Board Certification Part One: The Case Study

BCET Application and Case Study Guide

Many ET/Professional members begin to prepare for Board Certification shortly after they become ET/Professionals. Case Study workshops are offered yearly in connection with the Annual Conference, and at additional times and locations during the year. These workshops are advertised on our web site. If you cannot attend a workshop, you may request the PowerPoint presentation handout which details the points that are discussed in the workshop. Contact the AET office.

1. If you are uncertain about some procedural aspect of your case, i.e., what type of case to choose, how to present assessment or intervention data and analysis, etc., you may submit a brief **one paragraph to one page description** of your plan. Limiting your proposal to one page ensures that it will be read. Send your plan to the Case Study Chairperson. Any specific questions on the writing of a case study, format, etc., should also be referred to the Case Study Chair (contact the AET office for the most up to date information regarding address and phone number).

2. **Specific Questions**: If you have a specific question about the content of your case study, and would like to speak to someone, please contact the AET office and your question will be directed to the appropriate member of the Certification Board.

3. We encourage you to seek support and encouragement from the current Board Certified ETs during the writing of the Case Study. Please note that **AET policy recommends that current Board Certified ETs not read applicants' case studies.** This policy is recommended so that you, the applicant, will not interpret a Board Certified ET's well-meaning positive feedback as an indication that the official Readers will approve your case study.

4. You are encouraged to have a friend (not a Board Certified ET) proofread your case study, after you have carefully checked it first for errors and clarity.

5. **It is important for you to know that some of the case studies submitted do not pass for a variety of reasons.** The Case Study Chair provides written feedback for sections that need to be rewritten for clarity, for sections that do not follow the outline, for instances where an inappropriate subject has been chosen for the case study, and in instances where the written analysis needs to be improved. You may submit a rewritten case study ***within 6 months*** of being notified that the original did not pass. In the event that the rewritten case study does not pass, or if it is not submitted within 6 months, you must submit a new application and case, including another $100 application fee. The Case Study Chair will notify you as to passage of your case study or the need for revisions. The turn-around time varies with the number of simultaneously submitted case studies, but all efforts are made to notify you within six to eight weeks of submission.

6. **Case Study Submission**: Case Studies may be submitted by mail or by email. If by regular mail, applicants must include seven copies and send them to AET, 7044 S. 13th St., Oak Creek, WI 53154. Emailed Case Studies can be sent to aet_membership@aetonline.org

FORM A: APPLICATION REQUIREMENTS AND APPLICATION FORM

Board Certified Educational Therapist (BCET) membership is open to educational therapists who have been ET/Professional Members of AET for at least one year. Requirements are:

1. Verification of academic requirements (a Master's Degree) through photocopies of transcripts, credentials and/or degrees. **You must provide verification of the advanced degree to the AET office, for approval by the Board Certification committee, even though you have already provided verification to the AET office as part of your ET/Professional Membership packet. Please note that the MA degree must be in an area related to educational therapy, such as special education, regular education, speech and language, clinical psychology, etc.**

2. Verification of at least 1,000 direct service hours beyond those required for ET/Professional membership. On **Form D** please provide a brief summary of your activities leading to your 1000 direct service hours, including type of service, setting and methods of verification.

3. **Passing the Case Study, written according to the enclosed Instructions and Outline (Forms B and C)**. The Case Study may be submitted only after Requirements 1 and 2, above, have been met and verified by the AET office. Please submit your case study as an electronic file to the AET office. If you are unable to submit electronically, please submit seven hard copies to the office, keeping your master copy.

4. **Application fee of $100.00** (non-refundable) for the case study, made payable to AET.

5. **Passing the BCET written examination,** which candidates are eligible to take upon successful completion of the case study. The separate application required for the examination contains full instructions. The Exam fee of $100.00 is also payable to AET.

To begin the certification process, please fill out the form below and mail your application documents directly to the AET Office. If you have any questions about the case study evaluation process, please contact Caren Gitlin, Case Study Chair, at cgitlin1@socal.rr.com.

APPLICATION FOR CASE STUDY REQUIREMENT OF BOARD CERTIFICATION

NAME / DEGREE(s)*_____

*As you would like it to appear on your certificate.

ADDRESS _____

CITY_____ STATE_____ZIP_____

TELEPHONE (_____) _____ Cell Phone: (_____) _____

EMAIL _____ FAX _____

DATE OF ET/PROFESSIONAL MEMBERSHIP_____

ENCLOSED ARE:

- Verification of Academic Requirements
- Verification of Direct Service Hours
- Case Study (electronic submission or seven paper copies)
- Case Study Application Fee ($100.00; #4110-9)

SIGNATURE _____ DATE _____

Mail to AET Office: Association of Educational Therapist
Attn: Membership-Case Study Application
7044 S. 13th Street
Oak Creek, WI 53154
414-908-4949 x 116

Or scan and email to: aet_membership@aetonline.org

FORM B: INSTRUCTIONS FOR THE CASE STUDY

I. CHOOSING AN APPROPRIATE CASE

Your case study serves as a way of demonstrating your skills as an educational therapist, and so it is important to give some thought to the client you choose to write up. Your presentation will describe the ways in which you synthesize academic, psychological, social-emotional, and behavioral aspects of the case You must demonstrate the educational therapist's role as evaluator, remediation specialist, consultant, advocate and case manager.

It is best to present a case which exemplifies your approach as an educational therapist. You may wish to refer to the *AET Code of Ethics* [1985] for the definition of the role of "Educational Therapist," or to other publications such as *Educational Therapy Defined*, available from the AET office.

There are several points to keep in mind:

1. **Your case should have been in treatment for a minimum of one year.** Choose a client whose file contains the needed material. For example, a client for whom there is no test data would not be an appropriate choice, since the Readers look for information on how you interpret tests and how you develop the insights you gain from tests to set up an appropriate intervention plan. You may do all of the testing yourself, or you may use testing done by someone else. It is important to have the data because the case study is a demonstration of skills in test interpretation and analysis as well as in intervention.

2. Be sure you have objective documentation of the client's progress. This would be in the form of post test scores as well as academic grades. It is not enough to simply state that the client made great progress, for the Readers will be looking for documentation which supports that statement.

3. It is often wise to choose a client who made progress, a “successful” case. This simply makes your job of writing the case study a little easier. A client with whom you had good rapport and who clearly benefited from the work you did together will offer the best avenue for demonstrating your knowledge. Similarly, you may wish to avoid a case that is ongoing for three years or more, as the data may become somewhat unwieldy and may be more difficult to synthesize.

4. No matter how successful the case, there will be some questions which you cannot answer. Rather than simply not mentioning these questions, it would be better to bring them up yourself, and offer your ideas on possible answers. In this way you demonstrate the depth of your understanding of your client. Use specific examples throughout the case study to help the readers really “see" your client and his/her behavior.

5. Your choice of a case may be one that is ongoing, or one that has been completed. It may be a case whose outcome was satisfactory to all parties concerned, or a case that fell short of the desired goals.

II. COMPLETING THE CASE STUDY OUTLINE (SEE FORM C)

The case study MUST be written according to the Case Study Outline to ensure the most objective evaluation possible. Case studies which deviate from this outline may be returned for rewriting. The outline has been kept simple and broad so that there is room for variations of style, philosophy, and educational practices. Be sure that you have the latest revision of the Case Study Outline to follow: FORM C (11-11).

Remember to write for the Reader. Be clear and concise and address the topic in each category. **An objective point system based on coverage of the areas specified in the outline will be used to score your case study.** The Outline also forms the basis for the written feedback comments. An oral review may be requested by the Certification Committee. Procedural questions or requests for clarification of the outline should be directed to the Case Study Chairperson.

III. FORMATTING AND PROCEDURAL REQUIREMENTS

The case study should be approximately 12 to 24 typewritten, double-spaced, single sided pages of narrative. Use 12 point font for narrative portions. Test data may be reduced to 10 point font and may be placed in an Appendix. Please number the pages and allow one-inch margins. Cases may be submitted either electronically or in hard copy. If submitted electronically, your case study will be printed just as is by the Readers who receive it. For cases that are submitted in hard copy, please staple each copy at the upper left hand corner and do not bind or enclose copies in acetate or other covers. Cases that exceed the length limits will be returned for further synthesis.

To insure complete confidentiality, all identifying information regarding the client and the context MUST be eliminated. Names of clients, schools and other professionals must be changed to initials. The city or geographic area must be referred to in general terms, e.g., a Midwest urban area, a West coast suburb, etc. Failure to eliminate specific references will prevent the committee from reviewing your application and evaluating your case study. **Print your name on the application form only, not on any page of the case study**. To insure impartiality, the Readers are not informed of your identity.

FORM C: CASE STUDY OUTLINE

I. PRESENTING PROBLEM — 5 points

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

II. BACKGROUND INFORMATION — 15 points

Data gained from parents/other professionals/client must include:

A. Objective data: Date of birth, age, gender, brief physical description, school grade (if applicable), date you began the case, date you ended the case, frequency of sessions, and total number of sessions (approximately).

B. Significant Factors from birth, health and developmental history; behavioral characteristics; family constellation and family history, attitudes and expectations; school history; other interventions recommended or provided.

C. Summary of Interviews with teachers, therapists, other specialists, etc.

III. ASSESSMENT — 20 points

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, 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.

B. 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.

IV. PSYCHOEDUCATIONAL INTERVENTIONS — 45 points

A. **Academic**: Describe what you did to remediate this client's learning disabilities (e.g., reading, oral language, written expression, mathematics, perception, cognition, memory, 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. (30 points)

B. **Non-academic**: Describe one (or more) behavioral, social-emotional, or case management intervention(s) in depth to enable the reviewer to understand your approach as a practicing educational therapist. Intervention(s) for the purpose of resolving problems that are obstructing the remediation may be with the client, the family, the school or with other professionals. Indicate goals set and strategies utilized. (15 points)

V. CLOSING REMARKS — 15 points

A. Discuss the present status of this case. Describe how your interventions may or may not have effected 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.

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

FORM D: VERIFICATION OF DIRECT SERVICE HOURS

This is to certify that I have completed a minimum of 1000 direct service hours (educational therapy sessions, conferences with family, school, and related professionals) on behalf of individuals with learning disabilities and learning problems. These hours are separate from, and in addition to, those qualifying me for Professional membership.

Please list below your place(s) of employment, dates of employment, and number of direct service hours completed. Summarize the nature of your educational therapy activities. Verification may include 1) Personal Records, 2) Signatures of Colleagues or Employers, or 3) Other Forms of Work Records. Use an additional sheet if needed.

PLACE OF EMPLOYMENT	DATES	NO. OF DIRECT SERVICE HOURS	SUMMARY OF ACTIVITIES LEADING TO TOTAL HOURS	VERIFICATION SOURCE

Total Number of Hours

Signature

Date

FORM E: CASE STUDY MODEL

In order to assist you in preparing your case study, here are some excerpts from successful case studies. **Please remember that these are excerpts. They give a very brief illustration of how various writers described certain issues, but they do not represent the length or depth of the complete discussions.** The discussion in each case, full of specific detail, often went on for more than a page or two. An effort was made to include examples reflecting a variety of styles, points of view and issues. The first paragraph in each section summarizes briefly the purpose of the section, and it is followed by examples which give some indication of the range of possible responses.

Section I. Presenting Problem

This first section should be a brief description of the case as you first encountered it. It should tell how the case came to you and what information about the problem you had before beginning to work with the client. The reasons that this client was a candidate for educational therapy as opposed to other types of intervention may be implicit in the description, or they may be stated explicitly if there might be some question about the decision.

JH, a five year old male beginning kindergarten, was referred for educational therapy after a Psychoeducational evaluation. The evaluation had been prompted by JH's preschool teacher and the school director, both of whom noted some behavioral and learning difficulties. Recommendations from the evaluation included: medication for ADD, speech and language evaluation, neurological evaluation, and educational therapy.

TM's candidacy for educational therapy was based on three factors: a) his learner characteristics, b) his history of failed school experiences, and c) family expectations and family support.

Throughout second grade L. struggled with the academic demands of school much as she had while in first grade. Difficulties were exhibited by her inability to produce the expected quality and quantity of work as well as by her overall passive approach to learning. While in class, she seemed physically withdrawn and unable to grasp the essence of many assignments.

Section II. Background Information

This section has three parts. The first, Objective Data, gives the Readers all of the basic facts about the client and the case. It should be concise and clear, allowing for easy reference as the Readers progress through the case study. The second segment provides significant factors from the client's history and family circumstances. <u>Significance should be the guiding principle</u>. All known details need not be included in depth; details that bear on the client's learning or the course of the case should be discussed. The final background segment should summarize the views of other professionals in regard to the client and his or her difficulties. Significant differences of opinion, if any, should be noted and discussed.

TM is a nineteen year old male who completed high school in June 1993. He is currently a tall, well formed, well coordinated young adult who carries himself with increasing confidence and assurance. He is open and accessible in his communication style and responds well and appropriately in social interactions.

He walked into my office, a solemn boy with a slight, compact, sinewy build, close-cropped brown hair and brown eyes that rarely smiled. He separated easily from his mother, curious to see the new objects in my room. He seemed young in both appearance and behavior, yet at the same time very intense.

F. lives with his biological parents, two preteen sisters, (three and four years older than F.) and one younger sister (two years younger than F.), none of whom have experienced any problems similar to F.'s. Both parents have master's degrees and teaching credentials, and work as elementary school teachers in local public

schools. When F. was seen with his family, interactions were observed to be warm, usually with an unusual amount of energetic spontaneity and joking.

At each school meeting, the overriding theme was focused on the following issues: L.'s difficulties in completing tasks, her seeming inattentiveness, her physical posture while in the classroom, her difficulty in all academic areas...and her inability to demonstrate an understanding of the main concepts presented in first grade. In private conversation, the first grade teacher expressed frustration over what she perceived as a lack of action on the part of L.'s parents despite concrete recommendations made after the evaluation.

Section III. Assessment

This is one of the two key sections of the case study. It is here that the educational therapist demonstrates the use and understanding of objective assessment. Formal assessment (tests), whether administered by the BCET applicant or some other professional, should be presented with the full names of the tests given and the scores reported in a clear and professional manner. The reasons for the use of particular test instruments or procedures should be stated. When informal testing (tasks or diagnostic teaching) is employed, the rationale for this decision should be given and the test procedures described. Please note that informal testing alone would not be sufficient to meet the requirements of this section. Furthermore, scores and descriptions are not enough. The educational therapist must also analyze the data, explaining what these objective measures tell us about the client and his or her learning.

This section includes an example of one acceptable way of presenting test scores, and includes a brief illustration of the writer's analysis of the significance of the test results (see pages 5-6).

L.'s performance indicated that she was functioning within the Average Range of intelligence, with no significant difference between her Verbal (S=98) and Performance (S=101) scores on the Wechsler Preschool and Primary Scale of Intelligence - Revised.

Informal evaluation of her skills included: 1) reading skills, including word attack, sight word vocabulary, and comprehension; 2) visual tracking, and 3) a writing sample. This assessment revealed a strength in her knowledge of short and long vowels, but a pronounced weakness in their application in more complex encoding and decoding situations. She was able to read isolated words phonetically far more successfully than when they were embedded in text.

When F. was seven years old, he scored in the Average Range with a Full-Scale IQ of 104 on the WISC-III. This score, however, is quite misleading because of the highly significant difference between his Superior Verbal IQ of 125 and his Below Average Performance IQ of 81. Even these scores are misleading. In fact, F.'s Performance score is virtually meaningless because of extremely unusual and highly significant scatter. F.'s individual subtests scores, along with his Index scores, give a more accurate picture of his diverse abilities.

Observing F struggle with his first written language, sample disclosed, even more difficulties than did the finished product itself. F.'s left handed pencil grip was tight and extremely awkward. Each letter was executed with laborious effort and examined for accuracy before the next was attempted. Reversals went unnoticed on the letters "d" and "z". Perceived errors were carefully erased over and over again. Although his finished product was of surprisingly good quality visually, many of his letters had been formed in ways that suggested he had taught himself letter formation. Difficulty with visual perceptual and motor skills combined with F.'s own high standards made writing a truly tortuous endeavor.

Fine motor control was weak in that W. lacked confidence and control when he drew or copied shapes. When completing a picture, he said, "I stink at drawing." Letters and number formations were oversized and clustered together. His three fingered tripod grip impresses heavy pressure on his pencil and writing was slow.

Mathematically, B. demonstrated proficiency with grade level concepts and computation tasks, but errors abounded because of misalignments and close clustering of digits. B. did not know key words for problem solving or how to approach problems.

His verbal comprehension index (WISC 45%ile) and above average receptive vocabulary (PPVT 77%) contrasted greatly when compared to tasks that required visual motor dexterity and spatial coordination (WISC CODING 5%, VMI, 14%). Clinical observations concurred with the findings in that his drawings and writing samples evidenced poor planning, fine motor difficulties, and slow production. These factors had strong implications for the classroom where there were heavy demands for writing and copying off the board.

TM's (reading) scores show some degree of scatter, indicating that his overall reading and vocabulary skills were not as well orchestrated as they might be. In interpreting standardized test scores, there were a number of factors to be taken into account. First, this kind of reading task was not necessarily representative of his level of achievement when doing functional and study reading, where he would have the opportunity to preview his material and use other appropriate meaning gathering strategies. Thus the scores may reflect his test-taking strategies more than his true reading comprehension. Also, the time constraints of the standardized testing situation often prohibit students from using such strategies as rereading materials that they feel require further study or analysis. This is particularly important when reading extended text that requires the development of a topic, theme or argument, or where the concepts are complex. Thus, TM's reading comprehension needed to be assessed in several contexts before conclusions could be drawn as to his overall level of functioning.

My clinical observations were consistent with the pattern in the Psychoeducational evaluation subtest scores which demonstrated strengths in the verbal domain (WPPSI Vocabulary 50%). However, given this score and the vocabulary he used in our sessions, it was surprising and somewhat inconsistent that his score on the PPVT was in the low average range (22%). Perhaps his attention difficulties accounted for this inconsistency.

Because I found that his counting concepts using manipulatives were adequate, I felt the low score in Arithmetic (WPPSI 5%) could be attributed to his attention difficulties and his lack of number symbol knowledge.

Written expression was the academic area presenting the most difficulty for Z. Since he could not decode well, he could not spell well. Printing, although correct in form, was large and slowly produced. The results of the Bender substantiated a mild developmental delay. His writing concepts were mature, but he recorded the least amount required, and he had difficulty organizing material on a page.

In light of his facility with oral language, I was surprised by Z.'s verbal scores, expecting them to be higher. Did his reported dislike of one of the examiners reduce the quality and thoroughness of his responses, especially on Similarities? Is his loquaciousness a defense against forgetting, or a cover for an inability to generate discrete language choices? Given his writing difficulties, I wish that a more in-depth language evaluation had been done to sort out the answers to these questions.

Bender drawings suggested mild immaturity, confirming that his problems with paper and pencil tasks were not simply a by-product of carelessness or under-instruction. His weakness in short term auditory memory helped explain his difficulty with sound symbol association and spelling. Long-term retrieval skills for visual and auditory information were significantly below average. These findings, which have serious implications for Z.'s ability to store, access, and manipulate academic information, underscore the importance of systematic instruction, frequent feedback, and over learning.

Diagnostic teaching revealed poor initial retention of the instructed technique. However, A. recalled the procedure with mild support, a positive indication for remediation.

SAMPLE TEST RESULTS FROM FORMAL MEASURES

Dates of Evaluation: 11/15/99, 11/22/99
Age: 9 years, 6 months
Date of Birth: 5-12-90
Grade: 4th

WECHSLER INTELLIGENCE SCALE FOR CHILDREN THIRD EDITION (WISC III)

Information	15	Picture Completion	9
Similarities	14	Coding	12
Arithmetic	9	Picture Arrangement	16
Vocabulary	14	Block Design	9
Comprehension	9	Object Assembly	7
Digit Span	11	Symbol Search	17

Verbal Scale IQ	113 (81%)
Performance Scale IQ	104 (61%)
Full Scale IQ	109 (73%)

Verbal Comprehension Index:	117 (87%)
Perceptual Organization Index:	102 (55%)
Freedom From Distractibility Index:	101 (53%)
Processing Speed Index:	124 (95%)

PEABODY PICTURE VOCABULARY TEST III (PPVT III)

Receptive Vocabulary Age: 10-1 Percentile: 58 Standard Score: 103

REY AUDITORY VERBAL LEARNING TEST

Recall Over 5 Trials: +2 SD

Delayed Recall: +2 SD

REY-OSTERREITH COMPLEX FIGURE

Immediate Copy: -2.5 SD

Delayed Recall: -2.5 SD

WISCONSIN CARD SORTING TEST (WCST) Unable to Complete

WIDE RANGE ACHIEVEMENT TEST THIRD EDITION (WRAT 3)

	Grade Equivalent	Percentile	Standard Score
Reading	4	58	103
Spelling	4	97	98
Arithmetic	3	32	93

BASIC ACHIEVEMENT SKILLS INDIVIDUAL SCREENER (BASIS)

	Grade Equivalent	Age Level	Percentile	Standard Score
Reading	3.7	9.0	36	95

WECHSLER INDIVIDUAL ACHIEVEMENT TEST (WIAT)

	Grade Equivalent	Percentile	Standard Score
Basic Reading	5.9	81	113
Reading Comprehension	3.6	2	97
Total Reading	4.9	3	105
Math Reasoning	3.8	7	99
Numerical Operations	3.3	4	94
Total Math	3.7	9	96
Spelling	4.3	31	101
Written Expression5.1	5.1	8	103

SAMPLE DISCUSSION AND INTERPRETATION OF TEST RESULTS

In order to gain further information about L.'s learning styles, I used several informal testing measures in my first few sessions with her. Since reading comprehension and mathematics were the two primary areas of concern, I focused my testing on those areas. To assess L.'s reading comprehension, I used passages from *Reading Comprehension in Varied Subject Matter Book 2*, as well as the review section of L.'s science book. To assess L.'s mathematical knowledge, I used her math book, *Math at Hand*, and focused on the areas which she had been covering in class.

L. had no problem decoding the passages in *Reading Comprehension*; she read very quickly and made almost no errors. She also displayed a very good understanding of the vocabulary. However, when attempting to answer the questions, her behavior often became impulsive and careless. For example, she frequently neglected to read the question carefully, thus omitting or adding key words; she did not always look back at the question after reading the multiple choice questions, and, having forgotten the question, would select the incorrect answer; and, she sometimes just guessed because returning to the passage to look for the answer was "too hard" and "boring."

Understanding the material in L.'s science book was much more difficult for her because many of the vocabulary words were unfamiliar, and she struggled to comprehend the new concepts. L. became easily fatigued when reading and discussing passages in this book; she would yawn, rub her eyes, and frequently complain about her vision becoming "fuzzy."

While assessing which math skills were part of L.'s repertoire and which were not, I learned that word problems posed a greater challenge to her than did straight calculations. In actuality, she possessed quite a solid foundation of math facts. I also learned that the type of word problem that was the most difficult for her was one that involved future and/or elapsed time.

Shortly after L. entered the fifth grade, it became apparent that she also had poorly developed writing skills. To assess her writing, I asked her to produce two basic five-sentence paragraphs. Her writing samples revealed appropriate use of grammar and syntax, but her sentence structure was simple and choppy, and her choice of vocabulary was basic and repetitive. She also had difficulty organizing the paragraphs and developing her ideas. In addition, her work was messy; she made numerous spelling errors, omitted words, and erased too lightly or crossed out errors. These samples did not show evidence of L.'s verbal ability; rather, they indicated how laborious the physical act of writing is for her.

Section IV. Psychoeducational Interventions

It is within this section, the 2nd key section of the case study, that the applicant demonstrates competency in the design and execution of a remedial plan. The full plan of intervention should be laid out and then a sampling of areas of intervention (both academic and non-academic) should be discussed in detail, allowing the B applicant to give a flavor of remediation style as well as examples of strengths as a remediation specialist.

A key aspect of demonstrating professional competence at the BCET level is the ability to clearly demonstrate the relationship between assessment and the remedial program. It is vital for the BCET applicant to show how the assessment data informed the remedial plan in terms of goals and methods.

Academic Interventions

The main objective (of his educational therapy program) was to increase his visual processing speed, perceptual organization, and motor abilities in order to eliminate the negative impact they were having both academically and socially. Focus was placed on the remediation of deficits involving motor skills, visual perception, and written expression.

The remediation of fine motor skills involved informal tasks including cutting with "lefty" scissors, coloring increasingly detailed pictures, copying finger tapping patterns, playing pick-up-sticks, stacking blocks, and so forth…Tasks were sequenced in difficulty by starting at his ability level and working up to more complicated and challenging levels.

"Word Attack," a vocabulary building computer program made for use on Apple IIe computers, proved valuable in many ways. I have modified this vocabulary program to display the letters "b," "d," "p," and "q," as well as various pairings of these same reversible letters. Initially F. was required only to match a specified letter from a group of four choices. Next he was required to accurately label the specified letter or pair before choosing his match. Then a visual motor component requiring speed and accuracy was added as he located the matching letter, moved a figure under it by tapping directional arrow keys with his right hand, and finally zapped it by tapping the keyboard's "Z" key with his left hand. Transition to this level was not easy, and required teamwork at first as I moved the figure while he verbally directed me, while he controlled the zapping.

Knowing that L. had difficulty with visual sequencing, we began working with picture sequence cards. At first only simple arrangements of four scenes were used. L. would first lay out all the cards. He then verbalized why he was placing cards in a particular order. Explaining with words seemed to help him reason and aided in making the right choices.

We used a variety of visual organizers to improve expressive writing skills. One strategy used an enlarged cloud cluster or umbrella for the main concept and smaller clouds or raindrops to reflect related ideas. For example, under "dog" there might be "collie" and "shepherd." In this way, he learned to begin with a simple main idea word, and then relate information to it. Later simple words were expanded into simple sentences, and after that, into more descriptive sentences. In time a topic sentence with two supporting sentences emerged. Thus, with the clinician's guidance, L. wrote:

> "Dogs can be very helpful to humans. A collie can help herd sheep on a farm.
> A shepherd can be a police dog."

It was felt that TM was an especially good candidate for learning metacognitive strategies because of his developing reasoning skills. He had shown the ability to benefit from instruction that focused on task analysis and decision making in his earlier work, and he still remembered many of the techniques. Therefore, metacognitive strategies and labels were introduced in all instructional contexts and became the language we used to approach, discuss, and complete all tasks. In the beginning the ET would model the desired cognitive operation. For example, the ET would model the process of surveying chapter title, subheads, bold faced type, graphs and tables. We would then evaluate sections of the material and make a "level of difficulty" assessment so that he would know how to allocate his attention when reading.

TM received specific training in how to identity a variety of text organization patterns, including topic/attribute, compare/contrast, sequence, cause and effect, etc…He was often asked to search and find examples of the organization patterns in sources such as the newspaper.

Our three strands of reading readiness were (1) stories, (2) visual perception activities, and (3) letter work. Under letter work, the goals were 1) learn alphabet order, 2) recognize and identify letter names, 3) start sound-symbol correlation, and 4) distinguish letters and words. (The writer then described in detail how she devised a program in each of these areas, and used the third strand, letter work, to describe specific techniques and strategies which were suited to the child's learning pattern).

I knew from Z.'s drawings that he was fascinated by airplanes and helicopters. This interest was parlayed into a matching game that was used for teaching word attack and syllabication. I had on hand a deck of cards from British Airways. The name of the plane was under each illustration. I labeled a folder "Z.'s Airlines." On the front cover I traced the outlines of six playing cards. Underneath each outline I printed the names of the six simplest, most phonetically regular airplanes in the deck. Z.'s task was to match the appropriate card to the labeled outline. What emerged, spontaneously, was Z.'s question, "But what are they called?" And so we began…I increased the difficulty by making up a new folder of more difficult airplane names. I "scooped" syllables, e.g., "air-speed", "E-liz-a-be-than," and had him trace the scoops with his finger as he read. Z. had not been able to intuit phonetic patterns with the whole language method. However, with this approach to auditory segmentation, he rapidly grasped the mechanics of syllabication.

As A. performed each step of the problem, I encouraged him to touch each number and quietly say what he was doing. For example, he would say, "Two times six is twelve. Put down the 2 and carry the 1." Although this felt slow to him, we timed his performance and he found that he actually worked more quickly in the long run because his concentration was improved, his pace was steadier, and his work was more accurate.

After completion of each problem, A. checked his work with the calculator. It was therapeutically important for him to evaluate his own work: it conveyed the message that he was doing the work for himself and his own benefit, not to win my approval, and this in turn empowered him to take charge of his own learning and gave him a greater sense of control.

We played games that made practice fun, and periodically took timed tests that yielded a "digits correct per minute" score. (On these tests, even if one digit of a two digit product is wrong, credit is given for the digit that is right. This often frees youngsters to let go of the fear of making mistakes and enables them to let the facts "pop out.")

Other Psychoeducational Interventions (Non-academic)

One rather all-encompassing issue was that of L.'s passive approach to learning. As I became more familiar with the family as a whole, I realized that L.'s passivity went beyond the classroom and playground. Hence, my first goal was that of L. becoming a more involved responsible member of her family unit…I first found that L.'s parents would allow her to have a small pet. I then presented the idea to L. that perhaps she could "earn" a pet gerbil by demonstrating to her parents her sense of responsibility. We then devised a point system whereby L. earned points for setting the table, sorting the laundry, making her bed, and tidying her room.

Difficulty with social interaction was an area of concern. A point system was initiated as part of his educational therapy program through which R. could earn points, which he saved to cash in for small toys or free time at the end of his sessions. Points could be earned with specified behaviors including making eye contact when spoken to, staying on task, and independent task completion. Bonus points could be earned when R. succeeded in these areas without reminders…Because of his good response and progress with this intervention. I decided to expand it to both school and home. In deciding on appropriate goals, I visited his school and home to confer with the involved adults. R. was included in this process to maximize his involvement and to give him a feeling of empowerment. Behavior modification programs were then initiated at both settings. (The writer then gives detailed descriptions of the programs at home and at school.)

Two areas of nonacademic interventions were selected for discussion, both focusing on client advocacy: family counseling, and liaison with classroom teachers. These areas were selected for two reasons. The first reason was that TM clearly needed to be represented by an advocate in certain family situations, and in most school situations. The second reason was that TM had not yet learned how to advocate for himself effectively, and the ET thus used school and family conferences to model good advocacy behavior that he could then learn to use on his own behalf.

After a productive, successful summer of educational therapy, Z. started third grade. Within weeks his behavior deteriorated markedly generating the following non-academic interventions resulting in a school change. (The writer then devoted the next two pages to a discussion of the steps taken which resulted in the client moving to a new school in the fall.)

A. seemed to be experiencing difficulties carefully observing, structuring, and revisualizing visual information. This was evident in his drawings, and he felt inadequate and embarrassed about his drawing abilities, which was leading to behavioral difficulties in art class. He and I spent a little time at the end of our sessions working on drawing. We observed objects and drew them together. As I drew, I “thought aloud” about what I was seeing in terms of the relationships of component parts, proportions, and angles of lines.

Section V. Closing Remarks

It is in this section that outcomes are discussed. Remember that progress needs to be documented, and that the same standard of reporting followed in the assessment section is appropriate here. This is also the section where the educational therapist may choose to take a step back and discuss her/his own learning, reflecting, processing, and evaluating in working with this client.

L.'s academic, social, and emotional progress has been noted and applauded by a number of people, including the speech and language pathologist, teachers, parents, and most encouragingly, by L. herself. As a means of comparison, a review of the scores achieved on successive Stanford Achievement Tests (Taken in May 1997, 1998, and 1999) highlights L.'s growth in all areas assessed. (See Appendix B.) (After a detailed discussion of the changes in scores, the writer then goes on to explore some potential future problems for her client.)

After 15 months, the following tests were administered and compared. Both assessments were completed by the same evaluator. (The writer then lists the following tests and gives the scores from both evaluations: the Woodcock Reading Mastery Test-R, the WISC-III, the VMI. A discussion of the significance of the changes or lack of changes follows. The section concludes with a discussion of the behavioral changes seen.)

It is helpful to look back and reflect upon what worked and why. Family support and involvement were clearly key to the successful outcome. (The client is having a successful year at college.) The necessary resources were dedicated generously. In addition, the approach of the ET was very congruent with the family goals and philosophy, and a great deal of trust existed. We achieved a tremendous amount of focus by consolidating all aspects of treatment with a single therapist. The metacognitive approach was very useful.

J. had started to make progress. He was transferred to the public school at the end of kindergarten, and then repeated kindergarten. J. is now in first grade and receiving occupational therapy and resource assistance within the classroom. He is progressing, however slowly. He knows the names and sounds of letters. He is starting to blend sounds into three-letter words. He can write all the letters and numbers although he still struggles with legibility. He still has a lot of work in front of him, but he is not as angry. In short, a comprehensive but flexible pattern of interventions, non-academic and academic, has resulted in a continuing progression of successes for J.

In the beginning stages of an educational therapy case, I synthesize the academic, social, psychological, and behavioral aspects of a child's learning problem by gathering as much data as possible. Then I observe the child in his classroom and have an initial session. I measure, record, and do trial teaching. Diagnostic hunches emerge which must be validated or discarded. I set tentative goals. (The writer follows this with a summary of the interventions that were made.)

A.'s final grade report for sixth grade contained positive comments from many of his teachers, particularly his math teacher who complimented his systematic and well organized approach to written work. He ended the year with an Excellent in math, a High Satisfactory in science, and a borderline Satisfactory in the core course. In this last subject, the teacher felt that his written essays lacked sufficient elaboration and organization, although he noted progress in these areas. The teacher also reported good and relevant participation in class discussions.

Socially, A. had made friends, and his advisor reported that he got along well with his peers and was well liked. I believe that the positive outcomes in sixth grade were related to several things that occurred in educational therapy. (The writer concludes by briefly outlining how the interventions in educational therapy related to and contributed to the changes at school.)

Prepared by N. Poole and A. Kaganoff, Summer 2001