temporary power position. We need to separate our own needs from the needs of our clients.

3. Responsibilities of the educational therapist in a therapeutic relationship *Section Two---#. ---D, G, H, I and Principals V*

- We must hold in confidence any personal information obtained in a professional capacity and should not use confidential information in any way that would in any way be advantageous to us.
- Do not be tempted to engage in “cocktail talk.” It is very easy and often self-serving to say, “Did you know or hear about so and so...” or engage in any form of gossip.
- Get permission (in writing) to share information. *Section 2, #1---G*
- Seek the advice and guidance of other professionals, within and outside of the field of educational therapy. *Section 2, #1---D*
- Maintain a caseload that is manageable for effective educational therapy. *Section 2, #1---I*
- Have your clients be a part of the decision making to lessen the feeling of vulnerability. *Section 2, #2---A*

4. The power we hold in a therapeutic relationship. *Section Two---#2, B, C*

- The therapeutic portion of our practice is one of unequal power. We have knowledge, access and understanding of information that our clients may be apprehensive about.
- When decisions must be made, we should ask ourselves the following questions: Is there any possibility that the client may make a decision based on concern that disagreeing or displeasing us will impact the quality of care we give our clients. Does the client feel able to make the decision with full information and no inappropriate influence from us?
- While we are initially in the position of power, it is our clients that are ultimately in control of what they do. They are the ones who have to “buy in” and decide how much effort they are going to expend to reach goals. This dynamic can cause us discomfort because when the goals are not met we have three choices: (1) Relinquish our power too soon, letting our clients take control; ((2) Place all the blame on the client, which often results in being unconsciously punitive; or (3) Examining what we are doing and how effective it really is. Not placing blame on either, but re---evaluating and making appropriate changes.

5. The trust involved in a therapeutic relationship.

- Trust is a large part of our work with our clients. It is very important to create an atmosphere where trust can grow over time. However, trust also brings about vulnerability for our clients. We must be careful not to violate that trust because it brings into play more than just a loss of faith in us.

- By the time many of our clients reach us, many have already experienced a loss of trust. Our work will take even longer to have a therapeutic effect by not establishing trust as soon as possible.
- Although crossing boundaries may initially seem not to be a problem, there is a loss of trust and eventually, our client feels betrayed.

6. What are some possible boundary violations? *Section Three---#1---C, F, K*

- **Role boundaries**---doing things for or with the client that are not a part of job responsibilities. Instead of our nurturing our clients, they feel the responsibility of taking care of us. Example of role reversal is when we routinely change appointments to accommodate our schedule.
- **Time boundaries**---allowing a client to take up more than the allotted amount of time on a regular basis.
- **Place and space** boundaries---seeing a client outside the usual office setting. If so, (such as attending a recital) there must be a good therapeutic reason.
- **Money boundaries**---charging one client more than others just because “they can afford it.” This does not mean not working on a sliding fee basis, but charging a wealthy client more than your customary rate. You are allowed, however, to terminate a client for money owed.

- **Gift boundaries**---

This is a difficult area where there is some disagreement. Many of us come from, or are still in the classroom in one way or another. Traditionally, many of us received gifts at holiday time and/or at the end of the year. Nevertheless, we need to consider the implications. We should go back to a basic question: Is there therapeutic value for our client? Other questions to think about: Is the size of the gift appropriate? Does the client expect a difference in the level or nature of our work? When clients give us large expensive gifts, they conscientiously or unconscientiously expect more of us and it often works!

- **Self--disclosure boundaries**

Self--disclosure should only occur within an established therapeutic relationship and be limited to revealing information that has therapeutic value to our client. A wise teacher once said, “When in doubt, stop talking!”

- **Sexual Impropriety**

Obviously, we do not have sexual relationships with our clients. ET should be cautioned as to where and how often you touch your clients. We are by nature warm and nurturing and for some of us, giving hugs and pats is second nature. Don't. We are living in a litigious and accusatory age and we don't want to put ourselves in a vulnerable position.

7. Other examples of crossing boundaries.

- You have been working with a client over the past year and expect the work to continue. You are invited to a class play so you can see how much self-confidence your client has gained. It is important to again ask does this serve the client's best interest. Is it the only way to gather this information? Does deciding to attend serve our best interest more than the client's? How does attending fit into the therapeutic plan? Will attending be considered billable time? How would other educational therapists view our attendance? If the answers to these questions do not suggest that there is a clear link to the delivery of services and therapeutic value, then it is probable that attending the play is not in the best interest of our client. *Section Three, #1---C*
- Another way to evaluate this scenario is to ask if the client sees this as an opportunity to institute a friendship with us. This may seem like it is in the client's interest, but it actually creates confusion about the boundaries and in the long run does not serve our client's best interest. Friendships are based on supporting each other's needs. Going to a client's play may seem perfectly innocent at the time, but acquiescing to the request will most likely lead to other requests/expectations that will result in requests that we are not comfortable with. Again, it can be a slippery slope. To avoid this slide, it is best to maintain clear boundaries at the time of the initial request.

8. Concluding statement

- What constitutes healthy boundaries is very complex. Boundaries may be unhealthy because they are too tight or too loose. Too-tight boundaries prevent an individual from engaging in open and giving relationships, whereas too-loose boundaries rob the individual of the sense of being a unique person whose needs and wants are separate from others. It is a hard balancing act and may vary from case to case. The thing to remember is that we must establish boundaries, whatever they are, because our focus must always be the welfare of our clients.
- Josephine Morse stated, "The violation of boundaries may not in itself be immediately harmful. Indeed, it may feel quite pleasurable. The danger may be more subtle and longer-term."

SCHOOL ISSUES

1. INSTITUTIONAL/LEGAL

Issues:

- **Eligibility for services under Special Education or 504 designations**
- **IEP meetings**
- **Advocacy and litigation**
- **Parent advocacy**

Eligibility for services under Special Education or 504 designations

- To what degree should the ET try to be an authority on legal requirements and procedures for eligibility for services, due process requirements, arbitration between families and school districts, etc.?

Answer: Consult with Resource teachers, listen carefully when in meetings, take careful notes, ask good questions. Get to know the schools in your area. Let them get to know you.

IEP Meetings

- What is the role of the ET in IEP meetings when an adversarial relationship has developed between family and school?

Answer: Maintain focus on what is in the child's best interests

- What is the role of the ET in IEP meetings where sides are being taken, especially if we feel the client's needs are not being met? What is the role of the ET if parents have hired an advocate or attorney?

Answer: This takes good preparation, a balanced view, very good diplomatic skills. You must indicate your ability to see all sides. You must be clear about client's needs and have realistic goals for the client. Emphasize child's best interests. Be prepared to be firm, but also to understand the needs of all parties.

School visits are essential to ET credibility in making recommendations. Teacher view of situation may be very different from parent view.

- What should the ET know about the school culture (whether public or private)?

Answer: We must find out everything we can about the schools where our clients are being served. We must represent the view of educators as well as of the family. (Client A example: implied criticism of teacher's approach fueled by mom's anxiety. Situation clarified through school visit. ET better able to support Teacher recommendations re: speech referral).

Parent Advocacy Training

- How do we best train Parents to be advocates for their children?

Answer: This is an important part of our job as ET's and we must be clear with parents that that is what we are doing.

DIRECT RELATIONSHIPS WITH TEACHER/TEACHERS

Teacher insensitivity, lack of understanding of client needs, lack of training in learning disability issues

- How can the ET best lead a teacher to understand client's special needs?
- What to do if school expectations are unrealistic and inappropriate for child?

Answer: Show good knowledge of the child. Have written notes on your information so the teacher has something to refer back to. Validate what the teacher is doing in the social learning setting of the classroom and validate how valuable this is re: the client's needs and goals. Establish good ongoing communication with the teacher and be sure to follow---up (teachers are often difficult to communicate with. Get email addresses).

- What should you do when Teacher is threatened by the ET or is in an adversarial relationship with the family

Answer: This takes good negotiating skills. Be balanced. Show understanding of both sides. Be able to take the point of view of all constituents.

Child Issues

- How can the ET successfully negotiate such things as modified homework load? How can we deal with unrealistic homework expectations, without seeming to make excuses for the student?
- What message can we give the child who is drowning in work that is too hard?

Answer: Teach good strategies to the client. Teach self advocacy. Propose your solutions as short term trial solutions to see what happens. Most teachers will sign up for something short term to see how it works. (Client B example: help her focus on what she knows so I can reassure her she will not likely flunk the test)

- How can ET recast assignments to help client and still meet Teacher requirements? How can ET avoid seeming criticism of the teacher or school and still help client meet school demands?

Answer: Recast assignment using bulleted format, graphic organizers. Check with teacher to be sure you have got it right. Acknowledge that this is a hard assignment and will take a lot of work.

Placement issues:

- If placement is inappropriate, how do we determine our own qualifications to do informed advisement? When do we refer to a placement specialist?

Answer: Remember that specialists are expensive. They may have their own agendas re: schools. (example of psychologist who sits on the board of a fee---paying school he recommends)

- How do we help parents clarify their own priorities re: placement?

Answer: Help them formulate what questions should be asked when they meet with the personnel of the current school or with a potential new placement school.

PARENT ISSUES: POSITIVE INTENT

The child functions within a context of an over---all family system, with interactive components, as well as within the heart and soul elements of the family. In many ways, we are responsible to the whole family and may not be able to benefit the client until we address whole family issues.

A.Assisting the client

- How do we help the client with over---protective parents, especially when the child has received a label for the condition, such as Tourette's, Asperger's, ADD?
- What is our role with parents who know everything about the disability?

Answer: Learn from them. Many parents have become superb advocates for their children. They still need help in maintaining perspective. We often need to help them from becoming too immersed in the disability.

- How do we assist the client whose parents are over---helpful, who do the homework, who constantly speak for the child?
- How can we honor the parent's positive intentions to support the client, and still redirect the client to be more independent?

Answer: What we say in the presence of the child can make a public statement about 1) the strategy the child needs to take; 2) the client's ability to actually do the work independently; 3) the recommended plan or strategy to make this happen (be specific with both parties about the plan).

B.Attitudes or understanding regarding client problems:

- How much, or what kind of counseling can we do legitimately as ET's? What is the nature of the interventions that we can and must do, given the nature of educational therapy and our roles?

Answer: Parent conferences, in which we raise the appropriate questions. Frequent parent conferences. Make references to our background of experience to help build trust, hope and perspective. (Client C's family as example of entire family afflicted by a disorder)

- What are appropriate interventions that ET's can do?
- What assignments can we give to parents, and how can we follow---up?
- How do we ensure our recommendations will be followed?

Answer: Put everything in writing. Recommend a short period of documenting behaviors to gather data (often all you need to do is recommend this procedure).

- What do we do if there is denial of the problem? (He is so bright) Sabotage of our efforts with the client? (Client D's Dad: Implication that she cannot be doing as well as ET reports; Client E's dad re: why Client is coming to me at all)

Answer: Parent communication. Good progress notes. Be specific about accomplishments. Suggest to parents better language to use when addressing the client's problems and needs.

2. PARENT ISSUES: NEGATIVE INTENT

Abuse:

Know the reporting requirements. Know when and how to do this. Find out what other measures have already been tried (mental health, etc.)

Subtle negative behaviors that produce negative outcomes

- How to handle Parental conflict re: child rearing

Answer: Give client specific strategies to anticipate and deal with parents' differing views and expectations

- How to handle patterns of family disorganization (Client F: "Don't give that form to my mother!")

Answer: Make sure client has specific strategies to deal with organizational issues. Fix up folders, lists, any form of organization tools.

- What to do about over---extended families, family fatigue

Answer: Make specific recommendations about things that need to be cut back. Be realistic about priorities and homework requirements. Help build perspective.

- How to detect and deal with parent burn---out

Answer: Be willing to help get parent out of the loop and let ET take over issues where appropriate.

3. EMERGING DIAGNOSIS, MORE ACCURATE IDENTIFICATION OF PROBLEM

Provide perspective on child's ability to respond to new demands

Be frank about our own ability to focus upon multiple problems at once (Client G example re: language processing; Client H example re: articulation problem as less immediate than his anxiety problem)

Remind parents of the benefits of our knowing the child over time: source of perspective

Remind parents of the diagnostic nature of what we do, the difficulty in addressing all problems all the time

ISSUES of CONFIDENTIALITY:

PROFESSIONALS IN RELATION TO CLIENTS AND THEIR FAMILIES

Section II of the Code of Ethics states that:

Maintain confidentiality of information except where information is released under specific conditions of written consent and/or statutory requirements.

Section III of the Code of Ethics states that:

Maintain communication between parents and professionals with appropriate respect for privacy and confidentiality.

Educational Therapists strive to:

Develop and interpret individual goals and objectives for educational therapy, based upon appropriate assessment procedures and/or local school mandates, in cooperation with client and parents.

This portion of the code of ethics reminds us of how we must adhere to the guidelines and mandates that are imposed on our practice from outside sources. What we may see as appropriate and beneficial services for a client may not be recognized as such by:

1. a school system
2. a court system
3. a family

In fact, the aforementioned parties or groups may mandate certain activities, curricula, or involvement in a particular group that you see as ineffective, or possibly even harmful to your client. However, it is the job of the ET to maintain confidentiality about the Client's file with outside parties, and not compromise these confidentiality unless agreed upon by the circle of caregivers and professionals in the life of that Client.

The issues of concern about the safety of each client will differ according to the individual profile, family circumstances, and whatever mandates may be imposed from external sources.

A professional anecdote can serve as an example: I am clear with each client about the confidentiality of our sessions. However, I am equally as clear in asking that they sign an agreement that states I may call a family member or therapist if I feel that they are a threat to themselves or to another person, or that they are engaging in behaviors that need to be addressed by someone other than me.

The only times when this has proven to be difficult is with adults who do not want anyone involved in their work with an Educational Therapist. This may require a great deal of discussion and negotiation. Sometimes this may lead to termination of the ET/client relationship, which sometimes feel as if the Client's file is somewhat defunct, but in all actuality exists as a reminder that

whatever information is documented within remains confidential, at least to the circle of providers, the Client, and the family.

A. The ET---Student Session (Children, Adolescents & Adults)

The Contract and Consent

Clear, concise consent forms: A MUST in order to assure client/student of who will be privy to the work you do together

B. Ethical practices in the ET---student session

Similar to the testing situation

Invite parents to sessions only with the consent of the student: if the student refuses relate this to the family. No secrets.

C. The impact of life---changing and/or traumatic events

During interviewing, assessment, and Educational Therapy sessions, individuals across the lifespan may disclose significant traumatic events that have occurred in their lives, including classroom trauma. These events and the subsequent fallout cannot be ignored as being "separate from" the academic work that must be accomplished. The assumption should always be present in your mind that these events, and the residual effects of these events, impede or even arrest learning. Be ready to make the appropriate referrals for psychotherapy or expressive therapy, keeping in mind for the remainder of your work with that individual the impact that abuse and loss (death, divorce) and other similar events and situations have on learning and functioning. Don't try to deal with the seriousness of these issues alone. Seek professional assistance on behalf of the people in your care.

Above all, be sure to contract for shared information with the caregivers in the life of your Client in order to avoid a breach of confidentiality.

Parents of older adolescents and adults with LD/ADD may be very assertive in seeking assistance for their children who range in age from 17 and into their 40's. They have traveled a long and difficult journey with this individual, and in some cases are looking for immediate answers, solutions, and changes in order to better deal with their roles as parents, or to bring closure to their role as caretaker. These cases are very tricky to maneuver, and require a great deal of vigilance on the part of the examiner. An extremely thorough educational history in the form of an interview is necessary, with consistent connection to that dialogue as opportunities arise in the testing process. These parents may tell you what they are looking for in a diagnosis, and have great expectations that you can and will fulfill their wishes. There is often a desperateness about them, and their need to violate confidentiality comes from their need to know the following:

1. Is this my fault? Did I do too much? Too little?
2. Can we make him work?
3. Can she live independently?
4. Can this be fixed?

Boundary Issues which become issues of confidentiality:

Becoming "friends" with your clients/students, their families or significant others is dangerous territory, leaving the client the most vulnerable. The question can always be asked of oneself:

Who REALLY is this relationship benefiting?

Clients/students across the lifespan can feel very insecure, suspecting that they are being discussed, raising issues of a breach of confidentiality.

Adults need to know everything you are doing, everyone you are speaking with in regards to their learning profile. They don't necessarily want a collaboration --- they want to own their testing, and the work that occurs in their sessions.

Other Professionals

Teachers, Therapist and other professionals

It can be beneficial to gain the trust and respect of therapists, and the teachers and administrators involved in the academic life of the child. Being an advocate rather than an adversary is a precarious boundary to maneuver. Compliment or encourage them, don't insult or criticize them. This collaboration is vitally important to the integrity of your work, and to the comfort and potential success of your client/student.

Contract with the Client and the family for collaboration if possible. This way there is no danger of breaching confidentiality.

Often it is a psychiatrist or neuropsychologist who seems to genuinely understand and value the work of the ET, and the observations that are made as a result of the ET---student relationship and the nature of the work that is accomplished. They seem to ask insightful questions that consider the future intellectual, academic, social and emotional survival and success of the individual, and offer professional advice and recommendations that are useful to the Client.

Employers

Relationships with employers who are aware that the adult has a suspected or diagnosed LD/ADD are very complex. Your radar needs to be on at all times. Individuals may be assessed by you at the request of a Human

Resource office in a variety of businesses, both large and small. It may be the case that the employee is valued, and the employer wants to provide reasonable accommodations that will allow that person to take on even greater responsibilities, and/or improve upon already existing skills (e.g., report---writing). These situations sometimes work well --- sometimes not. It is vital that this relationship, or triad, is entered into with a contract for shared information, avoiding any breach of confidentiality.

There are times when an employer/HR professional is looking for a way to squeeze the employee out because she cannot perform well on the job, and/or with the people with whom she interacts daily. These are the cases which may be the most uncomfortable, and the ones that, should you decide to accept the mission, should be carefully contracted in order to avoid a breach of confidentiality.

Taking care of yourself

Be structured in your scheduling.

Journal your experience with each client/student

Keep the circle together --- don't leave people out of decision making.

Consult, consult, consult. You never have all the answers.

"We are never out of the oven."

THE INTERFACE OF ASSESSMENT AND TESTING AND ISSUES OF CONFIDENTIALITY

With the development of masters and post masters programs in educational therapy across the nation, it becomes necessary to address the issues referred to in Section Two in an ongoing manner, as teaching, remediation, and intervention cannot successfully take place without ongoing informal assessment, and with the consistent reflection and integration of quantitative measures which may be supplied by an ET, depending upon the qualifications of that professional, by school psychologists, and/or as a result of standardized testing administered by school systems.

The ET's work then speaks to the interdisciplinary nature of the profession, acknowledging the importance of the qualitative perspectives of observation, with an unwavering eye to the academic, cognitive, emotional, social, biological and cultural aspects of each student or client. This qualitative aspect of our work requires that we still gather quantitative data and consider it as yet another slice of that individual's pool of skills and competencies.

The *AET Code of Ethics* tells us, An Educational Therapist is skilled in:

Formal and informal educational assessment

David Goh tells us in his book, *Assessment Accommodations for Diverse Learners* (2004):

"One of the primary purposes of assessment is to obtain information that can be used in designing effective interventions."

Goh goes on to say that Alternative Assessment provides a more authentic measure of student learning and progress than do standardized tests, something I think most ET's intuitively believe. Alternative Assessment is not a new addition to education, or to Educational Therapy for that matter, but a time-honored method of observing and mentoring learning, followed by a reflection of the process that took place in the student-ET session.

The practice of keeping anecdotal records and folders of student work existed long before its more recent packaging as portfolio assessment. Most ET's that I know keep careful records of what occurs in each session, the progress that is observed, noting the varied ecological contexts in that person's life as enhancements or impediments to learning, and the way in which one aspect of self impacts another: for example, the way in which emotions impact learning and functioning at home, in the classroom, and in other settings. Without the ongoing gathering of information about that individual, and the subsequent vigilance of changes in behavior and performance, the student or client begins to look like just an academic problem, a broken spoke in the wheel of the educational system.

Fundamental issues from the *AET Code of Ethics*:

Administering instruments in which the ET has received appropriate training, and which are clearly understood by the ET:

In other words, using instruments which the ET feels confident in administering and interpreting with the client and the other professionals involved in the care of that client. Learning how to use an instrument does not always mean that an ET feels a sense of competency in the administration of it, nor does that necessarily mean that the ET is considered qualified by other professional groups to administer a particular assessment, a very complex and often gray area in the world of assessment. However, when assessment is professionally appropriate and comfortable for an ET, it's important to remember that like our clients or students, some of us require ample time for new information to become integrated in our thinking and into our practice, as this material, combined with our own experience, finds a suitable place in our mental filing system.

As we use both new and familiar methods of assessment our comfort level increases which in turn enhances our sense of competency as viewed by ourselves, our colleagues, and the broader spectrum of our allied professionals. Just a sliver of an ET's understanding of a client's abilities comes from formal assessment. Informal assessment is much of the work of an ET, and the immersion in this process is that unmeasurable aspect of human learning and functioning, consisting of our interactions with one another, of perceptions of one another and of social reciprocity and empathy that may be identified, or be among the missing in that client, which all relates to how that person approaches the smallest of daily tasks to the most monumental and threatening of academic expectations.

That person, as a profile, consists of a range of measurements which point fingers to the academic tasks and expectations which cause anxiety and sometimes a sense of failure, as well as to those accomplishments which serve as areas of competency. These competencies provide encouragement, and sometimes the courage, to tackle a challenging task. The process of assessment in educational therapy speaks to the broadness and interdisciplinary nature of the profession by not judging the client as a result a measure, a diagnosis, prognosis, or assumptions based on limited interactions with the whole person. The process of assessment in educational therapy, is ongoing, fluid, developmental, and addresses the academic, cognitive, social, emotional, biological and cultural aspects of that individual in his or her individual journey to success, whatever that may mean for that person.

As a result of the above issues, educational therapy can be viewed as akin to the following:

Assessment is a process of gathering information in incremental steps in Educational Therapy, a teach---test---teach approach, similar to the mediated learning experience that Reuven Feurstein developed years ago in response to his work with young holocaust victims, and his subsequent work with challenged young learners in Israel. This mediated approach to a task, and as a means of ongoing informal assessment, prepares a student for the broader context of classroom learning, and/or the mastery of a skill --- similar to Process Assessment

(meaning: critical thinking, creative thinking, problem solving, decision making, relating to others), and the ecological developmental aspect of learning (meaning: how and if an individual learns and functions in varied environmental situations and circumstances). The context for learning that an ET provides is a safe environment, one in which a teach---test---teach strategy is non---threatening, and one which invites risk---taking and the assurance that not succeeding at a task is merely part of a larger process.

It is helpful for work of this nature to be documented or recorded following the session as a way to re---assess through reflection, adding to the process of transitioning to new phases of treatment and settings. This process encourages greater risk---taking for the client and his or her ET. That brings us full circle to how powerful and unique the educational therapist's approach is in the academic and intellectual growth and survival of that individual, and how valuable the documentation of ongoing informal assessment is in each session.

When an ET interviews a potential client, a file may precede the interview or intake. If it appears as if the data paint a bleak picture in terms of prognosis then a bias emerges. What may often happen is that while the ET is harboring a bias, and preparing ways in which to let this person down, or refer this person to another ET, the element of surprise when the individual does not seem to match the data can be a reminder of how valuable the person---to---person contact is in the process of assessment.

On the other hand, sometimes a client is interviewed before all of the previous data has been submitted. The interview might progress exceptionally well, leading the ET to feel confident that "Yes, Virginia, there is a Silver Lining." When in fact, the quantitative data may suggest otherwise, forcing the ET to re---assess all aspects of the profile, and re---think the approach to intervention.

The perfect scenario might be:

1. Perusing a complete file which includes both quantitative and qualitative assessments (e.g., Wechsler, WJIII, other supportive measures, as well as anecdotal information from teachers and other professionals)
2. A conversation with parents or guardians
3. A consultation with psychotherapist, psychiatrist, or other professionals in the life of the client to learn:
 - a. if there is a co---morbid or dual diagnosis,
or co---existing condition
(e.g., depression, bipolar disorder, schizo---affective disorder)
 - b. If the individual is on prescribed medication
4. A person---to---person interview which allows time to become familiarized with one another, time for behavioral observations, questions and answers by

both client and ET, and a collaborative approach to compiling sufficient information from the file and from personal stories the client might offer (about herself).

5. Everyone's approach to the development of a learning profile is unique, although the overarching goal is usually the same:

Gathering sufficient information in order to provide the best possible interventions for this person.

Last, but not least, and just an aside comment about assessment:

An ET writes assessments and evaluations so that the Clients, their families, and the other professionals in their lives, can understand them. When you write a report it's very helpful to the Client and to the family if you include a glossary of terms which acts as a roadmap to understanding what sometimes feels like complex information. New information, like a stranger, can feel very unfriendly if you haven't been introduced properly.

PROFESSIONAL ISSUES

Policies

According to the *AET Code of Ethics*, “Educational therapists provide only those professional services for which they have been adequately trained.”

The role of policies

And, “Educational therapists clearly present and adhere to the conditions of a contract or terms of an agreement prior to the initiation of services, and give notice of fee and policy revisions in advance of their implementation.”

Explicit policies

Intake/initial assessment

Cancellation

Drop---off and pick---up

Fees/contracts

Implicit policies

Client---ET “fit”

Billing

Client Issues

Caseload

Educational therapists “Maintain size of caseload which is conducive to effective delivery of services.”

Clinical records

Educational therapists “maintain accurate data for the purpose of decision making and consultation.”

Constantly missed sessions

Last minute cancellations and no---shows that occur with regularity sabotage the treatment and can lead to frustration and resentment on the part of the ET. It is advisable to have an explicitly stated policy about how much time is required to cancel a session without charge. In some cases, though, parents will pay for the missed sessions but continue to either cancel at the last minute or just not show up. In cases like this, it is necessary to talk with the parent about his or her expectation of the educational therapy and make clear that the goals you both want to see accomplished can not be met unless the child attends sessions regularly.

Termination

Educational therapists “terminate services based on criteria established mutually between client/parent and educational therapist.”

Business Issues

Money matters

Contracting services

Includes fee---setting (how much and what's included, e.g. materials, phone calls, travel time to sessions, observations, IEP meetings, etc.), billing, policies concerning cancellations, respecting the time boundaries of sessions (arriving and leaving on time)

Billing for your time: including phone time, email time, etc.

Non---payment

Constantly missed sessions

Termination

Termination is an important part of the educational therapy process. Under no circumstances may an educational therapist arbitrarily and abruptly terminate services without the client's consent and agreement. This would be viewed professionally as client abandonment. In cases where the ET considers the treatment to have accomplished the agreed upon goals, it is his or her responsibility to lead the client to the realization that the treatment is complete.

Abrupt termination sometimes occurs at the behest of the parent. In these cases, it is advisable to talk with the parent and explain the importance for the child of bringing closure on the relationship. When I am approaching termination with a child, I spend time looking back with the client at where the he or she was when educational therapy began and reviewing all that was accomplished. I am always careful to leave the door open so, should it be advisable in the future, the client will feel no shame in returning for additional services.

ET Personal Issues

Burn---out

Burnout often occurs because we are trying to change things over which we have no control. It is important for educational therapists to recognize when they are feeling frustrated with a particular case and to examine whether it could be because the client isn't changing. When change isn't happening, it's a cue to examine what YOU can change in the way you are approaching your work with that client. It is often difficult to do this type of self---examination in a vacuum. This is where peer supervision groups, seeking personal psychotherapy, or one---on---one supervision becomes critical. Educational therapy tends to be isolating for the educational therapist, and this can be unhealthy.

Personal problems

"Educational therapists seek assistance, including the services of other professionals, in instances where personal problems threaten to interfere with their job performance."

DEALING WITH THERAPIST ISSUES OF PRIVATE PRACTICE

The purpose of this guide is to bring these tasks and subjects to awareness so they remain tasks and subjects, and don't grow into ethical issues or obstacles that cause stress, angst, or anxiety in your practice.

1. Boundaries: One of the major issues many educational therapists face is how to develop, set, communicate, and follow through consistently with clear boundaries. When we don't have clear boundaries around the innumerable tasks we accomplish throughout a week, the numerous tasks can easily become issues or obstacles to our goals.

2. Finances: If you're a goal setter, sustaining financial health is probably one of your goals. That important goal can become an issue or obstacle if we don't have experience, clarity, control, or esteem around finances. For many, finances and money hold an extremely strong emotional charge.

Setting Fees often overlaps with "how much am I worth", or "do I deserve that?" You may need to determine the worth of your training, experience, success rates, and services offered outside of sessions, when establishing your fees. Some educational therapists charge by the hour for every service they offer, such as travel time, letter writing, phone and email time, while others charge for sessions only and offer consultations, communication and other services at no additional charge. Be clear about your fees so they don't become an issue. If you establish a very clear written fee chart, give plentiful notice when increases occur, then fees will not become an ethical issue in your practice.

Billing/Invoicing. Some educational therapists bill at the end of each month by sending out invoices, then document fee collection. Others request fees before sessions begin, either at the beginning of each session or at the beginning of each month. Still others charge by the semester, adding up the number of sessions per semester and requesting payment in full, or by increments over the semester. Use a system that meets your needs.

Collecting Fees can be a difficult task and a major issue in some practices. Clearly state your fee collecting policy and late charges, and adhere to them to avoid this issue.

Managing overhead and budgeting for:

- Professional Development/Conferences, trainings
- Maintaining updated materials/books/furnishings/equipment
- Technology, staying updated and maintaining an appropriate library
- Accounting/Taxes
- Legal/Insurance
 - Professional Liability
 - Property Insurance
- Rent/Utilities

Running a small business

- Developing a business plan
- Budgeting
- Taxes
- Insurance coverage
- Employees/Independent Contractors

For those of us who aren't business oriented, it's very helpful and worthwhile to enroll in classes and/or hire specialists who are experts in small business set-up and organization. In the meantime, schedule a small business pro to speak at your study group.

3. Communication

Email: benefits and bane. The convenience of email is obvious. However, it can put enormous demands on your time when parents, allied professionals, students, and others contact you frequently. Before email becomes a burden to you, establish how you want to use this communication device, and share ideas with others on what has worked for them in their practices. Also, be extremely careful about what you write in email. Consider the public nature of email, "reply all" and "forward" features, and ask yourself who you want your audience to be even if you aren't able to choose that audience.

Requests for letters, reports, recommendations

Frequency of parent calls

Returning calls in timely fashion

Keep records of calls: date, time, topic, outcome, follow-through required (not necessary for email since it is a written record)

Asking you to be the referee

If parents, whether married, separated, or divorced, have a difference of opinion about the student's educational life, DO NOT GET IN THE MIDDLE of the difference by talking to parents separately. Communication is a very delicate art. What is said can easily be misconstrued or repeated with nuance not intended. IT IS IMPORTANT to give your opinion – we have the training and background to consult on educational matters. If there is conflict between parents, be SURE TO CONSULT with both parents present, preferably in person

4. Time Management

Goal setting

If we set goals for our students, should we set goals for ourselves? Absolutely! The complexity and number of tasks we must complete in order to be effective educational therapists can be overwhelming. Setting a goal of: "To be the best educational therapist I can be" will only lead to burnout. Be specific. Is your goal to be a specialist in phonology? An expert in fluency? A master in math remediation? Is your goal to focus on student advocacy so that students can be as independent as possible

once they finish treatment with you? Don't let time run you and become an issue:
Prioritize can you really do it all?

Additional time management tasks or issues are:

Integrating data from allied professionals and designing treatment plans

Scheduling sessions, ending and starting on time

Lesson planning

Intake calls

Communicating with parents, teachers, other specialists

via phone, email, letters, reports, in person

Setting up and maintaining the interdisciplinary support team

Testing, scoring, writing reports, consulting on report

Attending IEPs

Attending conferences (now that you've figured out how to pay for them!)

Staying current with curriculum and research

5. Burnout

The phone doesn't stop ringing, your waiting list is long, and your schedule is packed, you work 'til 7 every night, there's no balance in your life, staying current on research and science of cognition, learning, language, memory, attention, social, emotional, medical and other aspects of educational therapy, buying insurance, materials, supplies, attending conferences and workshops, paying office rent, dreaming of daily massages – it sounds like issues are fueling the flames of burnout.

Stay in close touch with other educational therapists, share your successes, join a study group for professional support. Use efficient record keeping and data management systems to assist in your time management. (Be sure to have back-ups of all your computer data!). More important than anything, PRIORITIZE, specialize, and learn to say "NO" graciously and sincerely. Educational therapy is an extremely rewarding profession -- it's important to work smarter, not harder!

6. The Intimate Nature of Educational Therapy

Some parents become friends, and some close friends. If parents are friends and you are still working with their child, the student's needs must always come first.

Invitations to social events beyond student activities

Gifts from parents

Home office and necessary privacy

7. Advertising

Where

How often?

What should it say?

Costs

Clarity on training and background

8. Self--evaluation

Objectively evaluating strengths and weaknesses
Continuing education

9. Assessments, Reports, and Evaluations

Assuring proper training

10. Psychological Issues

Rescuing students
Protecting students
Counter transference
Confidentiality and statutory requirements

11. Families

Separation
Divorce
Family friction
Guardians

12. Caseload

Maintaining the appropriate number of students
Too many students/diversity of difficulties
When the caseload isn't sufficient

13. Placement

When there isn't an appropriate educational environment for a student