

Case Study Workshop

Association of Educational Therapists

**Association of
Educational Therapists**

Case Study Workshop

Presented by
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GOALS OF THE WORKSHOP

- Provide an overview of the BCET process
- Identify the required elements of a case study to be submitted for AET Board Certification
- Review the current format guide, with commentary
- Demystify the process
- Provide time for questions regarding the general principles of case study analysis

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PROFESSIONAL PURPOSES OF THE BOARD CERTIFICATION PROCESS

- Define issues of theory and practice in educational therapy
- Generate mentors and spokespersons for AET
- Ensure quality control and high standards of practice
- Maintain professional credibility with Allied Professionals and families seeking educational therapy services

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PERSONAL PURPOSES OF THE BOARD CERTIFICATION PROCESS

- Demonstrate achievement at the highest level of the profession
- Establish oneself as a mentor and/or supervisor
- Teach certificate courses for new educational therapists
- Supervise interns
- Increase referrals

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BOARD CERTIFICATION: A TWO STEP PROCESS

- STEP ONE: THE CASE STUDY
- STEP TWO: THE EXAMINATION

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BENEFITS OF WRITING THE CASE STUDY

- Provides an opportunity for self-observation
- Provides a way to evaluate your strengths as an educational therapist, and find areas of your practice that you wish to fine-tune
- Creates a document against which you measure your other cases

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CASE STUDY CHAIRPERSON'S ROLE

- The Case Study Chairperson is a gatekeeper but is not a Reader.
- The Chair has the following responsibilities:
 - Distributes the case studies to the Readers
 - Collects the evaluation results from the Readers
 - Notifies candidate of results
 - Provides guidelines for re-submit if that is needed
 - Notifies Exam Chair of candidate's readiness for next step in Board Certification process

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CASE STUDY READERS

- Case study writer is completely anonymous to the Readers.
- Each case study is read by five experienced Readers. All Readers are BCETs.
- To ensure fairness in scoring, a system of checks and balances is employed.
- Point allotment is based on the outline and on a standard scoring protocol.
- Each section is evaluated for content and writing.

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CASE SELECTION

- Select a case that has involved learning and remediation treatment conducted directly by the applicant on a one-to-one basis (not supervised).
- Intervention may have been conducted within a small group, if the treatment plan was designed for a specific individual student by the applicant. The intervention must have been implemented and delivered individually for at least half of the documented hours.

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CASE SELECTION

- Client has been in treatment at least one year, to insure sufficient data for analysis.
- Case may be ongoing or completed, and reasonably recent, i.e., not more than 5 years old.
- Applicant has all necessary objective documentation: student records, assessment data, progress notes, retest results.

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SUGGESTIONS FOR SUCCESSFUL COMPLETION

- Follow outline exactly. It has been designed with care.
- Review the Code of Ethics.
- Give yourself at least 3-5 years of practical experience in educational therapy.
- If uncertain about aspects of the case study, such as case selection, you may send a one page description to Case Study Chair for feedback.

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FORMATTING INSTRUCTIONS

- Use AET outline. Do not create your own outline.
- Eliminate all identifying information about subject, yourself, and other professionals, including city or region.
- Submit 12 to 24 double spaced, typed, numbered pages. Candidate may place test data in Appendices, as appropriate.
- Use 12 point font; 1 inch margins

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SUBMISSION INSTRUCTIONS

- Keep copies of all materials submitted to Case Study Chair.
- Submit 1 copy electronically. All materials must be submitted at same time.
- Verification of Master's Degree
- Verification of 1000 contact hours beyond the 1500 hours required for your Professional membership.
- Contact hours must be documented. Verification may include 1) Personal Records, 2) Signatures of Colleagues or Employers, or 3) Other Forms of Work Records.
- Application fee: \$100.00, payable at the time of submission

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PRIMARY REASONS A CASE STUDY IS NOT PASSED

- Inappropriate choice of subject
- Tutorial relationship rather than educational therapy relationship
- Substandard writing
- Under-developed link between client profile (including assessment data) and instructional design
- Lack of depth or insight
- Failure of a specific section
- Effort poorly distributed or weighted per specific sections
- Suggestion of breach of ethics
- Use of outdated assessment materials or protocols 14

IF REWRITE IS REQUIRED...

- Specific suggestions are provided for portions requiring rewriting.
- Applicant has 6 months to complete revisions without incurring an additional fee.
- Applicants who resubmit must send entire case study. The resubmitted case study is read by a different team of Readers, who will need to read the whole case study, not just the revisions.
- Readers for the resubmitted case study do not know it is a resubmit.

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Association of Educational Therapists Case Study Outline

- I. Presenting Problem
- II. Background Information
- III. Assessment
- IV. Psychoeducational Interventions
- V. Closing Remarks

ACT'S CASE STUDY OUTLINE	
I. PRESENTING PROBLEM	5 points
<small>Why is this client a candidate for educational therapy as opposed to other types of interventions?</small>	
II. BACKGROUND INFORMATION	15 points
<small>Data gathered from parent/teacher/professional/other sources include:</small>	
<small>A. Objective Data: sex, date, age, gender, and physical description; date you began the case; date you exited the case; grade and frequency of sessions.</small>	
<small>B. Significant factors: race, birth, health and developmental history; behavioral characteristics; family composition and family history; attitude and expectations; school history; other interventions; needs met or avoided.</small>	
<small>C. Summary of interviews with teachers, therapists, or other personnel, etc.</small>	
ASSESSMENT	20 points
<small>A. Describe your formal and informal evaluation techniques for this case. Formal assessment data may be provided by an outside source (e.g., an educational psychologist, social psychologist, learning disability clinic, etc.) and results need to be reported separately and given as feedback into your instruction. Report all actual test scores, the date of administration, and the age and grade of the client at the time the test was administered.</small>	
<small>B. On the basis of these assessments, why were educational therapy needed? What the need for other types of interventions indicated? If so, what were those and why? State any strengths or characteristics of the client that were noted.</small>	
III. PSYCHOEDUCATIONAL INTERVENTIONS	45 points
<small>A. Academic: Describe what you did to remediate this client's learning disabilities (e.g., reading, oral language, written expression, mathematics, science, social studies, history, and art) during the course of the case. State your goals, describe the goals you set and the teaching strategies and curriculum you used to measure these goals. Identify how your goals and strategies relate to the assessment data. Make sure you discuss interventions you have implemented, not measures taken, you simply suggest the implementation (20 points).</small>	
<small>B. Non-academic: Describe one or more behavioral, social-emotional, or case management interventions. In detail, describe the steps to understand your client as a learning and academic learner. Be specific for the purpose of resolving problems that are preventing the student from reaching the state, the level, the school or with other professionals. Indicate goals, the and strategies used. (15 points)</small>	
IV. CLOSING REMARKS	15 points
<small>A. Discuss the progress made of this case. Describe how your interventions may or may not have affected specific persons within the case. You may include a review of your own professional data.</small>	
<small>B. Summarize the way you as an educational therapist integrated the academic, psychological, social-emotional, and behavioral aspects of this case.</small>	
<small>Rev. 10/99</small>	

STAYING ON TASK

- Set a finish date and intermediate dates for sections.
- Select, target, and record weekly writing times.
- Set aside at least 1½ hours per writing session.
- Make sheltered time inviolable.
- Chunk, select, and note the 'next step' at the end of each writing session.

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WOULD IT HELP TO HAVE A WRITING PARTNER?

- Choose a partner from your study group.
- Make a promise, make a bet, make a threat.
- Edit for each other (for clarity, not content).
- Set an agreed upon deadline.
- **From the start, maintain complete anonymity of the client and complete confidentiality of the records.**

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MECHANICS, USAGE, PRINCIPLES OF COMPOSITION

- Style: formal; traditional conventions of report writing; post-Master's quality; well-edited (spelling counts!)
- Tone: professional
- Resources:
 - *The Elements of Style, Strunk and White*
 - *Modern Language Association Handbook, 6th Ed.*
 - *Publication Manual of the American Psychological Association*

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MAKE YOUR STUDENT REAL TO THE READERS

- Capture the humanity of the case study subject
- Capture the humanity of the relationship
- Use quotations:
 - "My father says, 'We all have a little dyslexia in our family.'"
 - "I had a dream last night that I could read!"

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WORKING DATA: THE PAPER CHASE

- | | |
|--|--|
| ■ Initial phone conversation | ■ Evaluations |
| ■ Intake interview | ■ Formal testing |
| ■ History | ■ Informal testing |
| ■ School Reports | ■ Achievement tests |
| ■ Phone calls and conferences with parents | ■ Complete progress notes of ET sessions |
| ■ Phone calls and conferences with teachers, therapists, other professionals | ■ Work samples |
| | ■ Artwork |

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PRE-WRITING STEPS

- Collect working data
- Make copies
- Return originals to client files
- Sort
- Highlight
- File by AET Case Study Outline Roman numerals in your Case Study Kit, using organization strategies you may have taught your own students

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I. PRESENTING PROBLEM

5 points

Source: Case Study Outline

- Why is this client a candidate for educational therapy as opposed to other types of intervention?

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I. PRESENTING PROBLEM DOMAIN OF EDUCATIONAL THERAPY

- Learning life of the student/client
 - Classroom
 - Workplace
- The expected goal of educational therapy is to effect positive change in an academic setting.

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I. PRESENTING PROBLEM IDENTIFYING DATA

- **Maintaining complete anonymity**, briefly introduce client and family.
- **Maintaining complete anonymity**, state your title and role specific to this case.
- Who/What was the referral source?
- What were the precipitating event(s) that triggered the referral?

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I. PRESENTING PROBLEM ISSUES

- Name the prominent issues as best you understood them at the early stage of the case:
 - academic achievement
 - cognition
 - language
 - perception
 - memory
 - organization
 - behavior
 - other

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I. PRESENTING PROBLEM “as opposed to...”

- Tutoring
- Psychotherapy
- Speech and language
- Occupational therapy
- Other
- “Educational therapy is the best course of action because...”

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II. BACKGROUND INFORMATION

15 POINTS

Source: Case Study Outline

- **Data gained from parents/other professionals/client must include:**
 - A. Objective data:** birth date, age, gender, brief physical description, date you began the case, date you ended the case, grade, and frequency of sessions.
 - B. Significant factors** from birth, health and developmental history; behavioral characteristics; family constellation and family history, family attitudes and expectations; school history; other interventions recommended or provided.
 - C. Summary of interviews** with teachers, therapists, other specialists, etc.

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II. BACKGROUND INFORMATION GENERAL GUIDELINES

- Maintain your Case Study Kit. It starts to get bulky.
- You are an archaeologist and detective. Note strata, or categories of information.
- Your success depends on good listening, questioning, note-taking and record keeping.
- Do not select a case if there is a huge hole in it.
- If some pertinent (but not critical) information is not available, acknowledge and explain.

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II. BACKGROUND INFORMATION GENERAL GUIDELINES, CONT'D

- Use the exact order of the sections of the outline (A, B, C).
- Write the information within each section in the order given in the outline.
- Check off as you go (that is what the Readers will do).

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II. BACKGROUND INFORMATION A. OBJECTIVE DATA

- Give exact date of birth (necessary for validating assessment measures).
- Give 'verbal snapshot' of how the student presented at the first meeting.
- Give physical description of student.
- Give exact start and finish dates, frequency and length of sessions, interruptions in sequence of sessions, total clock hours (approximate) of treatment.

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II. BACKGROUND INFORMATION B. SIGNIFICANT FACTORS (GENERAL GUIDELINES)

- Write 'Significant Factors' items in the order of the outline.
- Use headers to signal main categories or topics.
- Use narrative form.
- Identify who is reporting (mother, dad, grandmother, etc.).
- Note where data were gathered (your office? home visit? school visit? workplace?).
- Quotations are an excellent way to make your student come alive for the Readers.

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II. BACKGROUND INFORMATION B. SIGNIFICANT FACTORS

1. Birth history. If adopted, how complete is the information?
2. Health and development: age for talking and walking; co-ordination; attention; behavior patterns; vision and hearing; ear infections; seizures, high temperatures; sleeping and eating patterns, etc.

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II. BACKGROUND INFORMATION B. SIGNIFICANT FACTORS, CONT'D

3. Behavior: Include data from parents, teachers, school observations, your observations of early sessions, etc. A good model for describing behavior is *Educational Care* by Mel Levine, which shows how to make children come alive in print.

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II. BACKGROUND INFORMATION B. SIGNIFICANT FACTORS, CONT'D

4. Family constellation
5. Family history
6. Family attitudes and expectations: parents' work, health, history of learning problems, attitudes; unusual occurrences; illness, losses, deaths, moves; expectations re: student's future; hopes; 'flavor of the family.' Note what was known when you first met the family and what was subsequently learned after trust was established (i.e. what family couldn't, wouldn't or shouldn't reveal).

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II. BACKGROUND INFORMATION B. SIGNIFICANT FACTORS, CONT'D

7. School history: Note information from school reports and teacher comments. Parents' account of student's academic experience? Patterns? Trends? Data on specific programs student participated in (special education, tutoring, commercial programs, etc.).
8. Other interventions: What interventions were recommended or provided, by others, or by you? What was selected, and how? How have parents responded to other recommendations? Were other interventions successful? How were they measured?

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II. BACKGROUND INFORMATION

C. SUMMARY OF INTERVIEWS

- Maintaining complete anonymity and confidentiality, summarize contacts with teachers, therapists, other specialists.
- Note how information was gathered (phone, conference, written reports, etc.), how current it is, how frequent and thorough.
- Note amount of involvement with other professionals, and if one-time or ongoing. If ongoing, alert Readers that these professionals will be mentioned again in III or IV.

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III. ASSESSMENT: PART A

20 points (Parts A and B combined)

Source: Case Study Outline

- Describe your formal and informal evaluation techniques for this case. Formal assessment data may be provided by an outside source (e.g. an educational psychologist, school psychologist, learning disability clinic, etc.) but results need to be reported separately and then synthesized into your discussion. Report all actual test scores, the date of each test, and the age and grade of the client at the time each test was administered.

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III. ASSESSMENT: PART A

GENERAL GUIDELINES

- Keep your overall treatment timeline clear.
- Lead your reader along by cross referencing where needed ('see page x...').
- Duplicate all materials and return originals to files.
- Visualize how data will appear on page. Experiment with layout.
- Use your executive and metacognitive skills: select, categorize, rank.

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III. ASSESSMENT: PART A

GENERAL GUIDELINES, CONT'D

- Keep the testing timeline sequential.
- Identify all evaluators and their roles by profession (not by name or by location).
- Give exact date of testing.
- Give complete titles of tests.
- Give student's exact age and grade when tested.
- Indicate if student is on medication. If so, specify type and how monitored.
- Report all test results with percentiles, standard scores, stanines, etc.
- Review this section thoroughly. Your Readers will.

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III. ASSESSMENT: PART A

FORMAL EVALUATION TECHNIQUES

- Report test results separately using a formal, clinical tone, observing the conventions of formal test report writing. Use Tables to summarize data.
- Be prepared to analyze multiple sources of data gathered across time.
- The design of your data and the reporting of your variables will be unique to your case. Tell your Readers what your arrangement will be: "I'm going to discuss...."

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III. ASSESSMENT: PART A

FORMAL EVALUATION, CONT'D

- Style must be objective, concise, clear, direct.
- Be prepared to summarize, paraphrase, and quote directly from the received reports.
- Report findings in your own voice and style.
- You may not lift text from someone else's assessment and simply glue it into your paper.

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III. ASSESSMENT: PART A

FORMAL EVALUATION, writing resources

- Re: help with writing. *A Handbook for Writing Effective Psychoeducational Reports. (2nd Edition)* Pro-Ed Publisher
www.proedinc.com ISBN # 9781-41-6401-407
- Essentials of Assessment Report Writing (2004)| ISBN-10: 0471394874
- Re: help with learning about psych. testing *A Guide for Non-psychologists. Children's Psychological Testing (3rd Ed).* David Wodrich
www.brookespublishing.com
ISBN # 1-55766-277-0

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III. ASSESSMENT: PART A

FORMAL EVALUATION, CONT'D

- Placement of post-test and/or re-test data.
Use one of these three locations:
 - parallel with original data
 - in Section V. A., CLOSING REMARKS
 - in Appendix

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III. ASSESSMENT: PART A

INFORMAL EVALUATION (options)

- Initial parent interview
- Initial student interview
- Interest and hobby inventory, collections, etc.
- Writing sample
- Spelling sample
- Language Experience dictation (if appropriate)

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III. ASSESSMENT: PART A

INFORMAL EVALUATION (options, CONT'D)

- Survey of study skills and backpack check
- Books read recently? Independently?
Assigned?
- Home visit observations
- Classroom visit observations
- Workplace visit observations
- Feedback from parent observation of an educational therapy session

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III. ASSESSMENT: PART A

SYNTHESIS AND DISCUSSION

- Thoroughly discuss student's strengths and needs.
- Describe any inconsistencies in test results which you have noted.
- Note areas that require watchful waiting.
- Note areas that require diagnostic teaching to gain further information.

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III. ASSESSMENT: PART B

Source: Case Study Outline

- On the basis of these assessments, why was educational therapy needed? Was the need for other types of intervention indicated? If so, what were these and why? State any referrals for other assessments, and describe results obtained.

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III. ASSESSMENT: PART B

RATIONALE FOR EDUCATIONAL THERAPY

- Restate presenting problem briefly and present your conclusions.
- State actual diagnosis(es) using language that is descriptive and appropriately formal.
- Does student qualify for special services and/or accommodations?
- Justify the need for educational therapy.

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III. ASSESSMENT: PART B

OTHER INTERVENTIONS

- State need, when appropriate, for additional testing: speech/language, OT, PT, vision, psychotherapy, medication, neurological work-up, etc.
- What needs to be ruled out?
- What needs to be included?
- Were there additional referrals? Describe. Date? Results?

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IV. PSYCHOEDUCATIONAL INTERVENTIONS

PART A: ACADEMIC

(PART A= 30 POINTS)

Source: Case Study Outline

- Describe what you did to remediate this client's learning disabilities/difficulties (e.g., reading, oral language, written expression, mathematics, perception, cognition, memory, executive functioning such as organizational and study skills, etc.) addressing no more than three of the above listed areas; describe the goals you set, and the techniques, strategies, and curriculum you used to implement those goals; specify how your goals and strategies relate to the assessment data. Make sure you discuss interventions you have implemented, not recommendations you simply suggest be implemented.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS

PART A: ACADEMIC

- Select your most effective interventions.
- Tie specific interventions to assessment data: "In light of the fact that...." "Because of scores...." "Given weaknesses in"
- Tie interventions to your specific academic goals, and note the academic application of your interventions as well as the context of application.
- For example: "Our three main objectives were to improve decoding of multisyllabic words, enhance higher level analysis skills, and improve retention of information."
- OR: "Our three main objectives were to increase visual processing speed, to enhance perceptual organization, and to refine his motor abilities."

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IV. PSYCHOEDUCATIONAL INTERVENTIONS

PART A: ACADEMIC, CONT'D

- Use specific examples: the 'nuts and bolts' of your interventions.
- State rationale for interventions you used.
- Clearly state the academic application of your interventions.
- Specify how learning behaviors changed.
- Suggested reading for a good writing model: *Common Ground* by Priscilla Vail.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS

PART A: ACADEMIC, CONT'D

- Within your discussion, keep Readers apprised of grade and age of student.
- Describe the instruction process fully. Teach your Readers the process.
- When referring to packaged materials, don't assume Readers know the contents. Give rationale for selection. As appropriate, describe focus, slant or bias. Did you modify the materials? Explain.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS
PART A: ACADEMIC, CONT'D

- Describe tailor-made materials.
- Demonstrate your creativity, problem-solving skills, originality.
- Match all materials to assessment goals.
- Evaluation: What worked? What didn't work? What methods did you have to refine? What was the speed of progress and why?

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IV. PSYCHOEDUCATIONAL INTERVENTIONS
PART B: NON-ACADEMIC
(PART B = 15 POINTS)
Source: Case Study Outline

- Describe one or more behavioral, social-emotional, or case management interventions in depth to make the Readers understand your approach as a practicing educational therapist.
- Interventions for the purpose of resolving problems that are obstructing the remediation may be with the student, the family, the school, or with other professionals.
- Indicate goals set and strategies utilized.
- Discuss outcomes.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS
PART B: NON-ACADEMIC

- Use this section to describe your own problem solving procedures for dealing with non-academic issues.
- This section will indicate how you do your work as an educational therapist, as contrasted with a subject matter tutor.
- Your focus is the 'whole child' in the context of family, school, community, and culture.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS:
PART B. NON-ACADEMIC, CONT'D

- It is extremely important to select a case which allows you to do a substantial analysis of the non-academic intervention.
- Name and describe the 'problem.'
- Include goals, strategies designed, procedures followed, outcomes.
- State span of time and rate of progress.
- Who was involved and what roles were played?
- Describe the resolution of the problem.

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IV. PSYCHOEDUCATIONAL INTERVENTIONS:
PART B. NON-ACADEMIC (EXAMPLES)

- Observations based on home, school, or workplace visits
- School change
- Negotiations and counseling with parents and teachers to ensure support of intervention program
- Development of self-advocacy strategies
- Role playing
- Socialization needs: friendship problems, lack of social skills, behavior modification, impulsivity, inappropriate behavior

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IV. PSYCHOEDUCATIONAL INTERVENTIONS:
PART B. NON-ACADEMIC (EXAMPLES)

- Observations that would indicate further work by a neurologist, psychotherapist, neuropsychologist or family doctor:
 - medication for attentional issues or impulsivity
 - suspected seizure activity
 - tics, unusual mannerisms
 - chronic worry and anxiety
 - need for physical or occupational therapy
 - management of chronic illness
 - suspected eating disorder
 - suspected alcohol or drug use

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V. CLOSING REMARKS: PART A

15 points (Parts A and B combined)

Source: Case Study Outline

- Discuss the present status of this case. Describe how your interventions may or may not have affected specific outcomes with this client. Include a review of pre- and post- quantifiable data. Data must also include qualitative information, such as client self-report, parent comments, and other descriptive data.

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V. CLOSING REMARKS PART A. PRESENT STATUS OF CASE

- Briefly re-visit presenting problem (I) and diagnostic conclusions (III)
- What worked? How? Why? Discuss academic and behavioral outcomes
- How did you measure change? Growth? Formally? Informally?
- Re-test and/or post-test data? Grades? Place in one of these three locations:
 - parallel with original data
 - in Section V. A., CLOSING REMARKS
 - in Appendix

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V. CLOSING REMARKS PART A. PRESENT STATUS OF CASE, CONT'D

- Informal indicators of growth: ability to take risks, sleep patterns, friendships, behavior, self-esteem, parent feedback, self-report, confidence, etc.
- Termination: conditions? final meeting?
- What areas still need work?
- What was family unable, unwilling to do?
- "If only...."
- Predictions

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V. CLOSING REMARKS: PART B

Source: Case Study Outline

- Summarize the way you, as an educational therapist, integrated the academic, psychological, social-emotional, and behavioral aspects of this case.

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V. CLOSING REMARKS PART B. SUMMARY STATEMENT

- How do you do what you do?
- How do you integrate the academic, psychological, social-emotional, and behavioral aspects of a case?
- Use this section to indicate how you define yourself as an educational therapist.

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In summary

- Follow outline carefully
- Note sections and relative value
- Write clearly and professionally
- Find ways to motivate self to complete
- Describe progress & programs used
- Report on non-academic aspect(s) of case
- Any more questions?

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