Educational Therapy: A Road Map for Professionalization

A thesis submitted in partial fulfillment of the requirements

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Educational Therapy

by

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I dedicate this thesis to my parents, Esther and Benny, and to my siblings, Ayelet and Ori. They gave me constant support and encouragement throughout this demanding and, at times, brutal process. I am extremely grateful for all of their sound advice and, most importantly, for their unconditional love.
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ABSTRACT

Educational Therapy: A Road Map for Professionalization

by

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Master of Arts in Special Education

Educational Therapy

Professionalization is a complex and dynamic process, which requires an ambitious vision for the future. Creating a road map for professionalization necessitates a clear understanding of a group’s present status, as well as a foundation for establishing valuable and effective goals for the future. The study explores the histories of physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP), and provides a cross-comparative analysis of educational therapy (ET) and its allied professional groups. The essential components detailed by leaders within PT, OT, and SLP equip the researcher with a critical lens through which to examine the past, present, and future of ET. Using online questionnaires, the researcher surveyed a sample of novice and seasoned ETs, on the topics of professionalization and resources. The findings confirmed that ETs have strong ideas on the future of the profession and on how to best support the novice ET community. Respondents expressed their needs, desires, and concerns regarding driving the profession forward, advancing ETs from novice to expert, and provided suggestions for developing new resources and materials.

Keywords: educational therapy, educational therapists, professionalization, profession
Chapter One: Introduction

Educational therapy (ET) is a form of intensive, individualized therapy used with children and adults with learning differences to remediate learning problems (www.aetonline.org). The field of ET is undoubtedly in its early stages, but it has deep roots as well as a rich and complicated history. Its evolutionary beginnings can be traced back as early as the 1800s; however, its modern development began in Europe and the U.S. in the 1940s (Werbach, Kornblau, & Slucki, 2010). Special education, psychology, psychiatry, and sociology are among the many fields from which ET developed and the multi-disciplinary approach was born. Given these broad historical roots, pioneers around the world created theoretical models and methods of practice focused on the treatment of children with learning disabilities and difficulties (LD). These models and methods merged together throughout the years under varying monikers, such as therapeutic tutor, psychopedagogist, remedial therapist, clinical teacher, and learning therapist, finally settling on educational therapist.

Since the establishment of the Association of Educational Therapists (AET) in 1979, ET has been advancing toward recognition as an established profession. Working with the LD community, educational therapist (ETs) often work closely and network with various allied professionals, such as physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs). Currently, physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) are all recognized by society as professions; however, ET’s present status is sub-professional. ET suffers from a lack of familiarity, members, literature, and support.
Professionalism offers a certain level of power and prestige in society, and professional organizations strive to achieve this status (Hughes, 1984). The literature on professionalization offers various models through which to examine and judge a profession’s standings; however, since professionalization is such a complex and dynamic process, no single model is sufficient. The struggles, goals, and clients of PT, OT, SLP, and ET are quite similar, and the three former groups have achieved professional status, yet ET stands alone among these in not having achieved recognition as a profession. Therefore, it is beneficial to ET to learn from the lessons revealed by the victories and failures of the other three groups.

Research Questions and Hypothesis

The research questions guiding the study are:

1. What is a profession?
2. What are the differences between occupations and professions?
3. What are the essential components and steps necessary to becoming a legitimate and recognized profession?

This study focused on understanding how ETs value steps considered critical to professional success by PT, OT, and SLP. The study differentiated between the usefulness of these steps for driving the profession forward and those beneficial to advancing novice ETs. A specific benefit for the novice ET community was examined further in order to highlight its future potential. Furthermore, the researcher considered whether or not ETs value the same steps, outlined by successful allied professional groups, in regards to professionalization. It was hypothesized that ETs value different
steps as being critically important to driving the profession forward, indicated by the present status of ET as sub-professional.

The review of the literature offers background and context for this study by examining the models of professionalization and providing a cross-comparative analysis of PT, OT, SLP, and ET. The successes of PT, OT, and SLP are analyzed to illuminate the steps and components credited as being essential to their progress. ETs work closely with PTs, OTs, and SLPs, all of whom became recognized professionals within the last century. ET has not yet achieved the status of profession; therefore, it is vital to investigate the professionalization of similar groups, including factors in how those groups reached benchmarks critical to their recognition as established professions.

Chapter Two details the most important steps taken by PT, OT, and SLP in achieving professional status, and analyzes pivotal moments for each group. The foundations of ET are explored, including ET’s relationship to special education law, and the historical roots and pioneers of the field. Essential components are derived from an examination of ET’s history, and are compared with those outlined by PT, OT, and SLP. The present status of ET is discussed and future implications are analyzed. In Chapter Three, the methodology of the study is provided and connected to the critical components identified in the literature review. This chapter describes participants, procedure, e.g., online questionnaires, and data analysis. Chapter Four details the results of the questionnaires. Finally, Chapter Five interprets the results, discusses the implications and limitations of the findings, and provides suggestions for future research.
Chapter Two: Literature Review

This review is divided into three sections. The first looks to the literature on professionalization and seeks to answer the research questions listed in Chapter One. The second part of the review focuses on the histories of PT, OT, and SLP, and includes the components or steps deemed most essential and effective by each profession. The third section provides a brief history of special education law as it applies to ET; highlights some of the central figures in the field; outlines the history of ET in the U.S; lists and compares essential components; investigates ET’s present status; and finally, discusses future implications for the community of ETs.

Occupations versus Professions

For the purposes of this review of literature, occupations and professions are to be considered part of a continuum rather than discrete positions. McMurray (2010) analyzes Hughes’ (1984) seminal essays on work and defines occupation as:

a division of labour within society in which certain classes of individuals exhibit commonality in role and functions that arise from a claim to carry out activities that differ from those that other people do, and to do so in exchange for money.

(p. 802)

Furthermore, he adds that people within a particular occupation maintain a sense of solidarity and shared identity. Hughes contends, “a profession is an occupation which has attained a special standing among occupations” (p. 465). Therefore, professions often share the same characteristics as their occupational counterparts, but are regarded with a higher status.
Countless attempts have been made to define these two groups clearly, illuminate their differences, and clarify the relationship between them. Professions are commonly interpreted, by society, as having a particular set of requirements. These requirements include, but are not limited to, a specific and clear knowledge base, a theoretical framework, extensive self-regulation sanctioned by society, a license or right to practice, a mandate for ethics and proper conduct, and a commitment to service (Harshman, Gilsinan, Fisher, & Yeager, 2005; McMurray, 2010; Winch, 2004).

**Professionalization**

Professionalization is the process of becoming a profession and “the degree to which the members of a profession exhibit the unique attributes of a profession” (Johanson, 2005, p. 767). Defining the concept of profession is not a simple undertaking, and the latter half of the 20th century included numerous attempts. Existing definitions have been categorized under three main models: traits, process, and power. The earliest of the models, often labeled the “trait approach,” provides a list of characteristics or attributes that serve to distinguish a profession from an occupation. Flexner (1915) developed this approach when he was asked to consider whether or not social work could be deemed a profession. In response, he asserted that by applying a list of six criteria, it was possible to determine if an occupation would qualify as a profession. All professions, Flexner argued:

- involve essentially intellectual operations with large individual responsibility;
- they derive their raw material from science and learning; this material they work up to a practical and definite end; they possess an educationally communicable
technique; they tend to self-organization; and they are becoming increasingly altruistic in motivation. (p. 904)

Following in Flexner’s footsteps, various attempts were made to develop a definitive list of characteristics (Adams, 2010; Popple, 1985; Tobias, 2003). Unfortunately, these endeavors resulted primarily in disagreement and confusion. Millerson (1964) reviewed a wide range of studies and found a striking absence of consensus amongst the lists. He identified a total of 23 essential elements, yet no single element was accepted as essential by all authors (Popple). This total lack of agreement does not, however, indicate a total lack of consensus. Although the traits differed, many underlying ideas overlapped and key traits emerged, such as professional associations, advanced training, specialized knowledge, a service orientation, and a code of ethics (Goode, 1966).

In the mid-1960s, the “trait approach” was strongly criticized by an increasing number of researchers who viewed it as ahistorical, universalistic, and static (Tobias, 2003). Vollmer and Mills (1966) argued that few occupations could completely fulfill any list of requirements, and even fulfilling such a list could not be assumed to elevate an occupation to the status of profession. Instead, they maintained the importance of a dynamic approach, focusing on the process of professionalization within a historical context (Tobias). This approach differs only slightly from the previous one and is often referred to as the “process model.” Wilensky (1964) worked to identify the life history, or process, of professionalization by examining the sequential steps undertaken by successful professions. He hypothesized that professions pass through a series of steps: the emergence of a full-time occupation, the founding of a training school, a university school, a local association, a national association, the creation of a subordinate position,
conflict between the old and the new groups, conflict between similar occupations, the passing of state-level licensing laws, and the establishment of codes of professional ethics (Popple, 1985). In a variety of professions, Wilensky claimed these events occurred in precisely that order. Although the first two models have been highly criticized for attempting to identify a prescriptive list of traits or steps, the majority of researchers agree that professionalization is a process in which occupations exist on a continuum (Adams, 2010; Popple; Tobias).

As researchers continued to analyze professionalization, questions arose regarding the role of power. In the “power model,” professions are differentiated from occupations based on the power wielded by the professional over the future of the occupation, the individual work accomplished, and the labor of those who work under them (Freidson, 1970; Johnson, 1972). Therefore, the concept of profession is as a mode of controlling an occupation, with power and social status as the distinguishing factors between the two. Freidson (2001) argued that professions acquire their power from the state; however, other researchers credit professional practices and associations with creating an autonomous source of power (Adams, 2010). This approach provides a historical context for the understanding of professionalization, but has not taken the place of the previous two models. Moreover, this lack of a clear theoretical framework has led many researchers to adopt a fourth model, recommended by Freidson (1983), which treats profession as a folk concept (Adams). Freidson (1983) demonstrates that the term profession is a social construct, assigned different values by people in specific social-historical contexts. His approach highlights the variability of the term and allows researchers to consider professionalization as a multilevel, complex social process.
The four models of professionalization combined provide two lenses through which to better understand the current status of ET. Given the success of PT, OT, and SLP, an exploration of these three groups through the professionalization lenses followed by an analysis of ET, can help to clarify any distinct patterns and similarities. The historical examination contributes to perceptions at the core of the power and folk models, and a breakdown of essential components offers relevant data for a traits and process model comparison.

**Physical Therapy**

**History**

The professionalization of PT has been in process for over 50 years in the United States, Europe, and more recently, around the world. The primary focus of these efforts has been on gaining public recognition; developing standardized certification and degree programs; establishing clear guidelines regarding both the need for PTs and the distinct expertise of the profession; achieving autonomy; and increasing political power and security through lobbying efforts (Pagliarulo, 2007; Scott, 2002; Swisher & Page, 2005; Woods, 2002). The process by which PT has reached its current standing in the U.S. has been fraught with complications and challenges.

Historically, the demand for PTs has been spearheaded by wars, epidemics, accidents, and the needs of those with physical disabilities (Moffat, 2003). In the early 20th century, the majority of PTs, known as reconstruction aides, were trained specifically to treat war wounds (Scott, 2002). As training and specialization increased and moved in the direction of physical rehabilitation, a change in title was instituted and the movement toward professionalization was initiated (Swisher & Page, 2005). According to Moffat,
women were organizing small grassroots organizations all around the country that finally emerged as the American Women’s Physical Therapeutic Association (AWPTA) in 1921. Within the first year, the association’s official publication, *The PT Review*, was issued, as well as the publication of the first textbook written by a PT, Mary McMillan, AWPTA’s first president. The following year, the first convention was held and the association changed its name to the American Physiotherapy Association (APA) in order to be more inclusive. Additionally, a group of PTs founded the American College of Physical Therapy, which later became the American Congress of Physical Therapy.

Between the 1930s and 40s, PT catapulted into the U.S. spotlight due to the overwhelming polio epidemic affecting countless Americans, including President Franklin D. Roosevelt (Moffat, 2003). Given the intense need for services at this time, some aspects of PT were federally recognized as a component of army medical services, and as a service provided to the elderly through the first Social Security Act (Moffat; Scott, 2002). Early practitioners of PT worked to transform this public consciousness into public recognition by working with government agencies to secure rehabilitation services for Medicare and Medicaid recipients (Swisher & Page, 2005). As the process toward professionalization developed, APA established itself in new ways. The association adopted a “Code of Ethics and Discipline” and created educational requirements for its active members, such as graduating from an approved school of nursing, passing an approved course in PT, and completing one year of practice within two years of graduation. These requirements began the solidification of the modern, professional PT, and with each new decade came new conditions for standardization (Pagliarulo, 2007).
In the 1950s, APA changed its name to the American Physical Therapy Association (APTA) and ramped up its efforts to establish itself as a legitimate and recognized profession. The APTA home office moved to Washington, D.C. with clear intentions of taking a more active role in the federal political process through the creation of special interest groups (Pagliarulo, 2007; Swisher & Page, 2005). Making decisions specifically geared to involve the federal government resulted in tremendous accomplishments and gains, including the development of the first nationwide licensure examination and the mandating of a licensure for all PTs across the country. Simultaneously, the association started a research fund, a post baccalaureate degree program for entry level PTs, and created the physical therapy assistant (PTA) position to help counter staffing shortages (Pagliarulo).

These steps toward autonomy were a principal goal of the PT profession since the beginning, and have been the cornerstone for battles relating to licensure, accreditation, educational programs, and funding (Woods, 2002). Practically speaking, APTA has been behind the creation of more than just educational programs. The association (www.apta.org) holds three annual national conferences to explore topics related to physical therapy for PTs of all specialties, students, and allied professionals. Additionally, APTA awards research grants, and is responsible for numerous textbooks and reference books, such as a Guide to Physical Therapist Practice, which provided the model definition for the organization (Scott, 2002). In 2000, APTA’s House of Delegates adopted the APTA Vision Statement for PT 2020 (Vision 2020), a plan that identified six necessary elements to transition PT into a fully professionalized discipline (Johanson, 2005). These elements are autonomous practice, direct access, doctor of PT degree
(entry-level degree), evidence-based practices, practitioners of choice, and professionalism (www.apta.org).

**Essential Components**

Within the historical foundations of PT and APTA’s vision statement for the future, numerous vital steps and components are revealed and discussed. Examining these elements is useful to better understanding how PT reached the level of profession. The presidential address given at each APTA conference provides an opportunity to reflect on landmark decisions and periods in PT history. In 2001, the address focused on PT having arrived as a legitimate and recognized profession. Massey (2001) outlined the critical steps taken toward professionalization as defining the scope of practice, developing a unique body of knowledge, documenting effectiveness, and adhering to a code of ethics. Furthermore, he discussed the plans for reaching full autonomy as the primary goal of APTA, and highlighted the work being done on a legislative level to reach that goal, i.e., the passage of a patients’ bill of rights and obtaining direct access in the remaining 16 states.

In the 2005 APTA Presidential Address, Massey reflected on the changes undergone to improve and advance the PT profession. He asserted, “Throughout our history, whenever we recognized that we had more to offer than what the then-current delivery system allowed, we sought change to permit more advanced practice” (p. 1240). Some of the important changes Massey discussed were marching on the state capital to demand licensure and direct access to patients, raising the level of degree programs required for PTs, and lobbying Congress and insurance companies for fair
reimbursement. He also added developing private practice models, creating a research foundation, and forming an assistant position to better serve patients, to the list.

True autonomy allows a professional the freedom to exercise professional judgment, signaling a higher level of power. The battle to gain autonomy for PTs has several fronts: licensure, accreditation, and direct access. In the 1940s, APTA fought for state licensure and state practice acts throughout the country, and worked to develop a competency exam to be used by state licensing boards. This move was pivotal for PT; Magistro, a former APTA president, emphasized, “Without licensure, we would have been doomed. It is only through having legal status that we have had a foundation on which to stand in so many of our battles and subsequent victories for the profession” (as cited in Woods, 2002, p. 47). Furthermore, state practice acts secured the term PT, which served to protect certified PTs from chiropractors or massage therapists claiming to provide PT or billing for PT services (Woods). Additionally, APTA struggled to acquire the accreditation rights for PT schools, formally held by the American Medical Association (AMA), but they presented a strong case for competency and authority and finally won in 1977.

Historically, PTs gained access to their clients solely through a physician’s referral. Over the past 30 years, APTA has been working to secure direct access for PTs across the U.S. In the majority of states where direct access is available, the battle has been won through grassroots lobbying efforts made by APTA chapter members (Woods, 2002). Consequently, these achievements have fortified APTA’s position on the federal level, particularly in relation to Medicare benefits (www.apta.org), and have resulted in PTs serving countless Americans. As a result of decades of hard work, APTA’s current
membership exceeds 75,000, and the association continues to outline and work toward its vision for the future.

**Occupational Therapy**

**History**

In the U.S., OT shares a common historical foundation with PT. Both professions gained popularity following the tremendous need created by World War I and the troubling epidemics of infantile paralysis and poliomyelitis (Scott, 2002). The main difference during this time was that although OT was given a tremendous boost by becoming part of the U.S. military reconstruction program (McDaniel, 1968); the profession struggled much more with developing its theoretical framework and core constructs. The term OT was coined in *Reconstruction Therapy*, a text written in 1919 by one of the profession’s founders, William Dunton, Jr., which outlined the principles behind the profession.

The primary ideas behind the field evolved from the humanitarian philosophy of moral treatment, which concluded that people with mental health challenges would return to a satisfying way of life if engaged in various occupations, such as education, daily living tasks, work, and play (Bockoven, 1971). This philosophy was extremely popular in the field of psychiatry, and in an effort to achieve balance between one’s mind, body, and the environment, OT was seen as a method by which to fight idleness (Kielhofner, 2004). As OTs across the U.S. started small practices and clinics, individuals began to reach out to one another to develop the practice and share their ideas formally (Low, 1995). In 1917, a small group gathered and formed the National Society for the Promotion of Occupational Therapy, later renamed the American Occupational Therapy
Association (AOTA). Within a few years, the association published its first journal, *Archives of Occupational Therapy*, and its second journal, *Occupational Therapy and Rehabilitation*, followed shortly thereafter.

The post-war years provided OTs a chance to standardize the field and develop professional guidelines and requirements. In 1923, AOTA approved the first educational standards of non-emergency war courses (Kidner, 1923) and recommended that training schools be affiliated with centers of medical training (Kidner, 1925), in order to provide OTs with a balance of theoretical knowledge and biomedical perspectives (Kearney, 2004). In an effort to regulate the growing number of OTs, AOTA established a national registry in 1926, which called for graduates of training schools who met AOTA’s minimum educational standards (Kidner, 1929). Given AOTA’s small membership and strong ties to the medical community, the association, in 1931, took responsibility, in collaboration with the AMA, for the accreditation of OT programs (Reed & Sanderson, 1999). Throughout the next 20 years, AOTA strived to create strong educational requirements reflecting the changes in philosophy, as well as the expectation for technical training (Kearney). The requirements were published and updated periodically under the title the *Essentials of an Acceptable School of Occupational Therapy*.

OT underwent a period of crisis and a shift in paradigms in the 1930s and 1940s. The breakdown came as a direct response to the medical community that, at the time, was demanding scientific reasoning and empirical evidence to explain the effectiveness of OT (Kielhofner, 2004). The usefulness of the therapy was not in question, but the holistic approach, based upon the moral treatment philosophy, was unclear from a medical standpoint. For example, after WWI, reconstruction aides worked to prepare patients for
occupational function using crafts, the value of which sparked concerns inside and outside of the OT community (Low, 1995). In response to these concerns, the old paradigm was abandoned in exchange for a new paradigm which focused on function and dysfunction in terms of underlying neurological, anatomical, and intrapsychic mechanisms (Gillette & Kielhofner, 1979). By paralleling biomedicine, the OT community sought acceptance and respectability, and the shift ultimately resulted in deeper understandings of how the bodily structures and processes impacted performance (Kielhofner). The shift to a reductionist view of the human body was so radical that many OTs strayed far from the notion that occupation was an essential aspect of everyday life (Gillette & Kielhofner). The realization of this change, along with new criticisms of reductionism, sparked a second crisis and a call for a new paradigm and identity.

WWII brought about numerous unintended consequences for the professionalization of OT. The guidelines under the Essentials were loosened in order to increase the numbers in the field, OTs were given professional rank status in the U.S. Army, and the importance of physical rehabilitation reached new heights (Kearney, 2004). Wartime generally results in the cooperation and collaboration of various fields of study. Therapists under physical medicine and rehabilitation, a medical specialty, worked closely with OTs during the war. In subsequent years, leaders in physical medicine tried to define OT as a specialty area under their umbrella (Kearney). This resulted in conflicts between the AMA, AOTA, and the Council on Medical Education and Hospitals (CMEH), but after much debate, no changes occurred (Colman, 1992).

The 1960s and 1970s were a time for field research in an attempt to combine OT’s original concepts and ideals with modern medicine. The new framework, reflected
in the 1965 and 1973 revisions of the Essentials, centered on modernizing the importance and rationale of occupation as a method of therapy using a systems approach, which states that no system can be fully explained by examining only its individual components (Kielhofner, 2004). The shift to a systems approach led OT to its current purpose, which is to provide individuals with support and opportunities to develop new ways to participate in life and to meet their current demands and desires (Kielhofner).

In the 1980s and 1990s, three additional revisions were made to the Essentials. These included the organization’s long awaited definition of OT, new educational requirements, research and development goals, an appropriation of the accreditation process, and a continued focus on advocacy and federal funding (Kearney, 2004). These objectives and goals were expanded in AOTA’s Centennial Vision (2007). The Centennial Vision highlighted the importance of professionalization and prioritized the future goals of AOTA as creating an inclusive and diverse leadership, developing a major image-building campaign, engaging in broad-based advocacy to ensure funding and federal support, creating an outcomes database, promoting dissemination of research, and developing programs to encourage the pursuit of doctoral degrees (www.aota.org). The organization currently has a membership of over 40,000 individuals.

**Essential Components**

AOTA’s Centennial Vision (2007) emerged at a time when the OT profession was aiming to bridge the accomplishments of the past with a plan for the future. In fact, creating a vision statement to elevate OT by its 100-year anniversary, in 2017, came as a direct response to APTA’s vision statement (Kornblau, 2004). In many ways, these two professions overlap and have, therefore, had to define clearly their different roles in the
past, present, and future. In the 2005 and 2006 presidential addresses at the AOTA national conference, the president outlined various steps that have been essential in weaving their professional tapestry. Baum (2006) highlighted the vital decisions made by the association’s founders and early leaders in shaping the OT profession, and also indicated some pitfalls that have occurred along the way. She discussed the decision, in 1918, to position OT within the medical profession, giving it credibility and a location from which to establish the profession and the clientele. Although, at the time, this decision was seen as positive, it later resulted in a lack of jobs and autonomy for OTs (Reed, 1993). At that time, OT struggled to find its footing, but was nonetheless able to make strides in education. Early members worked with the AMA to create standardized educational criteria in 1935, which helped secure its position when similar professions were taking shape (Baum, 2006).

In the 1960s, as critical mental health bills were being passed in the U.S., OT fell behind temporarily. AOTA did not have the members to staff the many new sites being developed by the government, and had not yet formed an advanced degree program to maintain its competitiveness. Additionally, a lobbying presence had not yet been established, in large part because the national office did not relocate to the Washington D.C. area until 1972 (Baum, 2006). At the time, AOTA was concerned solely with the services being provided, but its focus soon shifted to professionalization and the establishment of clear directives for the future (Baum, 2007). One of the first steps in this process was the creation of the American Occupational Therapy Foundation in 1966, which focused on research, education, and practice. This research would later be used as the basis for defining the scope of the profession, creating a knowledge base, and
lobbying efforts to have OTs included in laws relating to disabilities, including IDEA and Medicare (Baum, 2006; Reed, 1993). In response to antitrust issues, the American Occupational Therapy Certification Board (AOTCB) was created in 1986. AOTCB is responsible for determining certification procedures and giving exams to meet the various licensure requirements of each state. As additional federal acts were signed into effect, AOTA worked closely with representatives on the hill to ensure the security of jobs for its members. This change in focus was, in many ways, the impetus for creating a vision statement for the future.

In order to reach the goals put forth in the centennial vision statement, leaders of AOTA continued to be vigilant in gaining the attention of the U.S. government, on both a state and federal level, while also revamping their image with the American public (Cleveland, 2008; 2010). The future goals of the organization, as presented in AOTA’s 2010 presidential address, are to increase advocacy, membership, national recognition, lobbying efforts, science-based research, inclusion in legislative decisions regarding health care, fundraising, image-building and brand development, and collaborative efforts with other health-based organizations (Cleveland, 2010).

**Speech and Language Pathology**

**History**

The development of SLP as a profession occurred more recently in the U.S. than many other human service professions. The origins of treatment for communication disorders differed greatly between Europe and the U.S. In Europe, physicians experimented with medical treatments and utilized trained assistants to provide remediation, while in the U.S., special education teachers were entrusted to work with
children with communication disorders (Eldridge, 1968; Flower, 1994). Moore and Kester (1953) explain that the role of teacher as speech corrector developed directly from the educational philosophy espoused by John Dewey, and ultimately paved the road for modern day SLP. As teachers began working with students with various speech challenges, the importance of speech correction became increasingly accepted (Black, 1966).

In the early 1900s, speech correction programs began in Chicago schools as a direct response to concerned parents who proclaimed it was the school’s responsibility to help children with speech difficulties (Moore & Kester, 1953). As the need for speech correction increased, additional school districts around the country, particularly in New York City, began to explore several important issues. The investigation sought to ascertain the scope of the problem overall, the need for speech centers focusing on direct remediation, as well as the issue of training English teachers in speech correction (Eldridge, 1968; Moore & Kester). Simultaneously, colleges around the country started offering training courses for speech correctionists, and university speech clinics were born (Moore & Kester). As surveys revealed the number of students with speech defects, attention turned to early corrective work and the need for more specialized training (Black, 1966). Thus began the movement in the U.S., which ultimately led to the professionalization of SLP.

Efforts to form a professional organization focused on speech disorders began in 1891. Working under larger educational associations, early attempts were undertaken by English teachers, who were particularly interested in speech. Some of these early incarnations dissolved, while others became focused on other aspects of language (Moore
& Kester, 1953). In 1925, a small interested group of scholars began meeting to discuss the importance of forming an academy for speech correction independent of English teachers, and within one year, the group separated and formed the American Academy of Speech Correction, which through several transformations, ultimately became The American Speech and Hearing Association (ASHA) in 1948 (Moore & Kester, 1953; Van Riper, 1981). Although the organization found its initial growth to be slow, the focus remained on the increase of research, training, and the creation of clinics.

In 1931, one of the founders of ASHA, Lee Travis, published one of the first textbooks in the field, *Speech Pathology*; in 1935, the board decided the organization was strong enough to begin publishing its own professional journal, the *Journal of Speech Disorders* (Van Riper, 1981). In addition to developing research and expanding treatment, ASHA provided definitions of the speech-based professions, created university standards and guidelines for certification, cultivated opportunities for continued learning, promoted recognition by governmental agencies, and offered ethical guidelines (Eldridge, 1968; Flower, 1994). The result of this hard work became apparent when, in 1937, the U.S. Commission of Education was authorized to help defray the costs accrued by cities and states in their effort to remediate communication disorders and other disabilities (Eldridge). This government backing gave rise to new-found inspiration and enthusiasm.

Providing speech correction services became increasingly commonplace in the years leading up to WWII, but Flower (1994) notes it was only in the years immediately succeeding the war that the U.S. government began to recognize the need to provide services to adults, especially veterans with war injuries (Eldridge, 1968). O’Neill (1987) reports the seven factors which shaped this increasing focus were “change in
professionals outlook and orientation; increases in federal funding; growth of the national professional organization; development of academic autonomy; national and state legislation; expansions of service activities; and increases in training programs” (p. 20). Moreover, the government’s appreciation for the need to provide services grew concurrently with the realization that providing services to students with disabilities was critical to helping them achieve their potential (Flower). ASHA, in cooperation with the U.S. government, set out, in 1960, to survey colleges and universities to uncover the details surrounding the status of and need for professional preparation in speech pathology and audiology (Eldridge). Results indicated a need to define clearly the exact nature of the field of communication disorders, and to raise certification standards. Over the next five years, ASHA increased the academic requirements to a Master’s degree and included both a national examination and an internship year to its standards for qualification. As a simultaneous effort to establish academic autonomy, ASHA negotiated with the National Council on Accreditation, the AMA, and the American Dental Association to take over the accreditation of training programs in speech pathology and audiology, and won (O’Neill).

Once ASHA took over the accreditation of training programs, the organization worked feverishly to gain acceptance for its certification standards from the professional community. O’Neill (1987) discussed the importance of this move given the role of speech correction programs in schools across the country and the attempts made by states to enforce their own standards on professionals in the field. ASHA’s lobbying efforts were fruitful, and when the Social Security Acts were amended in 1965, the certification requirements listed for reimbursement of services were nearly identical to ASHA’s
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(O’Neill). This provided a significant boost in credibility for ASHA. In response to the increase in federal funding and the enactment of Public Law 94-142 and other similar laws focused on children with disabilities, states began to pass licensure laws that, once again, mirrored the requirements created by ASHA (O’Neill). The increase in federal and private insurance reimbursements impacted the job market directly, and ASHA’s membership grew steadily to its current number of 145,000. Today, SLP is a service available on both a public and private level; and in 2008, 25% of the nearly 6 million students receiving services under the Individuals with Disabilities Education Improvement Act (IDEIA, 2004) were receiving support for communication disorders (U.S. Department of Education, 2005).

**Essential Components**

As with APTA and AOTA, ASHA, in its earliest incarnation, assembled in the early 1900s. The earliest members moved quickly to build speech clinics where training and research, their first priorities, took place (Van Riper, 1981). This was the first step to developing ASHA’s current scope of practice. Multiple journals were started, and early SLPs focused on understanding the various speech disorders and sharing their new knowledge base with professionals around the world (Van Riper). Annual conferences became a place for professionals to distribute findings and consider new directions for the association (Moore & Kester, 1953). The organization’s growth has been tremendous, and it is, by far, the largest of any of its allied professions’ associations. ASHA’s remarkable maturation is in part due to the early footholds made in Washington, D.C. Unlike APTA and AOTA, ASHA moved its national office to the capital in 1953, deciding that being there was crucial to propelling the profession forward (Uffen, 2005).
Additionally, ASHA created a nationally applicable model for certification and began working on acquiring state licensure laws as early as 1969 (Flower, 1994). These laws define the qualifications for entry and establish legally bound standards for the professional services provided.

In the 2007 presidential address, Anderson reviewed the elements of ASHA’s past, present, and future. At a time of change in the governance structure of the organization, Anderson outlined the organization’s goals for the future: full autonomy; improved accountability; increased communication between members, the board, and the broader community; membership increases in number and engagement; and a more efficient and responsive board. The primary vision for the future was to affirm the existence of two distinct professions, speech and language and audiology, as one combined discipline; to increase the level of scientifically backed research and services; to enhance member satisfaction; and to better market and advocate the services provided (Anderson).

**Educational Therapy**

PT, OT, and SLP are closely related allied professional groups of ET; therefore a cross-comparative examination of all four groups offers insight into their similarities and differences. The developments, goals, and accomplishments of these four groups converge and diverge at various points throughout their individual histories. Regarding professionalization, the former three groups have achieved the prestigious status of profession; whereas, at present, ET is not a legitimized and recognized profession. There are numerous reasons for ET’s sub-professional status, including a lack of familiarity, members, literature, and support. The histories of PT, OT, and SLP, provide insight into
the successes and failures that each group has experienced in the path toward professionalization. In a relatively short period of time, ET has been able to achieve some of the benchmarks outlined by the other groups, but not all. By exploring ET’s historical roots and development in the U.S., as well as cross-comparing the essential components, a deeper understanding of ET’s present status can be achieved. The following section provides the context from which the current study was developed. It is divided into six parts in an attempt to better understand the distinct path of professionalization for ETs in the U.S. The first provides a brief history of special education law as it pertains to ET, the second discusses a selection of important pioneers to the field, the third and fourth highlight and compare some of the essential components in the history of ET, the fifth explains the present status of ET, and the final section examines future implications for novice and seasoned ETs.

**History**

Unlike the professions of PT, OT, and SLP, the historical roots of ET are far more connected to the history of special education in this county than to the establishment of the profession. Similarly, each of the professional groups discussed in this review of the literature work, to some extent, with children served under U.S. special education laws. Whereas, PTs, OTs, and SLPs generally work with easily detectable conditions, the work of ETs pertains more to invisible disabilities, i.e., disabilities that are not immediately apparent, and, therefore, more challenging to understand, illuminate, and promote.

The history of special education ([www.ed.gov](http://www.ed.gov)) in the U.S. did not begin officially until 1975, with the passage of the Education for All Handicapped Children Act or Public Law 94-142. This act proved to be a landmark piece of legislation, and it was the first
step in completely changing the face of education in this country. Since it became law, Congress reauthorized and amended this bill five times. The 1990 amendments renamed the law the Individuals with Disabilities Education Act (IDEA), which in 2004 became the Individuals with Disabilities Education Improvement Act (IDEIA). IDEIA maintains the six major principles found in IDEA, which are zero reject; nondiscriminatory identification and evaluation; free, appropriate public education (FAPE); least restrictive environment (LRE); due process safeguards; and parent and student participation and shared decision making (http://idea.ed.gov/). Students with disabilities are able to access services as a direct result of FAPE, LRE, and due process safeguards.

IDEIA states that all children with disabilities, regardless of the type or severity of the disability, will receive a FAPE. Once eligibility is determined, a team is assembled to develop and implement an individualized education program (IEP). The purpose of this program is to create short-term objectives and annual measurable goals to help a child reach his or her potential, and to serve as a contract ensuring the child’s unique needs are being met. The legal mandate is an extension of LRE, which requires that each district provide a continuum of placement and service options. Placement and services are discussed and determined prior to or at the IEP meeting and eligible students receive the services necessary to help them reach their goals (Heward, 2006). IDEA provides a list of related services, including, but not limited to:

Speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and
mobility services, medical services for diagnostic or evaluation purposes, school health services and school nurse services, social work services in schools, parent counseling, and training. (www.nichy.org)

In order to safeguard the right to receive services, a provision of due process is built into IDEA. This provision protects parents, maintains student confidentiality, and provides an option for an independent evaluation to protect against bias. In addition, if a disagreement arises, parents can request a due process hearing or work with a mediator to resolve the matter. Any services determined necessary will be provided to the student at no cost (Heward).

Over the years, there has been a great deal of controversy over the related services provision. Specifically, disagreements centered on which services should be deemed necessary and reasonable for the schools to provide (Heward, 2006). Upon close examination of the list of related services, many deal specifically with visible disabilities. The remaining listed services, and many of the services not listed, address invisible disabilities. The term ‘invisible disabilities’ refers to symptoms, such as debilitating pain, fatigue, dizziness, weakness, cognitive dysfunctions, learning differences and mental disorders, as well as hearing and vision impairments (www.invisibledisabilities.org). Countless students are affected by these disabilities, which include LD, attention deficit hyperactivity disorder (ADHD), mental illness, Asperger’s Syndrome, and mild brain injuries.

According to the U.S. Department of Education (2010), as many as one out of every five people in the U.S. has LD, including nearly one million children who already receive special education services in school. Additionally, one-third of all children
receiving special education services are classified under Specific Learning Disability (SLD) (www.ed.gov). The number of students with LD is increasing yearly, and it is vital that services are in place to help these students succeed in school and in life. Rivera (2011) clarifies that people most often associate LD with reading; however, it encompasses “deficits in areas such as listening, speaking, mathematics, written expression, social-emotional, and executive functions” (p. 27). These wide-ranging deficits create challenges in the majority of subject areas found in schools. In addition to LD, developmental disabilities, such as Autism Spectrum Disorder (ASD), and neurobehavioral disorders, such as ADHD, are also on the rise. From 2000 to 2008, the prevalence of ASD increased from 1 in 150 to 1 in 88 (www.cdc.gov). As of 2007, approximately 9.5% of children in the U.S. have been diagnosed with ADHD, representing a 22% increase since 2003 (Visser, Bitsko, Danielson, Perou, & Blumberg, 2010). Understanding the scope of the problem helps to illuminate further the importance of ET as a federally funded service available to students eligible under IDEIA.

An ET, as defined by AET, “is a professional who combines educational and therapeutic approaches for evaluation, remediation, case management, and communication/advocacy on behalf of children, adolescents and adults with learning disabilities or learning problems” (www.aetonline.org). Therefore, an ET works, almost exclusively, with students with invisible disabilities. As the number of students impacted by invisible disabilities continues to grow, so will the need for ET. Since ET is not one of the services listed directly, it is not paid for by the government, unless parents prevail in mediation or judicial proceedings. Parents of students who qualify for special education services are able to utilize any support services deemed necessary and if the
school district disagrees, the parents have several options available, including due process. If ET becomes one of the services specifically listed under related services, more parents would be aware of this important service option and it may reduce the difficulty associated with seeking compensation for ET. Given the types of issues with which ETs work, it is unsurprising that ET was cultivated by diverse, and often disparate, communities that struggled to find a shared identity to promote professionally.

**Pioneers**

ET began in the U.S. in the 1940s; however, until the 1980s, the work of ETs was often done in small communities. The title ‘ET’ was an initial and significant obstacle to overcome because the term ‘therapist’ was not in widespread application in any field in the U.S. until after WWII. Additionally, teachers were not recognized as any kind of therapist, in part because of the automatic connection made to psychology and the fear of merging those two domains (Werbach et al., 2010). In Europe, various strides had already been made to appreciate the therapeutic component of teaching, particularly in the case of Anna Freud in the 1920s and 1930s with the Montessori school system, but the same understanding was not reached in the U.S. until much later. The individuals responsible for pioneering ET in the U.S. can be divided into two groups based on focus: a psychoanalytical group, centered on ego psychology, and a psychoeducational group, directed at LD and neurology. This is not to say that psychology did not play a part within the second group; given the importance of understanding the psychological and emotional aspects of child development, psychology was an underlying language used by most individuals in the field of education.
Over the course of the last 70 years, individuals have worked to meld the ideas of education and therapy harmoniously. Although the backgrounds of these individuals differ, there are numerous overlapping influences in both the psychoanalytical and psychoeducational groups. Some of the earliest thinkers to impact this field were Itard, Sequin, Humphrey, Montessori, Freud, Adler, and Aichorn (Werbach et al., 2010).

The contributions to the psychoanalytical group were felt heavily amongst individuals working with children with emotional disturbance (ED). This group emphasized “the effects of defects in self-image and ego structure on the learning process. The therapeutic philosophy is to attack the problem of the child’s personal relationship to his world and to those around him” (Gallagher, 1969, p. 8). The Freudian school in Vienna was the birthplace of many ideas regarding therapeutic education and of efforts to create an appropriate balance between educational goals and therapeutic intervention (Johnston, 1984). These ideas were furthered by Aichorn, a follower of Freud, and later brought to the U.S. by Katrina DeHirsch (Werbach et al., 2010).

When DeHirsch (1977) moved to the U.S., she focused specifically on speech therapy; however, she infused her growing body of knowledge with theories on behavioral disturbances in adolescents and was influenced by the writings of Aichorn. Remarkably, she developed the idea and terminology of the “treatment alliance” to illustrate the relationship between the ET and the student. DeHirsch believed the child’s surrounding, temperament, and psychological background impacted his or her ability to learn; however, she noted it was critical for the ET to understand the professional difference between an ET and a psychotherapist. An ET, according to DeHirsch, was involved in “the pathology of learning,” while a psychotherapist was committed to the
resolution of “unconscious conflict and inner fears that interfere with functioning” (as cited in Ungerleider, 1986, p. 4). She provided a clear warning of failure if the two roles did not remain separate. Furthermore, DeHirsch used her knowledge of both fields to elaborate on and clarify the personal traits and role of an ET.

Carl Fenichel worked with children with severe ED as the director of the League School for Seriously Disturbed Children in Brooklyn, New York in the early 1950s. Through his work and serious questioning of previous psychoanalytic models, Fenichel (1966) came to believe the overwhelming difficulties exhibited by students had less to do with psychological issues, such as repression, and were more closely linked to learning and language disorders.

George Devereaux and Edward French worked in a residential treatment center for children with ED, and strived to create a theoretical framework for their approach. French (1966) believed teaching students to acquire skills was connected directly to building up the ego.

The psychoeducational group was concerned primarily with individuals with a diagnosis of LD, which was believed to stem from a neurologically-based dysfunction. This group was deeply connected to special education, and many of its discoveries were made working with children with special needs in both schools and clinics. Ungerleider (1995) lists Strauss and Lehtinen, Cruickshank, Bentzen, Ratzeberg, Tannhauser, Myklebust, Kirk, Kephart, Mallison, Frostig, Maslow, and Barsch among the important influences in this group.

Belle Dubnoff and Marianne Frostig worked together in the 1940s and 1950s, and each went on to establish her own center for learning. Both women have a background in
psychology and utilize an integrated approach in addressing students’ needs (Werbach et al., 2010). The Dubnoff Center was created in 1948 as a school for children with special learning and developmental needs. The school permits Dubnoff to develop specialized curricula to allow atypical students to access education in a safe learning environment. The Frostig Center, established in 1951, was an expansion of a growing private practice aimed at helping struggling students through a holistic approach. This approach calls for a complete understanding of the child, not only from an academic perspective, but also from the inclusion of the social/emotional and environmental contexts within which that child exists (Frostig & Maslow, 1973). Furthermore, The Frostig Center provides training for ETs in the areas of developmental delays, academic progress, social/emotional development, and executive functioning (Werbach et al.).

Ruth Mallison (1986) wrote the book, *Education as Therapy*, based on a series of seminars on ET for neurologically-impaired children (Werbach et al., 2010). In it, she defines ET, outlines aspects of the role of an ET, and describes the dynamic and individualized program that an ET develops for each student.

Mary Kunst and Kay Field worked together in Chicago and defined ET as a form of psychotherapy, which combines educational, psychological, and psychiatric skills (Werbach et al., 2010). Kunst was interested particularly in the ability to foster communication and healing in children through play (Ungerleider, 1995). Together, these two women founded the Teacher Education Program (TEP) in 1965 and the Clinical School Services Program in 1983. The latter program trained teachers in the clinical skills of listening, observing, communicating, and empathizing (Ungerleider, 1995).
Based on the developmental-interaction approach formulated by Barbara Biber at Bank Street College in the 1950s, Selma Sapir wrote *The Clinical Teaching Model* (1985), which describes her unique clinical diagnostic teaching approach. Sapir noted the importance of integrating development with treatment; creating highly individualized plans; and utilizing a dynamic, holistic, and ongoing approach to assessment and intervention (Ungerleider, 1995).

Dorothy Ungerleider founded AET in 1979 with the intention of defining the profession and developing principles, ethics, and standards of practice (Ungerleider, 1995). Ungerleider agreed with Gallagher’s (1969) prediction that “in the future the educational therapist will become the core of the therapeutic educational experience, and he will call upon many different professional specialties to provide dimension and depth to the educational therapy” (p. 8). She advocated for a more well-rounded approach to ET, which included being prepared to take on multiple roles for the client, learning to address the social/emotional issues affecting learning, factoring in the context of the client’s life, and developing a holistic, dynamic, and collaborative treatment plan for each client (Ungerleider, 1995).

**Essential Components**

Early pioneers in the ET field developed training programs to begin to teach educators and to promote the combination of educational, psychological, and psychiatric skills. These early leaders established centers in Chicago, New York, Massachusetts, and Los Angeles. Given the number of pioneers and training centers in Southern California, the Los Angeles region became, in many ways, an epicenter for the profession in its initial days. In 1979, the initial leaders of AET formed a board; began training ETs;
developed university-degree programs; established study groups; began a professional journal, *The Educational Therapist*; held conferences; and promoted research (Werbach et al., 2010).

Originally, AET provided its members with professional development, and as the board worked to create certification standards for its members, it also began designing university level training programs. Certification standards were formed in order to demonstrate that members of AET had met the highest goals and objectives (Werbach et al., 2010). From 1979 to 1981, Ungerleider headed the application process, which included a case study format; in 2002 a separate board was established with higher standards in place and a pathway to reaching the title of Board Certified Educational Therapist (BCET). In the U.S., there are currently five universities with Master’s or certificate level training programs in ET, as well as the Educational Therapy Institute (ETI), which provides courses across the country and is in the process of making courses available online (Werbach et al.). Study groups, i.e., groups of individuals who meet for professional exchange and to share ideas and concerns, formed across the country and are now also available in virtual form online.

AET continued to develop in the 1990s, further establishing itself by holding conferences and workshops and by networking with allied professionals in similar fields. More recently, AET became a contributing member of the National Joint Committee on Learning Disabilities (NJCLD), which seeks to identify research and services for individuals with LD and to facilitate communication between the numerous member organizations (Werbach et al., 2010). Furthermore, in 2004, ET became a part of the revision of IDEIA, which had positive implications for providing services to students
served under IDEIA nationwide. However, federal funding is heavily tied to public outcry and the economic situation, both of which are currently lacking. Unfortunately for ET, a field devoted to helping people with invisible disabilities, the lack of general knowledge regarding LD impacts the availability of services to the public directly.

In the 2010 presidential address, former AET president, Graff, referred to the impact of the national economic crisis and described AET’s vision statement for the future. The vision for the future was simple: “A world where every individual who needs educational therapy receives it” (Graff, 2010, p. 4). With that vision in mind, Graff discussed some of AET’s most recent projects aimed at increasing the public’s understanding of ET, and called upon ETs to make the vision a reality by volunteering with the organization. The most recent presidential address reflected on the gains made by AET in the past 33 years. This address reviewed AET’s key victories. Dann (2011) explained that AET has “established itself solidly in the profession” and that a referral to an ET “has become an integral part of the treatment plan” (p. 4). Dann outlined some of the benefits of AET, i.e., representation with the NJCLD, an online directory, The Educational Therapist journal, and professional recognition. Furthermore, she noted that AET’s membership was strong and growing, and called for 2011 as the year for expansion.

In 2010, The Clinical Practice of Educational Therapy: A Teaching Model was published. This groundbreaking book, edited by two educational therapists Maxine Ficksman and Jane Adelizzi, is the first textbook in the field, providing a much-needed comprehensive review of the interdisciplinary profession of ET. Given the previous lack of textbook resources, this book is well timed and absolutely essential to the community.
From a professional perspective, it details the stages of the ET process, describes the history of the field, and provides various case studies through which to understand the nuanced aspects and dynamics of ET. Additionally, the book serves as a tool for parents, education professionals, and allied professionals interested in understanding the complexities of working with individuals with invisible disabilities from assessment to treatment intervention to case management, and finally to termination. Given the many forms of ET being practiced, case studies provide professionals and non-professionals alike with an intimate appreciation for ET. Ungerleider has written two such books, *Reading, Writing, and Rage* (1996), and most recently, *Educational Therapy in Action: Behind and Beyond the Office Door* (2011), contributing to the slowly growing body of work coming from ETs.

**Comparing Essential Components**

Albeit the notion of comparing essential components, i.e., the “traits approach” and “process model,” appears to have shortcomings, since PT, OT, and SLP have achieved professional status, it is useful to introduce and consider thoughtfully their benchmarks and victories. This status was not bestowed upon them, rather this distinction was achieved by hard work and all models surrounding professionalization indicate it is a challenging process. The literature surrounding the fields of PT, OT, and SLP reveals numerous steps deemed critical by the organizations’ presidents, association members, researchers, and the community. All of these groups highlight the importance of establishing a professional organization in charge of defining the scope of the practice; developing a unique body of knowledge through journals, research, and training facilities; creating and maintaining a code of ethics; establishing a lobbying presence; and
demanding licensure and direct access for clients (Baum, 2006, 2007; Flower, 1994; Massey, 2001, 2005; Uffen, 2005; Woods, 2002). In addition, organizations are seen as responsible for increasing advocacy for clients, building national recognition, working with universities to create and promote higher-level degree programs, and improving the quality and level of the practitioners (Anderson, 2007; Cleveland, 2010; Massey, 2005).

According to the PT, OT, and SLP professional associations, true autonomy is at the forefront of recognition and legitimacy. True autonomy includes licensure, accreditation, direct access, and lobbying. Licensure refers to the official authorization, granted by the state government, and is overseen by a professional body or licensing board, to practice an occupation that involves a high level of specialized skill. Licensure demonstrates the accomplishment and maintenance of a set of standards, ethics, and competencies, and it provides professionals and the public alike with legal recourse in the event of abuse (Woods, 2002). Accreditation is a voluntary process that evaluates institutions, agencies, and educational programs to ensure they meet certain established qualifications and standards.

All three professional organizations emphasized the importance of developing a presence in Congress through lobbying efforts (Baum, 2006; Uffen, 2005; Woods, 2002). Working with lobbyists, APTA, AOTA, and ASHA demanded that PT, OT, and SLP be included in laws relating to people with disabilities, such as IDEIA, as well as being included under Medicare Part B (Baum, 2006; Reed, 1993). As a recognized element of IDEIA PTs, OTs, and SLPs are allowed to work in federally funded school settings. The victories achieved through lobbyists were the catalyst for fighting for direct access to patients, meaning patients will no longer require a referral to see certain specialists.
Direct access is related to referral issues and insurance reimbursement, so while it is critical to the PT community, it is not a primary goal for the other groups. In addition to true autonomy, APTA, AOTA, and ASHA have something AET is desperately lacking—numbers. The current memberships of these three allied professional groups are 75,000, 40,000, and 145,000 members, respectively; whereas, AET currently has 900 members.

**Present Status**

With organizations established in the early 1920s, PT, OT, and SLP have been in the process of professionalization far longer than ET. Nonetheless, AET has made important strides in its abbreviated 33-year existence. AET has defined the scope of the ET practice, created a code of ethics, established a journal, and promoted and published research (Ungerleider, 1995). More recently, AET is working on promoting the profession on a national level, including partnering with well-known organizations, such as the NJCLD. Furthermore, AET helped to design and actively supports several university-level degree and certification programs, aiming to standardize and elevate the level of practitioners entering the field (Werbach et al., 2010).

AET has been working toward obtaining licensure in the state of California, but has thus far been unable to fulfill the requirements for application, due primarily to lack of members and funding (Sandra Mosk, AET past president, personal communication, March 14, 2011). AET currently utilizes a certification model, which refers to a voluntary system of standards that practitioners can choose to meet in order to demonstrate a specific knowledge base, experience level, and accomplishment in the profession (Werbach et al., 2010). Since AET has been heavily involved in the creation of all of the university-level programs to date, accreditation is somewhat unnecessary for
the organization. However, as the profession grows and new training programs develop around the country, accreditation will become an important component to maintaining uniformly high standards (www.chea.org). AET has not begun lobbying Congress, in part because of the lack of licensure; however, given how valuable and effective this step has been for PT, OT, and SLP, its importance should not be underestimated. AET’s current membership is 900 nationwide with additional small numbers in countries around the world, such as Japan, Canada, Puerto Rico, and Singapore. Hopefully, these numbers will continue to increase as AET progresses in its path toward professionalization.

The four models of professionalization combined provide lenses through which to better understand the current status of ET. Professions, under the power and folk models, are recognized by the status given to them by the state and their impact on society. Framing professions in this way contributes context to the examination of ET as a profession. Currently, ET has not been given significant power from the state, and its lack of familiarity in the field of education, particularly among professional and lay communities, indicates a societal shortcoming. Overall, ET suffers from a lack of familiarity, literature, members, and support. In a recent study of students enrolled in departments affiliated with a College of Education, i.e., elementary education, special education, educational leadership and policy, and others, 70% of respondents reported they had never heard of educational therapy (Techaviratanakul, 2010). Additionally, the majority of the participants who had heard of ET had limited background knowledge and were, for the most part, unable to define or describe ET. These results were particularly surprising because the study took place at a university with both a Master’s program and a post-Master’s certification program in ET. Utilizing this information, the ET
community and organization would benefit from a creative marketing approach aimed at increasing awareness and developing an understanding of ET.

One important reason for the lack of familiarity with the field of ET is the absence of literature. Aside from *The Educational Therapist*, which is accessed and read primarily by members of AET, the literature surrounding ET is scarce. Attempts to find literature or current research on ET, both on the Internet and in academic databases, are futile. This lack of research and published material is in stark contrast to the plethora of resources available on PT, OT, and SLP. Additionally, the AET membership base has not been able to grow beyond 1000 members, despite the organization’s stated commitment to growth. These small numbers impact directly the ability to appeal for governmental support. Without a presence in the state or federal government, ET lacks the reinforcement required to provide essential services to a growing community in need. PT, OT, and SLP were able to leverage the needs of individuals with disabilities to demand assistance. Whether it was war, an ambitious founder, or angry parents, these three groups called upon the government for recognition, power, and support. In order to realize Gallagher’s (1969) prediction for ETs, the community and organization must understand the present status level and make clear, measurable goals for success.

**Future Implications**

The importance of gaining legitimacy and true autonomy through statewide regulations, federal funding and support, as well as developing resources and materials is particularly noteworthy given the transitional state in which ET is currently positioned. In the last 10 years, AET has worked to develop and expand university-level degree and certification programs, providing new opportunities for interested people to become
trained and qualified ETs. Prior to this development, AET used a different set of standards to confirm members (Werbach et al., 2010). The advent of these programs has been accompanied by new life, i.e., first career ETs. Previously, ETs were made up primarily of individuals transitioning from a related career in fields such as education, psychology, psychiatry, or sociology. Today there are many young people interested in education, drawn to the unique specialty of ET. These first career individuals do not bring with them the same expertise as those who came from decades in a related field; however, they are entering ET with a fresh understanding of best practices, current trends, and recent innovations in special education. This new life is exceptionally important to the field, but it brings with it numerous challenges and questions.

Transitioning from a novice to an expert is a challenging and unclear process. Dreyfus and Dreyfus (1986) detail five stages of advancement in skill acquisition: novice, advanced beginner, competent, proficient, and expert. These stages are used to better understand the learning processes, effects of experience, and the strategies behind decision making. Daley (1999) examined nurses in an attempt to delineate the different learning processes used by novices and experts. She found novices tend to learn “through a process of concept formation” (p. 138), while experts tend to use a constructivist approach. Novices indicated feeling overwhelmed by the amount of new information and not yet knowing how to collaborate informally with colleagues, a fundamental strategy employed by experts. Additionally, novices lacked a blueprint in their minds, from which to pull information, and thus, were in constant need of validation. These challenges are real for newcomers to any field and are undeniable for ETs, who are learning and using information from an abundance of varying fields.
are often required to be at least competent, if not proficient, in aspects of assessment, psychology, psychiatry, physical therapy, occupational therapy, speech and language therapy, art therapy, developmental pediatrics, neuroscience, and more.

Professionalization for ET requires a multi-pronged approach. The various components deemed essential by allied professional groups provide AET with an outline of possible next steps. Concurrently, AET and its members must strive to bolster inexperienced members, in part by assisting in the difficult transition from novice to expert, in new ways. Novices require resources and materials, as well as mentorship, to aid in the development of their ability to actively integrate the concepts learned with the needs of their clients. With more young experts in the field, AET will continue to grow while strengthening its status in the special education community.

**Conclusion**

The review of the literature described the four models of professionalization; examined the histories of PT, OT, SLP, and ET, while highlighting the essential components of each field; and lastly, explored the present status of ET with an emphasis on implications for a new generation. As the literature demonstrated, professionalization is a complex and dynamic process, which cannot be evaluated through any single lens. Understanding ET’s present status is integral to determining what will drive this profession forward, and since ET has not reached professional standing, it is helpful to draw on the lessons learned by similar groups. The cross-comparative analysis of PT, OT, and SLP highlighted the benchmarks agreed upon and attained by these allied professional groups. Identifying the components and steps regarded, by these three groups, as most valuable and highly effective in the path toward professionalization
provides context for the ET community. PT, OT, and SLP have achieved the status of profession, including the power and prestige associated with it. However, examining their successes and pitfalls is not enough; in order to create a road map for ET, the voices of members need to be heard. Defining which steps the ET community values most will deepen the understanding of ET’s history and present status, while providing useful insight and data for AET. The following chapter provides the methodology established for this study, and details the procedures, participants, instruments, and data analysis.

Chapter Three: Methods

This study focused on understanding how ETs value steps considered critical to professional success by PT, OT, and SLP. This chapter presents the methods used to acquire and analyze quantitative and qualitative data based on the information provided in the review of the literature.

Procedure

Target population.

There were two target populations for this study. The first were novice ETs, people who recently graduated from ET Master’s or certification programs and were new to the field. The second group were seasoned ETs, individuals who have been working in the field of ET, either in private practice, school settings, or both. Given the unique history of ET and the diverse backgrounds of ETs, it was not always easy to determine which individuals were novices and those deemed seasoned. Some have been practicing under the title of ET for years, but have only just become certified under the guidelines of AET.
First survey.

Initially, the researcher began by sending an email message with a link to an online questionnaire to her fellow students currently enrolled in either the ET Master’s or post-Master’s certification programs at California State University, Northridge (CSUN). The questionnaire (see Appendix A) was an assessment of the need for and the perceived value of a toolkit, as well as other materials beneficial for novice ETs. In an effort to expand the study, names and email addresses were gathered by searching the Internet for individuals identifying themselves as ETs. Additionally, names and emails were collected from the AET online directory. The researcher conducted a search for ETs in California, the largest population of ETs and the current center for university-level ET programs, and separated the results based on membership standing. Individuals with an associate membership, the first level of membership following completion of the academic training requirements, were placed in the novice category. Those with professional or board-certified membership status were categorized as seasoned ETs. Once the lists were created, a second version (see Appendix B) of the same survey was made to reflect the differing experiences of novice and seasoned ETs. Furthermore, the researcher wrote a “cold email” identifying herself as a current Master’s candidate and asking for participants to complete a needs assessment survey for ETs.

Various complications arose from this method. In some instances, the email addresses were incorrect or no longer in existence, and a Mailer-Daemon email was sent in response. Other email addresses had stringent spam filters and did not accept emails from unknown parties. Spam filters may have been a greater problem than the researcher was aware, and it was impossible to know in how many cases the email made it directly
to the individual’s inbox. Additionally, several people responded with emails explaining they did not work in the field and, thus, did not feel qualified to complete the survey.

**Second survey.**

Following the influx of responses to the first survey, both in terms of hard data and personal responses, the researcher decided to expand the study further. A second broader survey was created, aimed at better understanding which steps the ET community values the most in the path toward professionalization. This survey was developed with all ETs in mind and only one version was created (see Appendix C). Since participants provided their names and/or email addresses after completing the first survey, the second questionnaire was sent only to the individuals who initially volunteered to participate.

**Participants**

The response rates for the two surveys were comparable. Seventy-four individuals were invited to respond to the novice survey, and 48 (65%) volunteered to complete the online questionnaire. The number of individuals invited to participate in the initial survey for seasoned ETs was larger, but the response rate was similar. A total of 153 individuals were invited to participate, and 94 (61%) completed the online questionnaire voluntarily. The second survey was sent to the 142 individuals who participated in the first survey, and 109 (77%) volunteered. Of the 48 novice ET respondents, 34 (71%) completed the second survey (see Table 1). Of the 94 seasoned ET respondents, 75 (80%) completed the second survey (see Table 2).
Table 1

*Novice Response Rate*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Completed first survey (N = 74)</th>
<th>Completed second survey (N = 48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice ETs</td>
<td>48 (65%)</td>
<td>34 (71%)</td>
</tr>
</tbody>
</table>

Table 2

*Seasoned Response Rate*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Completed first survey (N = 153)</th>
<th>Completed second survey (N = 94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasoned ETs</td>
<td>94 (61%)</td>
<td>75 (80%)</td>
</tr>
</tbody>
</table>
Materials

Surveys.

The online questionnaires were created using GoogleDocs. The online format was selected to provide individuals with a quick, simple, and non-intrusive opportunity to participate in the study. Additionally, the online format allowed participants to complete the questionnaires at their own pace and in the setting of their choosing. The questionnaires were used to collect quantitative and qualitative data.

Description of first survey.

The initial questionnaire consisted of 17 or 18 questions for novices and seasoned ETs, respectively. There were 6 or 7 multiple-choice questions, 9 Likert scale questions, and 2 short-answer questions (see Appendices A and B), the majority of which were required. The survey was sent in an email along with a personalized request to participate in a needs assessment survey for ETs. The survey was electronic and accessible through a hyperlink. The participants were asked to submit the survey without any time or date parameters to allow for increased responses.

Demographics.

The multiple-choice questions were based on training, professional experience, and familiarity with toolkits. Respondents were asked where they received their educational training in ET, if and for how long they have been practicing as an ET, whether or not they had acquired or received a reference of any type when they began their career, and if they were familiar with the term ‘toolkit.’ Additionally, seasoned ETs were asked in what type of setting they practice. These questions were asked to provide
the researcher with basic information about the participants, while also ascertaining the prevalence of resources available to novice ETs.

**Likert scale.**

Likert scale statements were based on the perceived usefulness of potential toolkit resources. These statements were worded identically in both versions of the survey, except that seasoned ETs were asked to think back to when they began their careers as ETs. Participants were asked to rate, using a one to five Likert scale (with one being ‘would not be useful’ and five being ‘would be vitally useful’), the extent to which the various resources would be useful to the development of a professional practice. For example, respondents were asked how valuable a toolkit made especially for novice ETs would be or would have been to them. Additionally, participants were asked to rate the usefulness of intervention strategies, breakdowns of commonly used assessments, and guidelines on starting a professional practice.

**Open-ended questions.**

Finally, participants were able to include additional resources they considered personally beneficial to their professional practice. This question provided respondents with an opportunity to include their ideas and desires. Furthermore, they were able to utilize this area to provide general feedback on the survey, including concerns, accolades, and questions. The second short answer question was a request for a name or email address.

**Description of second survey.**

The second survey was similar in format and phrasing to the first surveys, but it differed in subject matter. The survey consisted of 17 or 18 questions: 7 multiple-choice
questions, 9 Likert scale questions, and 2 or 3 short-answer questions (see Appendix C). One of the multiple-choice questions had follow-up questions, which changed the possible number of questions completed by the respondent. All of the participants of the first survey were sent an additional email thanking them for volunteering and requesting they complete a supplementary survey providing information on professionalization, as well as comparative data. The survey was electronic and accessible through a hyperlink, exactly like the first survey. Participants were asked to submit the survey within a week, although this was not a strict deadline and submissions were accepted for a few weeks to allow for more responses.

**Demographics.**

Given that the second survey was created after the results from the first survey began coming in, the demographic questions reflected an interest in discovering more information about the education, careers, and affiliations of the respondents. Specific questions about educational background, including degrees and credentials, were followed by questions regarding self-representation and membership to AET. If the participant responded ‘yes’ to being a member of the organization, he or she was asked how long he or she had been a member; however, if the answer was ‘no,’ then he or she was asked if he or she had been a member in the past, and in short-answer form, why he or she was not a current member. Responses provided the researcher with broadened educational demographics, as well as new information on membership data, through which to better understand the responses to the Likert scale questions.
**Likert scale.**

The Likert scale statements were based on the perceived level of importance of potential steps in terms of driving the profession of ET forward, and in terms of its benefit for novice ETs. Participants were once again asked to rate, using a one to five Likert scale (with one being ‘not very important’ and five being ‘critically important’), the level of importance they attributed to potential next steps for the field of ET. For example, respondents were asked how important they believed lobbying Congress is to driving the profession forward. Additionally, participants were asked to rate the importance of licensure, advancing research, and developing new resources and materials in terms of the benefit to novice ETs.

**Data Collection**

**Surveys.**

Data were collected using online questionnaires, consisting of multiple-choice and open-ended questions (see Appendices A, B, and C). The questionnaires were created by the researcher, and these tools were chosen to minimize intrusion and increase participation. The time needed to complete the questionnaires ranged from 5 to 10 minutes.

**Data Analysis**

**GoogleDocs.**

GoogleDocs is an online survey tool that can be used to create online questionnaires, as well as analyze quantitative data. Participants’ responses were quantified into charts and graphs to provide a cursory understanding of the results. Data from the questionnaires were entered into a Microsoft Excel spreadsheet, and were
compared and analyzed for similarities and differences. The information was reviewed for consistency and evaluated for overarching themes.

**Surveys.**

**Demographics.**

**Educational training.**

Of the 48 novice ET participants in the first survey, 44 (92%) responded to the first 2 questions about educational training in ET. Twenty-six (60%) respondents indicated they had received a Master’s degree, and 18 (40%) respondents were pursuing or had received certification through a post-Master’s program. Most of the participants received their educational training in ET at CSUN: 16 (62%) from the Master’s program and 8 (44%) in the post-Master’s certification program. Of the options provided under the Master’s programs, 4 (15%) chose Holy Names College; 1 (4%) marked San Francisco State University (SFSU); and 5 (19%) specified a different school under ‘Other.’ The majority of university-level programs for ET are post-Master’s certification programs, several of which are no longer available and many of which are available only through university extension. Of the additional post-Master’s certification program options listed in the survey, 1 (6%) respondent chose Holy Names College and 1 (6%) chose Curry College; 5 (28%) marked University of California, Santa Cruz (UCSC); and 3 (16%) specified another school under ‘Other.’ Tables 3 and 4 depict the respondents’ educational training.
Table 3

*Educational Training of Novice ETs: Master’s Programs*

<table>
<thead>
<tr>
<th>Program Type</th>
<th>CSUN</th>
<th>Holy Names</th>
<th>SFSU</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's (N = 26)</td>
<td>16 (62%)</td>
<td>4 (15%)</td>
<td>1 (4%)</td>
<td>5 (19%)</td>
</tr>
</tbody>
</table>

Table 4

*Educational Training of Novice ETs: post-Master’s Certification Programs*

<table>
<thead>
<tr>
<th>Program Type</th>
<th>CSUN</th>
<th>Holy Names</th>
<th>UCSC</th>
<th>Curry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Master’s certification</td>
<td>8 (44%)</td>
<td>1 (6%)</td>
<td>5 (28%)</td>
<td>1 (6%)</td>
<td>3 (16%)</td>
</tr>
</tbody>
</table>
Educational backgrounds of the seasoned ETs were much more diverse than the novices. The programs available over the course of their careers varied from those currently available and, in many cases, the term ET was not in existence when they were being trained. Eighty-three (88%) participants responded to the questions about educational training in ET. Of those, 55 (66%) reported having obtained their Master’s in a field related to ET, and 28 (34%) indicated they received certification through a post-Master’s program (see Table 5). The majority of respondents chose ‘Other’ for the first two questions and specified the school or program where they received their training. Under Master’s, CSUN was once again the single most attended program with 14 (25%); 11 (20%) chose Holy Names; 6 (11%) attended SFSU; and 24 (44%) identified various schools. Of the programs listed under post-Master’s certification, 10 (36%) respondents graduated from the UCLA program, which later developed into the CSUN program. Three (11%) participants chose CSUN; 3 (11%) also chose Holy Names; 1 (3%) marked UCSC; and 11 (39%) specified a different school under ‘Other’ (See Table 6).
Table 5

*Educational Training of Seasoned ETs: Master’s Programs*

<table>
<thead>
<tr>
<th>Program Type</th>
<th>CSUN</th>
<th>Holy Names</th>
<th>SFSU</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's (N = 55)</td>
<td>14 (25%)</td>
<td>11 (20%)</td>
<td>6 (11%)</td>
<td>24 (44%)</td>
</tr>
</tbody>
</table>

Table 6

*Educational Training of Seasoned ETs: post-Master’s Certification Programs*

<table>
<thead>
<tr>
<th>Program Type</th>
<th>CSUN</th>
<th>Holy Names</th>
<th>UCSC</th>
<th>UCLA</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Master's certification</td>
<td>3 (11%)</td>
<td>3 (11%)</td>
<td>1 (3%)</td>
<td>10 (36%)</td>
<td>11 (39%)</td>
</tr>
<tr>
<td>(N = 28)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The second survey began to show the depth of the academic training of practicing ETs. Of the 109 respondents, all held some type of higher-level degree. Forty-eight (44%) respondents indicated they held a Bachelor’s degree, although given that 84 (77%) reported having a Master’s degree, the former number is much likely higher. Thirty-five (32%) respondents held a post-Master’s certificate, and 12 (11%) held a Doctoral degree. Ninety-six (88%) of the 109 respondents indicated they held at least 1 teaching credential, and in most cases, multiple teaching credentials along with numerous other certifications. The credentials they held included Multiple Subject (N =48), Single Subject (N = 14), Education Specialist (N = 21), and Learning and Severely Handicapped (N = 32). Table 7 represents the educational degrees held by the respondents, and Table 8 displays their various credentials.
### Table 7

*Educational Degrees*

<table>
<thead>
<tr>
<th>Degree</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's degree</td>
<td>4 (77%)</td>
</tr>
<tr>
<td>Master's degree</td>
<td>84 (77%)</td>
</tr>
<tr>
<td>Post-Master's certificate</td>
<td>35 (32%)</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>12 (11%)</td>
</tr>
</tbody>
</table>

### Table 8

*Credentials and Certificates*

<table>
<thead>
<tr>
<th>Credential</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Subject (Preliminary)</td>
<td>10 (10%)</td>
</tr>
<tr>
<td>Multiple Subject (Clear)</td>
<td>38 (40%)</td>
</tr>
<tr>
<td>Single Subject (Preliminary)</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Single Subject (Clear)</td>
<td>12 (13%)</td>
</tr>
<tr>
<td>Education Specialist (Level I)</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>Education Specialist (Level II)</td>
<td>17 (18%)</td>
</tr>
<tr>
<td>Resource Specialist</td>
<td>16 (17%)</td>
</tr>
<tr>
<td>Learning Handicapped (LH)</td>
<td>26 (27%)</td>
</tr>
<tr>
<td>Severely Handicapped (SH)</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>Educational Therapy Certificate</td>
<td>46 (48%)</td>
</tr>
</tbody>
</table>
**Career.**

Thirty-six (75%) novice ET respondents reported having begun their careers as ETs (see Table 9). The lengths of time of practice varied substantially; however, in all cases, it remained under the 10-year mark. The majority of novices, 15 (42%), indicated they had been practicing for 2 to 5 years. Similarly, 12 (33%) of the novice ETs had been practicing less than 2 years; whereas only 9 (25%) had practiced for between 5 and 10 years (see Table 10).
Table 9

*Practicing Novice ETs*

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing as an ET</td>
<td>36 (75%)</td>
<td>12 (25%)</td>
</tr>
<tr>
<td>(N = 48)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 10

*Number of Years in Practice: Novice ETs*

<table>
<thead>
<tr>
<th>Participant</th>
<th>0-2</th>
<th>2-5</th>
<th>5-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing novice ETs (N = 36)</td>
<td>12 (33%)</td>
<td>15 (42%)</td>
<td>9 (25%)</td>
</tr>
</tbody>
</table>
Ninety-four seasoned ETs responded to this survey, and 93 (99%) indicated they are currently practicing as ETs. ET has been a recognized occupation for over 30 years; therefore, the responses from the group of seasoned ETs regarding years in practice were much more diverse than the novice ETs. Sixteen (17%) respondents indicated they had been in practice for 5 to 10 years; 30 (32%) for 10 to 15 years; 12 (13%) for 15 to 20 years; 9 (10%) for 20 to 25 years; 12 (13%) for 25 to 30 years; and 14 (15%) individuals surveyed had been practicing for more than 30 years (see Table 11). In addition to reporting on educational training and work experience, the seasoned ETs were asked to identify the setting in which they worked. Hardly any of the respondents worked exclusively in a school setting; only 6 (6%) chose this option. The rest of the participants worked either exclusively in private practice: 45 (48%), or they worked in both private practice and in a school setting: 43 (46%). Table 12 represents the different settings in which the respondents practice.
Table 11

*Number of Years in Practice: Seasoned ETs*

<table>
<thead>
<tr>
<th>Participant</th>
<th>5-10</th>
<th>10-15</th>
<th>15-20</th>
<th>20-25</th>
<th>25-30</th>
<th>30+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing seasoned ETs (N = 93)</td>
<td>16 (17%)</td>
<td>30 (32%)</td>
<td>12 (13%)</td>
<td>9 (10%)</td>
<td>12 (13%)</td>
<td>14 (15%)</td>
</tr>
</tbody>
</table>

Table 12

*Work Setting: Seasoned ETs*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Private Practice</th>
<th>School</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing seasoned ETs (N = 93)</td>
<td>45 (48%)</td>
<td>6 (6%)</td>
<td>43 (46%)</td>
</tr>
</tbody>
</table>
In the second survey, ETs were asked whether or not they described and/or promoted themselves as ETs. The response was overwhelmingly ‘yes’ with 99 (91%) individuals confirming they identified as ETs. Participants were also asked if they were members of AET, and once again, 100 (92%) respondents said ‘yes;’ however, in the latter case, the response was expected given how many of the individuals invited to participate were chosen from the AET directory (see Table 13). Of the AET members, most had been members between 5 and 10 years (see Table 14). The nine participants who indicated they were not members of AET were asked to provide their reasoning. Eight of them were novice ETs, whose open-ended responses all implied it was something they were considering or planning on, but had not yet done. The single seasoned ET who was not a member explained that she did not find the AET meetings and events in her town to substantiate the cost of membership.
Table 13

Self-representation

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describing or Promoting as ET (N = 109)</td>
<td>99 (91%)</td>
<td>10 (9%)</td>
</tr>
<tr>
<td>Member of AET (N = 109)</td>
<td>100 (92%)</td>
<td>9 (8%)</td>
</tr>
</tbody>
</table>

Table 14

Number of Years as Member of AET

<table>
<thead>
<tr>
<th>Participant</th>
<th>0-2</th>
<th>2-5</th>
<th>5-10</th>
<th>10-15</th>
<th>15-20</th>
<th>20+</th>
</tr>
</thead>
<tbody>
<tr>
<td>AET Members (N = 100)</td>
<td>13 (13%)</td>
<td>11 (11%)</td>
<td>27 (27%)</td>
<td>23 (23%)</td>
<td>9 (9%)</td>
<td>17 (17%)</td>
</tr>
</tbody>
</table>
From the responses it was clear that most participants, whether novices or seasoned ETs, had not acquired or received any handbook, manual, or toolkit that served as a reference or resource assisting in the development of their professional practice. Given the lack of resources created specifically for ETs, it was expected that most individuals would not have this type of resource. Of the 36 novice ETs who identified as having begun their careers, only 7 (9%) reported having a reference of this nature, as opposed to 25 (27%) of the seasoned ETs. Twenty-nine (81%) novice ETs and 69 (73%) seasoned ETs indicated they did not acquire or receive this type of resource.

In order to broaden the possible answers, the question listed multiple names for the same item, i.e., handbook, manual, toolkit. However, toolkit is a term currently reentering popular use with an updated meaning. A toolkit is a collection of flexible and adaptable resources centered on education that target one issue or one audience (Monroe, 2000). To determine the level of awareness ETs had with this new term, participants were asked to indicate their familiarity. Both groups were overwhelmingly familiar: 36 (75%) novice ETs knew the term, as did 76 (81%) seasoned ETs. Tables 15 and 16 depict the prevalence of and familiarity with toolkits amongst ETs.
Table 15

**Toolkits: Novice ETs**

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received toolkit (N = 36)</td>
<td>7 (19%)</td>
<td>29 (81%)</td>
</tr>
<tr>
<td>Familiar with term (N = 48)</td>
<td>36 (75%)</td>
<td>12 (25%)</td>
</tr>
</tbody>
</table>

Table 16

**Toolkits: Seasoned ETs**

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received toolkit (N = 94)</td>
<td>25 (27%)</td>
<td>69 (73%)</td>
</tr>
<tr>
<td>Familiar with term (N = 94)</td>
<td>76 (81%)</td>
<td>18 (19%)</td>
</tr>
</tbody>
</table>
Chapter Four: Results

Identifying and understanding the thoughts, needs, and concerns of professionals in the field is essential when pursuing professionalization. ETs in various stages were surveyed to determine which steps they believed were most important to the field. The review of the literature provided context for the steps deemed most valuable and effective to allied professional groups, and data on potentially useful resources for novice ETs were collected. This chapter discusses the results of the quantitative and qualitative data collected from the online questionnaires.

Surveys

A total of 109 individuals participated in the study: 74 novice ETs were invited to complete the first online questionnaire, and 48 (65%) volunteered; 153 seasoned ETs were invited to participate, as well, and 94 (61%) completed the survey. Of the 142 respondents to the first survey, 109 (77%) participated in the second online questionnaire. Although the toolkit survey preceded the survey on professionalization, for the purposes of providing an overall representation followed by a detailed examination, the results are presented in the opposite order.

Driving the profession forward.

Participants were asked to rate the level of importance of potential steps, deemed essential by allied professionals, in terms of each step’s ability to drive the profession of ET forward. A Likert scale was used with choices ranging from ‘not very important,’ ‘moderately important,’ ‘important,’ ‘very important,’ to ‘critically important.’ The potential steps were licensure, accreditation, direct access, lobbying Congress, increasing AET membership, building national and international recognition, advancing research,
and increasing training facilities. The first four steps included a brief definition for clarification. Both novices and seasoned ETs believed building national and international recognition (60%) was the most ‘critically important’ step for ET, quickly followed by advancing research (58%). Additionally, 51 (33%) respondents indicated accreditation was ‘critically important’ in their minds. Surprisingly, accreditation ranked higher than licensure or lobbying Congress, both of which were reported to have been critical steps in the professionalization process of PT, OT, and SLP. Furthermore, the three steps ranked most ‘critically important’ were agreed upon by nearly all of the respondents. The majority of participants ranked these three steps as ‘critically important,’ ‘very important,’ or ‘important,’ with few respondents believing them to be ‘moderately important’ or ‘not very important.’

Developing new resources and materials (44%) was chosen as the highest rated ‘very important’ step toward professionalization, followed by increasing AET membership (38%). Interestingly, novice ETs ranked developing new resources and materials as significantly more important than seasoned ETs. Given Daley’s (1999) findings regarding novices’ feelings in the workplace, these results were not a surprise to the researcher. The opposite response was true for increasing AET membership, which seasoned ETs rated as more important to them than novice ETs. Licensure and lobbying Congress, which were often discussed in combination with each other by allied professional groups, were both considered significant steps in the path toward professionalization. Forty-six (42%) respondents ranked licensure as ‘critically important,’ and 34 (31%) believed the same was true for lobbying Congress. The
perceived importance of lobbying Congress, in terms of driving the profession forward, was equally divided between ‘important,’ ‘very important,’ and ‘critically important.’

A small fraction of respondents felt various steps were not particularly important to driving the profession forward. Between 10 and 11% of all participants believed lobbying Congress, increasing training facilities, and increasing AET membership were ‘not very important’ or ‘moderately important’ next steps. A slightly smaller group of people shared those beliefs regarding licensure, and 2 to 3% of respondents ranked building national and international recognition, developing new resources and materials, and accreditation at the same levels. Direct access received the most varied response. Fifty (46%) respondents said it was ‘important,’ and 41 (38%) said it was either ‘very important’ or ‘critically important;’ however, this step had the highest percentage (16%) of people who reported it as being ‘not very important’ or only ‘moderately important.’

Tables 17 through 21 depict the results of the Likert scale, first based on overall results, and then individually for each group. Each groups’ results are displayed twice; first, out of the total respondents (N = 109), and secondly, out of the individual groups’ respondents only (N = 32 or N = 77).
Table 17

Driving the Profession Forward: Overall Results

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<tbody>
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<td>Licensure</td>
<td>5 (5%)</td>
<td>3 (3%)</td>
<td>20 (19%)</td>
<td>34 (31%)</td>
<td>46 (42%)</td>
</tr>
<tr>
<td>Accreditation</td>
<td>0 (0%)</td>
<td>2 (2%)</td>
<td>20 (18%)</td>
<td>36 (33%)</td>
<td>51 (47%)</td>
</tr>
<tr>
<td>Direct Access</td>
<td>12 (12%)</td>
<td>6 (6%)</td>
<td>50 (46%)</td>
<td>24 (22%)</td>
<td>17 (16%)</td>
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<tr>
<td>Lobbying</td>
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<td>7 (6%)</td>
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<tr>
<td>Increasing AET membership</td>
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<td>5 (5%)</td>
<td>15 (14%)</td>
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<td>41 (38%)</td>
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Table 18

*Driving the Profession Forward: Novice ETs*

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<tr>
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Table 19

*Driving the Profession Forward: Novice ETs*

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Table 20

*Driving the Profession Forward: Seasoned ETs*

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Table 21

Driving the Profession Forward: Seasoned ETs

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<td>14 (18%)</td>
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<td>26 (34%)</td>
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<td>31 (40%)</td>
</tr>
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</tr>
<tr>
<td>Advancing research</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>7 (10%)</td>
<td>25 (32%)</td>
<td>45 (58%)</td>
</tr>
<tr>
<td>Increasing training facilities</td>
<td>6 (8%)</td>
<td>6 (8%)</td>
<td>14 (18%)</td>
<td>26 (34%)</td>
<td>25 (32%)</td>
</tr>
</tbody>
</table>
Beneficial for novice ETs.

Following the Likert scale questions regarding driving the profession forward, participants were asked to rate the exact same steps again, but this time in terms of their benefit for novice ETs. The researcher’s purpose in creating such similar questions was to examine the potential next steps for ET through two specific lenses, i.e., professionalization and the advancement of novices to experts. When considering the benefit to novices, both novice and seasoned ETs agreed that advancing research (59%) was the most ‘critically important’ next step. Developing new resources and materials (55%), and increasing training facilities (53%) were rated ‘critically important’ by more than half of the respondents, followed closely by increasing AET membership (50%) and building national and international recognition (49%). Each of these steps was closely tied, in the minds of ETs, to progressing the knowledge base and opportunities for novices.

When examining the responses of each group separately, slight differences arose. For novice ETs, advancing research, developing new resources and materials, and building national and international recognition were all rated as ‘critically important’ by a percentage nearly equivalent to that of the overall response and to the response of seasoned ETs. Increasing AET membership was rated by the majority of seasoned ETs (55%) as ‘critically important;’ however, for novice ETs, the responses were equally divided between ‘critically important’ (41%) and ‘very important’ (47%). Inversely, a higher percentage of novice ETs (91%) believed building national and international recognition to be ‘critically important’ or ‘very important’ as opposed to seasoned ETs, only 59 (77%) of which agreed.
In the future, licensure could provide ETs with job security and lobbying Congress could lead to insurance reimbursement, both of which would provide novice ETs with a significant advantage. Neither of these two steps received relatively strong feedback from the respondents under the ‘critically important’ heading; however, lobbying Congress was the highest rated ‘very important’ step by 41 (38%) respondents, followed closely by licensure (34%). The specific responses from novice and seasoned ETs provide a clearer understanding of which steps these two groups value as being most important to the field. Twenty-seven (84%) novice ETs believed licensure was either ‘critically important’ or ‘very important’ in terms of the benefit for novices; however, only 56 (73%) seasoned ETs agreed, and 17 (22%) seasoned ETs considered the step to only be ‘important.’ Lobbying Congress received an even more divisive response from the two groups. The majority (53%) of novice ETs rated lobbying Congress as a ‘very important’ next step, and only 6 (19%) respondents believed it to be ‘critically important.’ On the other hand, 30 (39%) seasoned ETs believed the step was ‘critically important,’ and 24 (31%) decided it was ‘very important.’

Overall, developing new resources and materials was considered paramount to the respondents: 98 (90%) respondents rated the step as either ‘critically important’ or ‘very important,’ and only 11 (10%) respondents believed it to be ‘important,’ ‘moderately important,’ or ‘not very important.’ These figures were consistent with the individual responses from each group, identifying this step as particularly important in terms of the potential benefit to novice ETs. In fact, 0 (0%) novice ETs rated this step as being either ‘moderately important’ or ‘not very important,’ and only 2 (3%) seasoned ETs considered it to be ‘moderately important.’
Accreditation, which was highly rated in terms of driving the profession forward, received much lower percentages when its benefit to novice ETs was considered. The majority of both groups (46%) described this step as being ‘important,’ and it had the second highest percentage under the headings of ‘moderately important’ and ‘not very important’ for novice and seasoned ETs. The step valued as least important by both groups was direct access. Twenty-three (21%) respondents believed this step was ‘moderately important’ and ‘not very important,’ and the remaining 86 (79%) responses were divided equally among the other choices. Tables 22 through 26 depict the results of the Likert scale, first based on overall results and then individually for each group. Each group’s results are displayed twice; first, out of the total respondents (N = 109), and secondly, out of the individual groups’ respondents only (N = 32 or N = 77).
### Table 22

**Beneficial for Novice ETs: Overall Results**

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<td>4 (4%)</td>
<td>22 (20%)</td>
<td>37 (34%)</td>
<td>46 (42%)</td>
</tr>
<tr>
<td>Accreditation</td>
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<td>7 (6%)</td>
<td>50 (46%)</td>
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<tr>
<td>Direct Access</td>
<td>12 (11%)</td>
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<td>30 (28%)</td>
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<tr>
<td>Lobbying</td>
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### Table 23

**Beneficial for Novice ETs: Novice ETs**

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*Beneficial for Novice ETs: Novice ETs*

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<td>17 (53%)</td>
<td>6 (19%)</td>
</tr>
<tr>
<td>Increasing AET membership</td>
<td>1 (3%)</td>
<td>2 (6%)</td>
<td>1 (3%)</td>
<td>15 (47%)</td>
<td>13 (41%)</td>
</tr>
<tr>
<td>Building national and international recognition</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (10%)</td>
<td>11 (34%)</td>
<td>18 (56%)</td>
</tr>
<tr>
<td>Developing new resources and materials</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (6%)</td>
<td>12 (38%)</td>
<td>18 (56%)</td>
</tr>
<tr>
<td>Advancing research</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (9%)</td>
<td>11 (34%)</td>
<td>18 (56%)</td>
</tr>
<tr>
<td>Increasing training facilities</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (2%)</td>
<td>14 (44%)</td>
<td>16 (50%)</td>
</tr>
</tbody>
</table>
Table 25

*Beneficial for Novice ETs: Seasoned ETs*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>0 (0%)</td>
<td>4 (4%)</td>
<td>17 (16%)</td>
<td>25 (23%)</td>
<td>31 (28%)</td>
</tr>
<tr>
<td>Accreditation</td>
<td>7 (6%)</td>
<td>7 (6%)</td>
<td>34 (31%)</td>
<td>17 (16%)</td>
<td>12 (11%)</td>
</tr>
<tr>
<td>Direct Access</td>
<td>8 (7%)</td>
<td>8 (7%)</td>
<td>20 (18%)</td>
<td>18 (17%)</td>
<td>23 (21%)</td>
</tr>
<tr>
<td>Lobbying</td>
<td>5 (5%)</td>
<td>5 (5%)</td>
<td>13 (12%)</td>
<td>24 (22%)</td>
<td>30 (28%)</td>
</tr>
<tr>
<td>Increasing AET membership</td>
<td>1 (1%)</td>
<td>4 (6%)</td>
<td>15 (14%)</td>
<td>15 (14%)</td>
<td>42 (39%)</td>
</tr>
<tr>
<td>Building national and international recognition</td>
<td>1 (1%)</td>
<td>2 (2%)</td>
<td>15 (14%)</td>
<td>24 (22%)</td>
<td>35 (32%)</td>
</tr>
<tr>
<td>Developing new resources and materials</td>
<td>0 (0%)</td>
<td>2 (2%)</td>
<td>7 (6%)</td>
<td>26 (24%)</td>
<td>42 (39%)</td>
</tr>
<tr>
<td>Advancing research</td>
<td>1 (1%)</td>
<td>3 (3%)</td>
<td>11 (10%)</td>
<td>16 (15%)</td>
<td>46 (42%)</td>
</tr>
<tr>
<td>Increasing training facilities</td>
<td>0 (0%)</td>
<td>2 (2%)</td>
<td>11 (10%)</td>
<td>22 (20%)</td>
<td>42 (39%)</td>
</tr>
</tbody>
</table>
Table 26

**Beneficial for Novice ETs: Seasoned ETs**

<table>
<thead>
<tr>
<th>Potential Steps</th>
<th>Not Very Important (N = 77)</th>
<th>Moderately Important (N = 77)</th>
<th>Important (N = 77)</th>
<th>Very Important (N = 77)</th>
<th>Critically Important (N = 77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>0 (0%)</td>
<td>4 (5%)</td>
<td>17 (22%)</td>
<td>25 (33%)</td>
<td>31 (40%)</td>
</tr>
<tr>
<td>Accreditation</td>
<td>7 (9%)</td>
<td>7 (9%)</td>
<td>34 (44%)</td>
<td>17 (22%)</td>
<td>12 (16%)</td>
</tr>
<tr>
<td>Direct Access</td>
<td>8 (10%)</td>
<td>8 (10%)</td>
<td>20 (26%)</td>
<td>18 (24%)</td>
<td>23 (30%)</td>
</tr>
<tr>
<td>Lobbying</td>
<td>5 (7%)</td>
<td>5 (7%)</td>
<td>13 (16%)</td>
<td>24 (31%)</td>
<td>30 (39%)</td>
</tr>
<tr>
<td>Increasing AET membership</td>
<td>1 (2%)</td>
<td>4 (5%)</td>
<td>15 (19%)</td>
<td>15 (19%)</td>
<td>42 (55%)</td>
</tr>
<tr>
<td>Building national and international recognition</td>
<td>1 (1%)</td>
<td>2 (3%)</td>
<td>15 (20%)</td>
<td>24 (31%)</td>
<td>35 (45%)</td>
</tr>
<tr>
<td>Developing new resources and materials</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
<td>7 (9%)</td>
<td>26 (34%)</td>
<td>42 (55%)</td>
</tr>
<tr>
<td>Advancing research</td>
<td>1 (1%)</td>
<td>3 (4%)</td>
<td>11 (14%)</td>
<td>16 (21%)</td>
<td>46 (60%)</td>
</tr>
<tr>
<td>Increasing training facilities</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
<td>11 (14%)</td>
<td>22 (29%)</td>
<td>42 (55%)</td>
</tr>
</tbody>
</table>
Toolkit.

The results from the professionalization survey indicate clearly the level of importance each group placed on developing new resources and materials, both in terms of driving the profession forward and in terms of the benefit for novice ETs. High percentages of novice and seasoned ETs agreed that, in order for the profession and its members to thrive, new materials, made specifically with ETs in mind, need to be developed. The purpose of the toolkit survey was to determine to what extent ETs believed that a resource, geared toward novice ETs starting a professional practice, would be useful and what it should include. All participants were given the definition of a toolkit and asked to rate the usefulness of potential toolkit resources; however, since seasoned ETs have been practicing for years, they were asked to think back to when they first began their career before responding. A Likert scale was used with choices ranging from ‘would not be useful,’ ‘would be somewhat useful,’ ‘would be useful,’ ‘would be very useful,’ to ‘would be vitally useful.’ The potential resources were professional forms, guidelines on starting a professional practice, a breakdown of commonly used assessments, a resource list of research-based programs, intervention strategies, a resource list of useful educational websites and games, tips from seasoned ETs, and a glossary of educational terms.

Novices ETs.

Of the 48 novice participants, 32 (65%) believed a toolkit ‘would be vitally useful’ in the development of a professional practice, and 13 (27%) reported it ‘would be very useful’ (see Table 27). When rating the potential resources, the top three rated resources for novice ETs were intervention strategies (69%), a resource list of research-
based programs (67%), and a breakdown of commonly used assessments (63%).

Furthermore, the remaining 30% of responses for each of these potential resources were almost entirely ‘would be very useful,’ highlighting their value. Forty-four (92%) respondents felt guidelines on starting a professional practice ‘would be vitally useful’ or ‘would be very useful,’ and 43 (90%) agreed, both in regards to professional forms and tips from seasoned ETs. The potential resources that received the most varied responses were the resource list of useful educational websites and games and the glossary of educational terms. Forty (83%) respondents believed a resource list of educational websites and games ‘would be vitally useful’ or ‘would be very useful,’ 5 (11%) felt it ‘would be useful,’ and 3 (6%) said it ‘would be somewhat useful.’ The glossary of educational terms received similar, but less favorable responses; only 32 (67%) respondents believed it ‘would be vitally useful’ or ‘would be very useful’ to them in starting a professional practice (see Table 28).
Table 27

*Toolkit Value: Novice ETs*

<table>
<thead>
<tr>
<th>Participant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice ETs (N = 48)</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
<td>3 (6%)</td>
<td>13 (27%)</td>
<td>31 (65%)</td>
</tr>
</tbody>
</table>

Table 28

*Potential Toolkit Resources: Novice ETs*

<table>
<thead>
<tr>
<th>Potential Resources</th>
<th>Would Not be Useful (N = 48)</th>
<th>Would be Somewhat Useful (N = 48)</th>
<th>Would be Useful (N = 48)</th>
<th>Would be Very Useful (N = 48)</th>
<th>Would be Vitally Useful (N = 48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Forms</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
<td>4 (8%)</td>
<td>21 (44%)</td>
<td>22 (46%)</td>
</tr>
<tr>
<td>Guidelines on Starting Professional Practice</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (8%)</td>
<td>21 (44%)</td>
<td>23 (48%)</td>
</tr>
<tr>
<td>Assessment Breakdown</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
<td>3 (6%)</td>
<td>13 (27%)</td>
<td>30 (63%)</td>
</tr>
<tr>
<td>Research-based Programs</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
<td>14 (29%)</td>
<td>32 (67%)</td>
</tr>
<tr>
<td>Intervention Strategies</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
<td>13 (27%)</td>
<td>33 (69%)</td>
</tr>
<tr>
<td>Useful Educational Games and Websites</td>
<td>0 (0%)</td>
<td>3 (6%)</td>
<td>5 (11%)</td>
<td>13 (27%)</td>
<td>27 (56%)</td>
</tr>
<tr>
<td>Tips from Seasoned ETs</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>4 (8%)</td>
<td>16 (34%)</td>
<td>27 (56%)</td>
</tr>
<tr>
<td>Glossary of Educational Terms</td>
<td>1 (2%)</td>
<td>4 (8%)</td>
<td>11 (23%)</td>
<td>10 (21%)</td>
<td>22 (46%)</td>
</tr>
</tbody>
</table>
**Seasoned ETs.**

Of the 94 seasoned ET respondents, 45 (48%) believed the toolkit ‘would be vitally useful’ to a novice ET in the beginning of his or her professional practice (see Table 29). Seasoned ETs’ views on potential toolkit resources differed from novice ETs, in that the responses from seasoned ETs were more varied. Similar to novice ETs, intervention strategies (56%) received the highest percentage under ‘would be vitally useful,’ tied with tips from seasoned ETs (56%). Fifty (54%) respondents felt guidelines on starting a professional practice was the second most ‘vitaly useful’ resource, quickly followed by a resource list of research-based programs (53%) and a resource list of useful educational websites and games (53%). The breakdown of commonly used assessments was considered to be far more important by novice ETs, and was only selected by 46 (49%) seasoned ETs as being ‘vitaly useful.’ Professional forms received a comparable response from each group; however, more seasoned ETs were divided as to whether they considered this resource to be ‘very useful’ (30%) or just ‘useful’ (19%). Overall, responses under ‘would be useful’ were more prevalent for seasoned ETs than novice ETs. Most novice ETs rated the potential resources as being either ‘vitaly useful’ or ‘very useful,’ whereas a slight majority of seasoned ETs believed the resources to be ‘vitaly useful,’ and the remainder were divided between ‘would be very useful’ and ‘would be useful.’ Once again, the glossary of educational terms received the most responses under the ratings of ‘would be somewhat useful’ (6%) and ‘would not be useful’ (7%). Interestingly, the largest number of responses, 8 (8%), under the heading ‘would not be useful,’ were given for guidelines on starting a private practice, which was
believed to be ‘vitally useful’ or ‘very useful’ by the majority of respondents (see Table 30).
Table 29

Toolkit Value: Seasoned ETs

<table>
<thead>
<tr>
<th>Participant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasoned ETs (N = 94)</td>
<td>4 (5%)</td>
<td>5 (5%)</td>
<td>19 (20%)</td>
<td>21 (22%)</td>
<td>45 (48%)</td>
</tr>
</tbody>
</table>

Table 30

Potential Toolkit Resources: Seasoned ETs

<table>
<thead>
<tr>
<th>Potential Resources</th>
<th>Would Not be Useful (N = 94)</th>
<th>Would be Somewhat Useful (N = 94)</th>
<th>Would be Useful (N = 94)</th>
<th>Would be Very Useful (N = 94)</th>
<th>Would be Vitally Useful (N = 94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Forms</td>
<td>3 (3%)</td>
<td>2 (2%)</td>
<td>18 (19%)</td>
<td>28 (30%)</td>
<td>43 (46%)</td>
</tr>
<tr>
<td>Guidelines on Starting Professional Practice</td>
<td>8 (8%)</td>
<td>1 (1%)</td>
<td>11 (12%)</td>
<td>24 (26%)</td>
<td>50 (53%)</td>
</tr>
<tr>
<td>Assessment Breakdown</td>
<td>2 (2%)</td>
<td>5 (5%)</td>
<td>21 (22%)</td>
<td>20 (21%)</td>
<td>46 (49%)</td>
</tr>
<tr>
<td>Research-based Programs</td>
<td>0 (0%)</td>
<td>3 (3%)</td>
<td>18 (19%)</td>
<td>24 (26%)</td>
<td>49 (53%)</td>
</tr>
<tr>
<td>Intervention Strategies</td>
<td>3 (3%)</td>
<td>2 (2%)</td>
<td>13 (14%)</td>
<td>23 (25%)</td>
<td>53 (56%)</td>
</tr>
<tr>
<td>Useful Educational Games and Websites</td>
<td>2 (2%)</td>
<td>5 (5%)</td>
<td>17 (18%)</td>
<td>21 (22%)</td>
<td>49 (53%)</td>
</tr>
<tr>
<td>Tips from Seasoned ETs</td>
<td>1 (1%)</td>
<td>3 (3%)</td>
<td>13 (14%)</td>
<td>24 (26%)</td>
<td>53 (56%)</td>
</tr>
<tr>
<td>Glossary of Educational Terms</td>
<td>7 (7%)</td>
<td>6 (6%)</td>
<td>16 (17%)</td>
<td>23 (25%)</td>
<td>42 (45%)</td>
</tr>
</tbody>
</table>
Suggestions for toolkit.

Following the Likert scale questions, participants were asked to list any additional resources or tools they believed would be beneficial to starting a professional practice. This final question was optional and open-ended. Of the 142 total respondents to the toolkit survey, 12 (25%) novice ETs and 36 (38%) seasoned ETs either chose not to answer the question or provided an answer that was unclear, and were therefore excluded from the results (see Table 31). The remaining responses were organized into seven main categories: AET information, forms, assessments, resources, interventions, business, and information. Three of these categories, AET information, forms, and assessments, were largely immaterial because people offered suggestions, which would have been included in even the most basic toolkit made for ETs. For example, under the category of forms, two novice and two seasoned ETs suggested intake forms and others suggested including developmental history, which is typically included as part of any ET’s standard intake form. Additionally, many respondents provided suggestions for resources that are already provided by AET and would not make sense in a toolkit format, such as directory of ETs in each area.

Suggestions categorized as resources, interventions, business, and information were both informative and relevant. Of the 36 (75%) novice ETs who responded to the open-ended question, 27 specific suggestions fell under the categories of forms, assessments, and AET information, and 43 suggestions were categorized under resources, interventions, business, and information. Similarly, of the 58 (62%) seasoned ETs’ respondents, 25 suggestions were in regards to forms, assessments, or AET information; however, suggestions offered under the final 4 categories were much greater. A total of
85 specific suggestions for additional resources were provided under the categories of resources, interventions, business, and information. Suggestions under the latter categories included professional development resources, specific business and marketing questions, requests for intervention strategies for certain conditions, and references for various types of referrals. Tables 32 and 33 depict the types of responses given, as well examples for each category.

Chapters three and four detailed the methodology of the study and the results of the quantitative and qualitative data collected from the online questionnaires. The following chapter provides interpretation of the results, implications for ET, limitations of the study, and suggestions for further research.
Table 31

**Toolkit Suggestions: Response Rate**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Responded</th>
<th>No Response or Unclear Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice ETs (N = 48)</td>
<td>36 (75%)</td>
<td>12 (25%)</td>
</tr>
<tr>
<td>Seasoned ETs (N = 94)</td>
<td>58 (62%)</td>
<td>36 (38%)</td>
</tr>
</tbody>
</table>
Table 32
Toolkit Responses by Category with Targeted Responses

<table>
<thead>
<tr>
<th>Participant</th>
<th>Category</th>
<th>Targeted Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice ETs</td>
<td>AET information</td>
<td>Membership, Code of ethics, Study groups</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>AET information</td>
<td>ET directory, Mentor match, Conferences</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Forms</td>
<td>Intake, Letters to parents, Letter to teachers</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Forms</td>
<td>Business, Release of information, Developmental history</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Assessments</td>
<td>Informal assessments, Assessment reports</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Assessments</td>
<td>Report templates, Assessment reports</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Resources</td>
<td>Software for home use, For deaf and blind students, Good publishers</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Resources</td>
<td>IEP process, Ipad applications, Websites to buy materials</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Business</td>
<td>Insurance reimbursement codes, Marketing ideas, Forming an LLC</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Business</td>
<td>Health insurance, Business software, Cancellation policies</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Interventions</td>
<td>Auditory processing disorder, Treatment flow charts, goalBANK</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Interventions</td>
<td>Disorder/Intervention table, Study skills, Sensory integration</td>
</tr>
<tr>
<td>Novice ETs</td>
<td>Information</td>
<td>Referral list for allied professionals, FAQ of common mentor questions, Alternative therapies</td>
</tr>
<tr>
<td>Seasoned ETs</td>
<td>Information</td>
<td>Special education law, Tips for collaborating with schools, List of attorneys for LD</td>
</tr>
</tbody>
</table>
Chapter Five: Discussion

It was hypothesized that when ETs would be presented with steps deemed essential to the successful professionalization of PT, OT, and SLP, they would value the same steps differently, as indicated by ET’s present sub-professional status. The results of the study confirm the hypothesis, revealing that ETs do not value the same steps as being essential to professionalization as PT, OT, and SLP.

Interpretation

Professionalization survey.

The purpose of the professionalization survey was to determine which of the steps believed to have been essential to the professionalization of PT, OT, and SLP were valued most by ETs. Exploring the steps taken by allied professional groups that have achieved the recognition of profession revealed potential directions for the advancement of ET. Since ET is still a relatively new field with a limited membership base, it was expected that ETs would have strong views on the future of the profession. The results of the study confirmed that ETs, indeed, have clear ideas on the potential next steps necessary to both drive the profession forward, and to benefit the new community of novice ETs. An overwhelming number of ETs, 85% to 90% of respondents, agreed that, in order to drive the profession forward, national and international recognition of ET needs to be cultivated, and research in the field needs to be advanced. In terms of the benefit to novice ETs, respondents were, once again, in astounding agreement that developing new resources and materials and increasing training facilities are essential next steps.
Given the literature from allied professional groups, the perspectives of the respondents, in regards to driving the profession forward, were simultaneously expected and somewhat surprising. Leaders from PT, OT, and SLP all agree professional organizations are responsible for building national recognition, and advancing research (Anderson, 2007; Baum, 2006; Cleveland, 2010; Massey, 2005; O’Neill, 1987). Therefore, the views of novice and seasoned ETs were closely aligned with those of other professionals. However, when discussing the steps that most effectively drove these three professions forward, acquiring licensure and lobbying Congress were regarded as the most valuable and effective (Baum, 2006; Cleveland, 2008; Flower, 1994; O’Neill; Woods, 2002). Licensure provides the type of job security that not only increases interest in the field, usually followed by an increase in professionals, but it builds legitimacy and recognition simultaneously. Furthermore, lobbying Congress has the potential to lead to ET services being provided in public schools throughout the country, which would result in increased national recognition and additional job opportunities, generally attracting new members and leading to advancements in research. It is not, therefore, surprising that respondents rated building national and international recognition and advancing research as ‘critically important’ and ‘very important’ in such large numbers; rather, it is surprising that licensure and lobbying Congress received relatively low percentages from the same respondents. Perhaps, there is a lack of information within the community regarding the importance of these two potential steps and this study may serve to help clarify the positive impact of pursuing licensure and lobbying Congress. Education needs to begin from within and to achieve recognition and support, leaders within the ET community must first educate ETs on how to best reach their shared goals.
The responses regarding potential next steps and their benefits for novice ETs were entirely in line with the research. Daley’s (1999) findings demonstrated novices struggle to collaborate with colleagues, and feel overwhelmed by the amount of information they need to know, but with which they are not yet intimately familiar. Developing new resources and materials, and increasing training facilities could help to alleviate some of the stressful feelings experienced by novices, while also providing hands-on experience with working with colleagues. New resources and materials developed specifically with novice ETs in mind, such as a beginners’ toolkit, would directly address this issue.

**Toolkit survey.**

The responses to the toolkit survey revealed a strong and clear need for a resource, such as a toolkit, to be created, specifically with novice ETs in mind. Such a resource would provide novice ETs with a solid reference to utilize in their advancement from novice to expert (Daley, 1999). The results of the survey supported the creation of such a resource and can be used as a guide to develop a toolkit, benefiting both from the specific concerns of novice ETs and the wisdom of seasoned ETs. The target population has been sufficiently explored; however, it would behoove the creator of such a resource to interview respondents. These interviews would result in a better understanding of the specific types of resources novices currently feel are overwhelming in nature, as well as determining whether or not potential resources with lower ratings are important to the community. Compiling this type of resource without taking these elements into consideration would be imprudent.
Additional suggestions for the toolkit resource were provided by more than half of the respondents. These suggestions demonstrated a need for business support, ideas on marketing, difficulties with collaboration, a lack of information, and more. For the most part, the open-ended responses detailed specific needs of ETs; however, numerous responses were given that did not speak to the question, but provided insight into fears and concerns held by seasoned ETs. Some respondents asked whether a toolkit would seek to replace education, on-the-job experience, or the practice of working with mentors. Others were concerned with the standardization of the various materials that they presumed a toolkit would have, suggesting the materials used by an ET are tailor-made for each student. Neither of these overarching concerns (i.e., replacement of experience, creation of any standard, inflexible materials) were intended by the researcher when creating the survey or when imagining a toolkit for novice ETs. Nonetheless, these concerns are worth exploring and working to understand. Therefore, how a toolkit is created is critically important, as it has the potential to move the field toward professionalism. One limitation of an online questionnaire is the inability to expand on the questions being asked, and perhaps more could have been done to clarify the format of the questions that led to these concerns. However, given it is improbable for a toolkit to replace experience or a university-level education, it is more likely the responses reveal deep-seeded fears among seasoned ETs. Specifically, fears were expressed regarding how first-career ETs would develop their knowledge base and materials. Clearly, there is an impact in the community, created by the transitional state of ET, and without improved clarity on the potential new ways ETs will develop, along with
opportunities to share different types of experiences, it is unlikely a more significant rupture will be avoided in the future.

**Implications**

An important implication of this study is the potential benefit to AET and the ET community in creating a specific path toward professionalization. A key element of any professional organization is the responsibility to create and work toward a better future for its members. By outlining goals for the future in an established vision, and pursuing the fulfillment of each goal, PT, OT, and SLP have been able to make tremendous gains in their professionalism. These groups’ organizations worked to unify their members, forged a stronger identity, and charged their members with a purpose. Organization presidents set ambitious goals and reflected openly on the present status of and future vision for each group. Furthermore, organizations leveraged public need and positioned themselves as providing a unique and necessary service to society.

Professional organizations are beholden to their members to create a national model for growth and development, and this model should be aligned with the community’s specific directives. Although recent AET presidential addresses implied ET has a vision statement for the future, and is setting and meeting ambitious goals for the organization, these goals are not reflected in the literature, membership, or status. The growing numbers of individuals with LD and developmental disorders reveal a direct and deep need for ETs. ETs should not wait to be sought out for remediation of this national problem; rather AET, with the support and guidance of ETs, should develop a plan or model to bridge this gap. This study provides the leaders of AET with timely insight into the perspectives, needs, and concerns of its members.
Another implication of this study is the valuable information now available to create a toolkit, specifically made with ETs in mind. Novice and seasoned ETs communicated their needs through the Likert scale questions, and provided useful suggestions. The suggestions, in particular, revealed specific areas of deficit from a business perspective. The findings conveyed a strong need to arm ETs with templates, ideas, and information relevant to the field. In conjunction with a university-level education in ET, mentoring from a board certified ET, and hands-on job experience, the transition from novice to expert can be facilitated.

**Limitations**

The study began initially as a small-scale needs assessment survey, which was to be succeeded by the creation of a toolkit. In an effort to better understand the community that would be served by such a product, the researcher expanded the initial toolkit questionnaire and included an additional questionnaire on professionalization, transforming the project into a research study. The professionalization survey provided context through which to examine and analyze the potential steps for ET. Based on this change in design, the sample size for the first survey was increased, as well as broadened from novice ETs to both novice and seasoned ETs. Expanding the sample size was challenging given that the majority of ETs practice in private settings; therefore, the AET directory was used extensively for this purpose. A limitation of this study is that the majority of participants were chosen from AET California members, limiting the ability to generalize beyond this specific group. Additionally, almost all of the participants were located in the AET directory, limiting the value of the responses regarding AET membership.
Additionally, since the professionalization survey focused on an overall examination of ET, and the toolkit survey analyzed a specific component, it may have been less confusing to participants had they received the surveys in the opposite order. Furthermore, the responses to the open-ended question along with personal emails received by the researcher revealed some participants struggled to understand certain questions or to provide an appropriate response from the choices given. For example, respondents were asked to indicate where they received their education in ET, and several seasoned ETs stated they received their education long before ET programs existed. Perhaps rewording the question or providing more choices in the response section would have mitigated some of the confusion. Similarly, more questions should have been specific follow-up questions instead of stand-alone questions. For instance, several novice ETs stated they had not yet begun their careers, and yet these same respondents continued to answer the question regarding how long they had been in practice, instead of skipping it. The language of the surveys was not validated by any reliability testing and may have been skewed. Future research should include more specificity in wording, and provide clearer questions and responses through which to analyze the data.

Both the online format of the questionnaires and their distribution created potential pitfalls in the research. Given the approach of sending ‘cold emails’ to unknown individuals, and at times to questionable email addresses, it was unclear which of the original participants invited to volunteer actually received the email message. Of the 227 individuals emailed to participate in the initial survey, 142 (63%) volunteered to complete the online questionnaire. Possible reasons why some participants did not respond include not receiving the email, not receiving the survey link via email,
forgetting to complete the questionnaire, or deciding not to participate. In terms of generalizing this study to the entire ET community, it would have been beneficial to increase the sample size.

**Suggestions for Future Research**

Generally speaking, this study contributes to the extremely limited literature on ET. While researching ET for the literature review, it was overwhelmingly apparent how scarce literature is on ET or ETs. When searching for articles using the phrase “educational therapy” in the academic databases, e.g., Academic Search Elite (EBSCO), JSTOR, and OneFile (Gale), very few articles were found, and only one article was found using the phrase “educational therapists.” In fact, almost all of the information on ET written in the literature review came from the recent ET textbook, published in 2010; articles provided by Dorothy Ungerleider; and primary sources from the pioneers in the field. The majority of current articles on ET are published in *The Educational Therapist*, AET’s journal. Although the journal provides the ET community with important, relevant, and topical information, it is read primarily by ETs and it would be beneficial if practicing ETs published in wider-read, peer-reviewed education journals. This change may allow for a broader audience to become familiar with ET, helping to build national and international recognition.

The study indicated that ETs are primarily concerned with the lack of recognition, the need for advancement in research, the development of new resources, and the increase of training facilities. There is a clear urgency for a national campaign, marketing the profession of ET to the general public. In order to do this, a standard, nationally applicable model needs to be created. This model would serve to uniformly
explain the profession of ET, including its benefits, responsibilities, and scope of
practice. Further studies into the general lack of knowledge and confusion regarding ET
would be highly valuable. Specifically, what about ET results in being generally
overlooked by the education community, i.e., lack of numbers, lack of status, confusion
with tutors or individuals using the title incorrectly, working with ‘invisible disabilities,’
the name ET itself? To more deeply understand ET’s present status, it would be useful to
survey ETs on whether or not they believe ET has achieved recognition as an established
profession. Additional research into specific, effective strategies employed by allied
professional groups would also be beneficial.

The need for advancements in research, and the development of new resources
and materials, is more easily rectified. Current Master’s programs in ET offer an
unparalleled opportunity to tackle this issue. Leaders in AET should communicate to
graduate-level students these two specific needs and utilize their intimate knowledge with
best practice for advancing research, and their particular struggles as novices to develop
specialized materials. Furthermore, AET conferences can provide a space for
collaboration between practicing ETs with direct or indirect input from the community.
As previously stated, the results of this study are particularly useful for the development
of a unique toolkit focused on developing a professional practice. Given the limited
sample size, additional research is needed to support the findings of the current study.
Future studies should be evaluated for reliability and include a larger sample size in order
to better generalize the findings.
References


Ficksman, M., & Adelizzi, J. U. (Eds.). (2011). The clinical practice of educational...


Mills (Eds.), *Professionalization* (pp. 34-43). Englewood Cliffs, NJ: Prentice-Hall.


Individuals with Disabilities Education Improvement Act Amendments of 2004 [IDEA], 42 U.S.C. SS 1400-1487.


Kearney, P. (2004). *The influence of competing paradigms on occupational therapy*


Appendix A: Toolkit Survey: Novice ETs

Survey for Novice Educational Therapists

* Required

Please indicate where you received your education in educational therapy:

Master's Programs:

☐ California State University, Northridge
☐ Holy Names College
☐ San Francisco State University
☐ Other: __________

Post-Graduate Certificate in Educational Therapy Programs:

☐ University of California, Los Angeles
☐ University of California, Riverside
☐ University of California, Santa Cruz
☐ California State University, Northridge
☐ Holy Names College
☐ Curry College
☐ Other: __________

Have you begun your career as an educational therapist? *

☐ Yes
☐ No

If so, how many years have you been in practice?

☐ 0-2
☐ 2-5
☐ 5-10
☐ more than 10 years

If so, when you began your career as an educational therapist, were you provided or did you acquire any handbook, manual, or toolkit that served as a reference or resource to assist you in developing your professional practice?

☐ yes
☐ no
Are you familiar with the term and/or the idea behind a toolkit? *

- yes
- no

To what extent do you think a toolkit made especially for novice educational therapists, complete with forms, resource lists, and strategies would be useful to you in developing your professional practice? *

Toolkits are collections of flexible and adaptable educational program resources that target one issue or one audience.

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Please rate your perceived usefulness of the following toolkit resources: *

Professional forms

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* Guidelines on starting a professional practice

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* Breakdown of commonly used assessments

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* Resource list of research-based programs

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### Intervention strategies

1. [ ] would not be useful
2. [ ] would not be useful
3. [ ] would not be useful
4. [ ] would not be useful
5. [ ] would be vitally useful

### Resource list of useful educational websites and games

1. [ ] would not be useful
2. [ ] would not be useful
3. [ ] would not be useful
4. [ ] would not be useful
5. [ ] would be vitally useful

### Tips from seasoned educational therapists

1. [ ] would not be useful
2. [ ] would not be useful
3. [ ] would not be useful
4. [ ] would not be useful
5. [ ] would be vitally useful

### Glossary of educational terms

1. [ ] would not be useful
2. [ ] would not be useful
3. [ ] would not be useful
4. [ ] would not be useful
5. [ ] would be vitally useful

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In an effort to develop the best possible toolkit for educational therapists, please list any additional resources or tools that would be beneficial to you in your professional practice.

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Appendix B: Toolkit Survey: Seasoned ETs

Survey for Educational Therapists

* Required

Please indicate where you received your education in educational therapy:

Master’s Programs

☐ California State University, Northridge
☐ Holy Names College
☐ San Francisco State University
☐ Other: 

Post-Graduate Certificate in Educational Therapy Programs

☐ University of California, Los Angeles
☐ University of California, Riverside
☐ University of California, Santa Cruz
☐ California State University, Northridge
☐ Holy Names College
☐ Curry College
☐ Other: 

Do you currently practice as an educational therapist? *

☐ Yes
☐ No

If so, how many years have you been in practice? *

☐ 0-2
☐ 2-5
☐ 5-10
☐ 10-15
☐ 15-20
☐ 20-25
☐ 25-30
☐ more than 30
Do you work in a school setting or a private practice setting? *

- School setting
- Private practice setting
- Both
- Other: 

Thinking back to when you began your career as an educational therapist, were you provided or did you acquire any handbook, manual, or toolkit that served as a reference or resource to assist you in developing your professional practice? *

- Yes
- No

Are you familiar with the term and/or the idea behind a toolkit? *

- Yes
- No

Thinking back to when you first began your career, consider to what extent you think a toolkit made especially for novice educational therapists, complete with forms, resource lists, and strategies would have been useful to you in developing your professional practice? *

Toolkits are collections of flexible and adaptable educational program resources that target one issue or one audience.

1 2 3 4 5

would not be useful ☐ ☐ ☐ ☐ ☐ would be vitally useful
Please rate your perceived usefulness of the following toolkit resources: *

### Professional Forms

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* Guidelines on starting a professional practice

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* Resource list of research-based programs

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* Intervention strategies

1 2 3 4 5
would not be useful ☐ ☐ ☐ ☐ ☐ would be vitally useful

* Resource list of useful educational websites and games

1 2 3 4 5
would not be useful ☐ ☐ ☐ ☐ ☐ would be vitally useful

* Tips from seasoned educational therapists

1 2 3 4 5
would not be useful ☐ ☐ ☐ ☐ ☐ would be vitally useful

* Glossary of educational terms

1 2 3 4 5
would not be useful ☐ ☐ ☐ ☐ ☐ would be vitally useful

In an effort to develop the best possible toolkit for educational therapists, please list any additional resources or tools that would be beneficial to you in your professional practice.
Appendix C: Professionalization Survey

Educational Therapy - Professionalization Survey

* Required

What educational degree(s) do you hold? *
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Post-Master's Certificate
- Doctoral Degree
- None
- Other: ________________________________

Please specify the subject(s) of your degree(s).
(e.g. M.A. in Special Education, B.A. in Child Development, Ph.D in Educational Psychology)

What credential(s) or certificate(s) do you hold? *
Please check all that apply.
- Multiple Subject Teaching Credential (Preliminary)
- Multiple Subject Teaching Credential (Clear)
- Single Subject Teaching Credential (Preliminary)
- Single Subject Teaching Credential (Clear)
- Education Specialist Credential (Level I)
- Education Specialist Credential (Level II)
- Resource Specialist
- Learning Handicapped (LH)
- Severely Handicapped (SH)
- Educational Therapy Certificate
- Reading and Language Arts Specialist Credential
- Reading Certificate
- Administrative Services Credential (Preliminary)
- Administrative Services Credential (Clear)
- Pupil Personnel Services Credential (School Psychology)
- Pupil Personnel Services (School Counseling)
- None
- Other: ________________________________
What type(s) of training in educational therapy do you have? *
Please check all that apply.
☐ Master's Program in Educational Therapy
☐ Post-Master's Certificate Program in Educational Therapy
☐ Principles of Educational Therapy Course
☐ Educational Therapy Institute
☐ Apprenticeship with a trained educational therapist
☐ Employment at a learning center
☐ None
☐ Other: ____________________________

Do you describe and/or promote yourself as an educational therapist? *
☐ Yes
☐ No

Are you currently a member of AET (Association of Educational Therapists)? *
☐ Yes
☐ No

How many years have you been a member of AET? *
☐ 0-2
☐ 2-5
☐ 5-10
☐ 10-15
☐ 15-20
☐ more than 20
Have you been a member of AET in the past? *
- Yes
- No

Why are you currently not a member of AET? *
Professionalization is a complex and dynamic process. Please rate your perceived level of importance of each of the following potential steps in terms of driving the profession of educational therapy forward.

* Licensure (official authorization granted from a governmental agency to practice an occupation which involves a high level of specialized skill)

1  2  3  4  5
not very important  ○  ○  ○  ○  critically important

* Accreditation (voluntary process that evaluates institutions, agencies, and educational programs to ensure they meet certain established qualifications and standards)

1  2  3  4  5
not very important  ○  ○  ○  ○  critically important

* Direct Access (receiving evaluation and treatment without first receiving a referral)

1  2  3  4  5
not very important  ○  ○  ○  ○  critically important

* Lobbying Congress (lobbying efforts generally include fighting for representation in various laws and bills, as well as working toward insurance reimbursement)

1  2  3  4  5
not very important  ○  ○  ○  ○  critically important
* Increasing AET membership

1 2 3 4 5
not very important ◯ ◯ ◯ ◯ ◯ critically important

* Building national and international recognition

1 2 3 4 5
not very important ◯ ◯ ◯ ◯ ◯ critically important

* Developing new resources and materials

1 2 3 4 5
not very important ◯ ◯ ◯ ◯ ◯ critically important

* Advancing research

1 2 3 4 5
not very important ◯ ◯ ◯ ◯ ◯ critically important

* Increasing training facilities

1 2 3 4 5
not very important ◯ ◯ ◯ ◯ ◯ critically important
Please rate your perceived level of importance of each of the following potential steps in terms of its benefit for novice educational therapists.

* Licensure (official authorization granted from a governmental agency to practice an occupation which involves a high level of specialized skill)
  
  1  2  3  4  5  

  not very important  ○  ○  ○  ○  critically important

* Accreditation (voluntary process that evaluates institutions, agencies, and educational programs to ensure they meet certain established qualifications and standards)
  
  1  2  3  4  5  

  not very important  ○  ○  ○  ○  critically important

* Direct Access (receiving evaluation and treatment without first receiving a referral)
  
  1  2  3  4  5  

  not very important  ○  ○  ○  ○  critically important

* Lobbying Congress (lobbying efforts generally include fighting for representation in various laws and bills, as well as working toward insurance reimbursement)
  
  1  2  3  4  5  

  not very important  ○  ○  ○  ○  critically important
| *                                                                 |
|                                                                |
| Increasing AET membership                                      |
| 1 2 3 4 5                                                      |
| not very important ○ ○ ○ ○ ○ critically important             |
|                                                                |
| *                                                               |
| Building national and international recognition                 |
| 1 2 3 4 5                                                      |
| not very important ○ ○ ○ ○ ○ critically important             |
|                                                                |
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| Developing new resources and materials                          |
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| *                                                               |
| Advancing research                                             |
| 1 2 3 4 5                                                      |
| not very important ○ ○ ○ ○ ○ critically important             |
|                                                                |
| *                                                               |
| Increasing training facilities                                  |
| 1 2 3 4 5                                                      |
| not very important ○ ○ ○ ○ ○ critically important             |