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**Mandala Therapy
What It Is & What It Offers**

**The Role of Educational Therapists in
Supporting Children and Youth with
Gender Dysphoria**

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Paper 1

The Role of Educational Therapists in Supporting Children and Youth with Gender Dysphoria

Shania Saudah YUSOF M.Ed(SpEd), B.Sc., BCSE, FCollT
Educational Therapist
Private Practice, Singapore

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Abstract

This paper examines the role of educational therapy in supporting children and youth with gender dysphoria in school environments. Gender dysphoria, characterized by incongruence between assigned and experienced gender often co-exists with other developmental challenges. Through the lens of educational therapy, this paper offers personalized strategies for navigating the academic, emotional, and social challenges faced by children and youth with gender dysphoria focusing on collaborative efforts between therapists, parents and educators to affirm their identities and create a supportive environment.

Keywords: Educational therapy, Gender dysphoria,

Introduction

In recent years, there has been an increase in awareness and understanding of gender dysphoria (GenD), a condition characterized by a discrepancy between one's assigned gender at birth and their true gender identity, as highlighted in reports from the Singapore media (Oh, 2021). Symptoms of the condition, as defined by the DSM-5 (American Psychiatric Association/APA, 2013) and also in the DSM-5-TR (APA, 2022), include a marked incongruence between the experienced and assigned gender, accompanied by a persistent desire to be recognized as the opposite gender. Studies estimate that 0.5% to 1.3% of children, adolescents, and adults identify as transgender individuals (Zucker, 2017; Zucker & Lawrence, 2009). Children and youth living with gender dysphoria often encounter challenges related to self-esteem, peer bullying, concentration difficulties, anxiety, and reduced feelings of school belonging. These emotional struggles can lead to increased stress and negatively impact school attendance and educational performance (Aragon, Poteat, Espelage, & Koenig, 2014).

In supporting children and youth with GenD, educational therapists play a crucial role in fostering inclusivity within school environments. Through their specialized training and expertise, educational therapists focus on providing tailored support and resources to help children navigate their gender identity in a supportive and understanding educational setting. By working with teachers to create a nurturing and empathetic educational setting, educational therapists empower children to explore and navigate their gender identity with confidence and resilience. Their efforts contribute significantly to cultivating a school environment where every student feels embraced, understood, and supported in their journey of self-discovery and personal growth, thereby fostering a culture of acceptance and inclusivity.

What is Gender Dysphoria (GenD)?

Gender dysphoria (GenD) is a psychological condition where an individual's self-identified gender differs from their biological sex, leading to significant social and functional challenges (APA, 2013; also see De Vries et al., 2011, and Smith & Matthews, 2015, for detail). Formerly termed gender identity disorder (GID), it is now officially known as gender dysphoria (GenD) in DSM-5 (APA, 2013) as well as DSM-5-TR (APA, 2022), and as gender incongruence in the International Classification of Diseases-11th Edition (ICD-11; World Health Organization/WHO, 2019/2020) - "adopted by the 72nd World Health Assembly (WHA 72.15) in 2019 and came into effect on 1st January 2022", listed in ICD-11 (WHO, 2024, para. 2).

For children diagnosed with GenD, criteria include a strong identification with the opposite gender and discomfort with one's biological sex characteristics. Symptoms can manifest as early as two years old, with some persisting into adolescence and adulthood (Cohen-Kettenis et al., 2002; Drummond et al., 2008). Prevalence rates are estimated to be around 0.01% of natal males and 0.003% of natal females, with increasing referrals, especially among children (American Psychiatric Association, 2013).

A recent study done by van der Miesen, de Vries, Steensma, and Hartman (2018) has pointed to an increase in symptoms of Autism Spectrum Disorder (ASD) among individuals with gender dysphoria, suggesting ASD as a possible common co-occurring condition. It is notable that the core symptoms of GenD in childhood often occur alongside other psychosocial stressors and psychiatric disorders, rather than in isolation (Vrouenraets et al., 2015).

Apart from ASD, children and youth with GenD frequently experience psychiatric comorbidities, such as anxiety and depressive disorders (Holt et al., 2014), eating disorders (Russell & Keel, 2002), self-harm, and suicidality (Reisner et al., 2015) as well as psychosis and post-traumatic stress disorder (PTSD; Coleman et al., 2012). These findings underscore the complex nature of GenD and the importance of comprehensive assessment and support for affected individuals.

Children and youth with GenD often rely on caregivers and health professionals to make treatment decisions on their behalf, sparking debates over parental authority and access to medical interventions (Drescher et al., 2016; Priest, 2019) as the legal age of such interventions are recommended as above 21 years old. Gender clinics around the world have different ways of assessing and treating children with gender dysphoria. Some clinics strongly disagree with any medical intervention prior to adulthood and instead focus on psychological treatment for both the family and the child (De Vries & Cohen-Kettenis, 2012; Steensma et al., 2013). Other treatment models include a social role transition to the affirmed gender, which is seen as a reversible means of managing the child's distress until it is known whether the gender dysphoria is persisting into adolescence (Steensma et al., 2013). Understanding and addressing the needs of children with gender dysphoria require careful consideration of psychological, social, and ethical factors, highlighting the importance of comprehensive support and interdisciplinary collaboration in their care (Kruekels & Cohen-Kettenis, 2011).

Educational Therapy in supporting Children and Youth with Gender Dysphoria

Educational therapy, according to Chua and Xie (2024), is described as a personalized and targeted approach aimed at supporting children and adolescents facing learning difficulties or special needs. Its primary focus lies in addressing academic challenges, nurturing cognitive skills, and improving overall educational performance. Fogelson, Slucki, and Werbach (1994) further refined this definition in their article "The Parameters of Educational Therapy" published in *The Educational Therapist*. They define educational therapy as serving a population of young children, adolescents, and adults who seek evaluation and remediation for various learning problems. These may include dyslexia, poor academic performance, test anxiety, reading/writing/language/math difficulties, attention deficit disorder, and challenges related to school placement (as cited in Mosk, 2004). Additionally, Werbach (2002) characterizes educational therapy as the clinical aspect of special needs education, encompassing assessment, intervention, and correction of learning difficulties.

However, when working with children and youth experiencing gender dysphoria, educational therapists have to take a very different approach to address both their educational and gender-related needs. Students with gender dysphoria have unique educational and gender-related needs that require understanding and support from their family members, classmates, teachers and school administrators. The author has listed the following key considerations, taken from EdTx Case Notes (Chia, 2022):

1. *Inclusive Environment*: Creating an inclusive and supportive environment where students feel safe expressing their gender identity is crucial. This includes using their preferred name and pronouns, providing gender-neutral facilities if possible, and addressing any instances of bullying or discrimination promptly.
2. *Respect for Identity*: Educators should respect the student's gender identity and ensure that they are treated with dignity and acceptance. This may involve staff training on gender diversity and sensitivity.

3. *Access to Resources*: Providing access to resources and support services such as counseling, support groups, and LGBTQ+ organizations can help students navigate their gender identity and address any challenges they may face.
4. *Flexible Policies*: Schools may need to adapt policies related to dress codes, sports participation, and restroom facilities to accommodate the needs of students with gender dysphoria. Flexibility and understanding are key in ensuring that all students feel included and supported.
5. *Education and Awareness*: Educating both students and staff about gender diversity and the experiences of individuals with gender dysphoria can foster empathy, understanding, and acceptance within the school community.
6. *Supportive Peer Relationships*: Encouraging positive peer relationships and fostering a culture of respect and acceptance among students can help create a supportive social environment for students with gender dysphoria.
7. *Individualized Support Plans*: Developing individualized support plans in collaboration with the student, their family, and relevant professionals can address specific educational and emotional needs, ensuring that the student can thrive academically and emotionally.

By addressing these educational and gender-related needs, schools can create a more inclusive and supportive environment where students with gender dysphoria can learn and grow with confidence.

Radecki (1984) highlights the diverse skill set required for educational therapists, ranges from academic tutoring to psychotherapy. However, the educational therapists' breadth of skills and techniques are unique to managing both learning and behaviour that occurs in educational setting in comparison to traditional teaching or psychotherapeutic approaches.

Educational therapists supporting children with gender dysphoria offer personalized assistance to help them navigate academic, emotional, and social challenges in school. By tailoring strategies and interventions to each child's unique needs, educational therapists help them develop coping mechanisms, enhance self-esteem, and cultivate a sense of belonging within the school community.

In 1985, the AET Executive Committee approved and published a *Code of Ethics and Standards for Professional Practice*, which emphasizes the primary aim of educational therapy as optimizing learning and school adaptation, acknowledging the interconnection of emotional, behavioral, and learning challenges. For children and youth with gender dysphoria, this would also mean to create a safe and supportive environment where they can explore and express their gender identity comfortably..

Educational therapists are proficient in various areas, including formal and informal educational assessment, synthesizing information from various sources including specialists and parents, designing and implementing tailored remedial programs for academic and behavioral issues, addressing social and emotional dimensions of learning challenges, fostering supportive relationships with individuals and stakeholders involved in their educational journey, and facilitating effective communication among individuals, families, schools, and professionals (AET, 1985) This involves working closely with educators, school counselors, and parents to implement inclusive policies and practices that affirm the gender diversity of all students. By promoting understanding and acceptance, educational therapists help mitigate the stigma and discrimination often faced by children with gender dysphoria, fostering a more inclusive school culture.

Role of Educational Therapy in Building Inclusive School Environments

Educational therapy plays a crucial role in building inclusivity within school environments by promoting empathy, respect, and acceptance among students, teachers, and staff. By incorporating diverse perspectives and experiences into the curriculum, educational therapists help create a learning environment that celebrates individual differences and promotes mutual understanding.

Furthermore, educational therapists equip educators with the knowledge and skills needed to support children with gender dysphoria effectively. Training sessions and professional development opportunities empower teachers to create gender-affirming classrooms where all students feel valued and respected. In Singapore, there has been a collective call from over 300 teachers, counselors, and social workers for the Ministry of Education to implement clear policies supporting students with gender dysphoria (Lim, 2021). By fostering open

communication and collaboration, educational therapy fosters a culture of inclusivity that extends beyond the classroom walls.

Impact of External Factors Children and Youth with Gender Dysphoria:

While educational therapy is important, external factors like societal attitudes, cultural norms, and institutional barriers can greatly worsen emotional difficulties for children with gender dysphoria in schools. These factors add to the challenges already faced internally, making it harder for them to cope. Stigma, discrimination, and limited resources can also make it difficult for these children to access quality educational therapy services, further worsening their academic and emotional struggles. Let's explore their impact in more detail:

1. Stigma and Discrimination:

- Children and youth with gender dysphoria often face stigma and discrimination from peers, educators, and even family members due to prevailing societal attitudes and misconceptions about gender diversity. This can lead to feelings of shame, isolation, and low self-esteem, exacerbating emotional distress.
- Discriminatory behaviors such as bullying, harassment, and exclusion can further isolate children with gender dysphoria, making it difficult for them to feel safe and accepted in the school environment. Persistent discrimination can have long-lasting effects on their mental health and well-being. Discriminatory behaviors correlate with increased absenteeism, as students fear ridicule or violence, disrupting their learning and perpetuating disengagement from the educational system.
- Experiences of victimization, reduced feelings of school belonging, and emotional distress can negatively affect school attendance and educational performance (Aragon, Poteat, Espelage, & Koenig, 2014). It takes an emotional toll, diminishing students' motivation to learn and participate in classroom activities, leading to academic decline and further exacerbating feelings of isolation and inadequacy, posing significant barriers to educational success.

2. Lack of Support Systems:

- Many children and youth with gender dysphoria lack adequate support systems both at home and in school. Without supportive family members or friends who understand and affirm their gender identity, they may feel misunderstood and unsupported, leading to feelings of loneliness and alienation.
- Family support also helps them navigate this complex issue and access necessary medical care. Unfortunately, when families are unsupportive or refuse to acknowledge their child's gender identity, it can lead to feelings of isolation and distress. This lack of support often results in barriers to accessing important treatments like hormone replacement therapy (HRT), which is vital for alleviating gender dysphoria symptoms and affirming one's gender identity. Research by Oh (2021) highlights that some young people with gender dysphoria face difficulties starting HRT due to lack of support from their family.
- In schools where educators and administrators are not trained to address the needs of gender-diverse students, children with gender dysphoria may struggle to find allies or mentors who can provide guidance and support (Oh, 2021). This lack of support can compound their emotional difficulties and hinder their academic success.

3. Cultural Norms and Expectations:

- Cultural norms and expectations surrounding gender roles and identities can exacerbate pressure and stress for children with gender dysphoria. In societies where deviation from traditional gender norms is stigmatized, these children may face heightened scrutiny and judgment from peers and communities. Some may feel compelled to conform to cisgender norms in order to fit in (VanderLaan et al., 2015).
- Traditional gender norms may also limit access to gender-affirming resources and support services, forcing children to suppress or hide their true identities out of fear of rejection or reprisal. This can lead to internalized shame and self-denial, further exacerbating emotional distress.

4. Institutional Barriers:

- Schools may lack inclusive policies and resources to support children with gender dysphoria effectively. Limited access to gender-neutral restrooms, changing facilities, and dress code accommodations can create practical challenges for gender-diverse students and contribute to feelings of marginalization (Oh, 2021).
- Additionally, outdated or discriminatory policies related to student records, enrollment forms, and identification documents may force children to disclose their gender identity against their wishes or face administrative hurdles. This lack of institutional support can increase stress and anxiety for children with gender dysphoria and undermine their sense of safety and belonging in school.

How Educational Therapy can help Children and Youth with Gender Dysphoria.

Educational therapy for children with gender dysphoria is instrumental in addressing both emotional struggles and academic challenges they may encounter within the school environment.

1. Supporting emotional well-being:

- *Validation and Affirmation:* Educational therapists provide a safe and nonjudgmental space where children can explore and express their feelings about their gender identity. Techniques such as journaling help them document their stressors and truly express how they feel about their current stressors at home or in school. By validating their experiences and affirming their identities, therapists help alleviate
- *Coping Strategies:* Children with gender dysphoria may experience heightened levels of anxiety, depression, and dysphoria. Educational therapists teach coping strategies such as mindfulness, relaxation techniques, and cognitive-behavioral strategies to help children manage their emotions and respond to challenging situations effectively.
- *Building Self-Esteem:* Gender dysphoria can take a toll on a child's self-esteem and sense of self-worth. Through targeted interventions and activities, educational therapists help children develop a positive self-image and build confidence in themselves and their abilities.

2. Addressing learning differences (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023):

Recent studies, such as those conducted by van der Miesen, de Vries, Steensma, and Hartman in 2018, have revealed a significant overlap between children with gender dysphoria and those experiencing other developmental challenges, such as Autism Spectrum Disorder (ASD). This underscores the complexity of addressing the needs of children with gender dysphoria, as they may require specialized support tailored to their unique circumstances. Educational therapists, equipped with an understanding of the diverse learning styles and needs of children and youth co-morbidities, play a crucial role in providing targeted interventions and strategies to accommodate these complexities. By leveraging specialized techniques, educational therapists can effectively address the educational and developmental needs of children and youth with gender dysphoria, ensuring they receive the support necessary to thrive academically and emotionally.

3. Academic Support:

- *Individualized Education Plan (Kaganoff, 2019; Marshall & Rotter, 2023):* Educational therapists play a pivotal role in designing personalized learning plans that address the specific strengths and challenges of each child, aiding them in overcoming obstacles in their educational journey. Working closely with teachers, these therapists develop individualized education plans (IEPs) tailored to the unique needs and strengths of children experiencing gender dysphoria. IEPs serve as valuable tools for promoting awareness and understanding of gender diversity among both teachers and peers. Through collaboration with educators, educational therapists identify areas where children may require additional assistance or accommodations within their learning environment, ensuring that they receive the support necessary to thrive academically and emotionally. Accommodations within IEPs may include:
 - *Extended Time on Assignments:* Recognizing that children with gender dysphoria may face added stress or distractions due to their condition, IEPs may allow for extended time on assignments to alleviate pressure and promote a more relaxed learning environment.
 - *Modified Assignments:* Educational therapists may work with teachers to adapt assignments to better suit the needs of children with gender dysphoria. This could involve simplifying tasks, providing additional resources, or adjusting expectations to ensure they are both challenging and attainable, bearing in mind that they may have issues with concentration and memory when they experience stress and/or anxiety when experiencing situations that exacerbate their dysphoria.
- *Skills development (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023):* Children and youth experiencing gender dysphoria may encounter challenges with concentration, motivation, and organizational skills, often stemming from emotional distress or hormonal changes. In response, educational therapists provide targeted support by teaching study skills, time management techniques, and organizational strategies. These interventions aim to help children maintain focus and achieve academic success. Through educational therapy, children are guided to develop specific

academic, social, and emotional skills. This personalized approach allows them to build competencies at a pace that suits their individual needs, ultimately fostering confidence and independence in their educational journey.

4. Collaboration and Advocacy (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023):

Educational therapists play a crucial role in advocating for the educational rights and accommodations of children with gender dysphoria, ensuring they have the necessary resources and support to excel academically. They collaborate closely with school administrators, teachers, and support staff to establish an inclusive learning environment where all students feel respected and supported. Furthermore, educational therapists work alongside educators, parents, and other professionals to provide comprehensive support for children with special educational needs. They advocate for inclusive educational practices and resources, benefiting not only individual students but also promoting a more inclusive educational system as a whole.

By addressing both emotional struggles and academic challenges, educational therapy empowers children with gender dysphoria to reach their full potential and succeed in school. Through a combination of emotional support, skill-building, and advocacy, educational therapists play a crucial role in fostering resilience, confidence, and academic achievement in children with gender dysphoria.

Advocacy efforts and policy initiatives are essential to ensure equitable access to educational services for all students, regardless of their gender identity. In Singapore, Education Minister Lawrence Wong emphasized the importance of schools being flexible and making practical arrangements for students with gender dysphoria, especially when supported by valid medical reasons.

Advocacy efforts and policy initiatives are crucial to ensuring equitable access to educational services for all students, regardless of gender identity. In Singapore, Education Minister Lawrence Wong stressed the importance of schools being flexible and accommodating for students with gender dysphoria, particularly with valid medical reasons (Lim, 2021). Collaborative partnerships between schools, mental health professionals, and community organizations are essential for bridging service gaps and driving systemic change. By recognizing the unique needs of each student with gender dysphoria and working closely with medical professionals, students, and parents to develop individualized education plans and accommodations, schools can create a supportive environment for academic and social success. Education Minister Lawrence Wong emphasized the “principles of dignity and respect in supporting these students, noting that gender identity issues should not become divisive cultural battlegrounds as seen in some Western societies”. (Lim, 2021)

Conclusion

In conclusion, educational therapy plays a vital role in supporting children with gender dysphoria and promoting inclusivity in school environments. By providing tailored support, fostering understanding, and advocating for systemic change, educational therapists contribute to creating safe and affirming spaces where all students can learn and grow. To create more inclusive spaces, continued efforts to raise awareness, promote acceptance, and advocate for policy change are essential to ensure that every child receives the support they need to succeed, regardless of their gender identity.

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Paper 2**Mandala Therapy: What It is & What it offers**

Tina Qi WANG B.Sc (Bus)., Reg.DDAT (IACT), Cred.SNET (IACT)
Registered Dialogic-Diagnostic Arts Therapist & Educational Therapist
Crossland Education & Enrichment School, Singapore

Citation: Wang, T. Q. (2024). Mandala therapy: What it is & what it offers. *The Asian Educational Therapist*, 2(1), 11-18.

Abstract

Mandala therapy, derived from ancient spiritual and cultural traditions, utilizes intricate geometric patterns known as mandalas to promote physical and mental wellness. Rooted in the Sanskrit word for “circle”, mandalas symbolize unity and wholeness. This therapy encompasses mindfulness, self-expression, spiritual connection, and cognitive engagement to nurture holistic well-being. By creating and coloring mandalas, individuals enter a meditative state that induces relaxation, reduces stress, and fosters emotional release. Through this process, they gain insight into their emotions and experiences, enhancing emotional resilience and self-awareness. Moreover, mandalas symbolize unity with the universe, fostering inner peace and spiritual well-being. Additionally, mandala therapy enhances cognitive function, improving focus, concentration, and problem-solving skills. Overall, mandala therapy offers a multifaceted approach to well-being, empowering individuals to cultivate a deeper understanding of themselves and leading to enhanced resilience and fulfillment.

Keywords: Mandala therapy, Mindfulness, Self-expression, Spiritual connection, Cognitive engagement

Introduction

Mandala therapy, derived from the ancient Sanskrit word for “circle”, has roots in Hindu and Buddhist traditions, symbolizing the wholeness and harmony of the vast universe (Mansilla, 2020; Orfanidis, 2020; Xie & Wang, 2021). Originating in India, mandalas were used as spiritual and ritual symbols, aiding meditation and focusing the mind (Davis, 2016; Xie & Wang, 2021). In Tibetan Buddhism, monks created intricate sand mandalas as a form of meditation and a transient representation of the cosmos (Davis, 2016; Lopes, 2020).

In contemporary psychology, Carl Jung (b.1875-d.1961) introduced mandalas as a therapeutic tool, seeing them as representations of the self and the psyche’s structure. He believed that creating or contemplating mandalas could facilitate individuation, the process of integrating one’s personality (Jung, 1969, 2017). This concept gained traction in art therapy, where clients create mandalas to explore their inner thoughts and emotions. The act of coloring or drawing mandalas can promote relaxation, mindfulness, and self-awareness (Xie & Wang, 2021).

Today, mandala therapy is widely used in various therapeutic settings, including counseling, psychotherapy, and stress reduction programs (Kim et al., 2018; Liu, 2021; Xie & Wang, 2021). It is employed to address a range of mental health issues such as anxiety (Campenni & Hartman, 2020), depression (Gürcan & Turan, 2021), PTSD (Gbur, 2017; Stalin & Joy, 2018), and addiction recovery (Scott & Ross, 2006; Ziert, 2015). The repetitive patterns and symmetrical designs of mandalas can soothe the mind, reduce stress, and promote emotional healing (Xie & Wang, 2021). Moreover, the process of creating mandalas encourages self-expression, creativity, and introspection (Henderson, 2010).

In addition to traditional paper and pencil methods, digital platforms and apps offer accessible ways to engage in mandala therapy. This modern adaptation allows individuals to explore mandalas wherever they are, further democratizing its therapeutic benefits (Jones, 2018).

In essence, mandala therapy has evolved from its ancient spiritual roots to become a versatile psychological tool, offering individuals a means to explore their inner world, promote self-discovery, and foster mental well-being in today's fast-paced world.

Spiritual Implications of Mandala Therapy

As mentioned in the beginning, mandala therapy, rooted in ancient spiritual traditions, holds profound significance across various cultures, particularly in Hinduism, Buddhism, and Native American traditions (Xie & Wang, 2021). At its core, a mandala represents the universe, symbolizing wholeness, harmony, and the interconnectedness of all things. The spiritual implications of mandala therapy are deeply ingrained in its symbolism, process, and therapeutic effects (see Andrea & Neel, 2011, for detail).

To reiterate here once again, the word “mandala” originates from Sanskrit, meaning “circle” or “center” (Mansilla, 2020; Orfanidis, 2020; Xie & Wang, 2021). In therapy, creating and interacting with mandalas serves as a meditative practice, facilitating self-expression, self-discovery, and inner healing. As individuals engage in the process of designing or coloring mandalas, they embark on a journey of introspection (Liang et al., 2020), tapping into their subconscious mind (Jung, 1969, 2017; Munthe & Molino, 2015) and accessing deeper layers of self-awareness (Quinn, 2014; Wu, 2017).

Each element within a mandala holds symbolic significance, reflecting various aspects of existence. The circular shape represents the cyclical nature of life, eternity, and the universe's endless flow. Symmetry and balance within the mandala mirror the equilibrium sought in spiritual and psychological well-being (Beaucaire, 2012; George, 1999). Mandalas often incorporate geometric patterns, sacred symbols, and vibrant colors, each carrying unique meanings and energies.

Moreover, the act of creating or coloring mandalas induces a state of mindfulness, promoting relaxation, concentration, and stress reduction (Wang & Chia, in press). By immersing oneself in the intricate details of the mandala, individuals quiet the chatter of the mind, cultivating a sense of peace and tranquility. This meditative process fosters a deeper connection with the self, allowing for emotional release, insight, and personal transformation (Quinn, 2014).

In spiritual traditions, mandalas are regarded as tools for meditation, prayer, and spiritual growth (Liu et al., 2020). They serve as visual representations of cosmic order and divine unity, guiding practitioners on a path of self-realization and enlightenment. Mandalas are often used in rituals, ceremonies, and sacred practices to invoke healing, protection, and spiritual awakening.

Overall, mandala therapy encompasses a holistic approach to healing, integrating spiritual, psychological, and creative elements (Khurana & Wadhawan, 2023; Liu et al., 2020). Through the creation and contemplation of mandalas, individuals embark on a transformative journey of self-exploration, empowerment, and spiritual awakening, aligning with the universal principles of harmony, balance, and interconnectedness.

Types of Mandala Therapy

Mandala therapy encompasses various forms, each offering unique benefits for emotional, mental, and spiritual well-being. Below are selected six forms of mandala therapy along with their respective descriptions and purposes:

1. Coloring Mandalas:

What it is: Coloring mandalas involves filling intricate geometric patterns with colors. This form of therapy encourages mindfulness, focusing attention on the present moment. It promotes relaxation, reduces stress, and enhances creativity.

Purpose: It is to achieve a meditative state, calming the mind and relieving tension (Liu, 2021; Xie & Wang, 2021).

2. Mandala Meditation:

What it is: Mandala meditation involves gazing at a mandala image while focusing on the breath or a mantra. The practitioner allows thoughts to arise and pass without attachment, fostering a sense of inner peace and clarity.

Purpose: It is to deepen self-awareness, cultivate concentration, and connect with one's spiritual essence (Bühnemann, 2017, 2020).

3. Sand Mandala Creation:

What it is: Sand mandalas are intricate designs created by pouring colored sand onto a surface. This form of therapy is often practiced in Tibetan Buddhist traditions. The process is highly ceremonial, with each grain of sand representing impermanence.

Purpose: It is to cultivate patience, impermanence acceptance, and detachment from material possessions (Alt, 2020).

4. Mandala Dance Therapy:

What it is: Mandala dance therapy involves moving the body in circular patterns, often to rhythmic music. Participants express their emotions, release energy blockages, and connect with their inner selves through movement.

Purpose: It is to promote physical well-being, emotional expression, and spiritual integration (Pasc, 2016).

5. Mandala Art Therapy:

What it is: Mandala art therapy involves creating mandalas using various artistic mediums such as drawing, painting, or collage. Participants express their thoughts, feelings, and experiences through symbolic imagery. The process encourages self-expression, self-discovery, self-healing and personal growth (Khurana & Wadhawan, 2023; Liu et al., 2020; Sampsson, 2019).

Purpose: It is to access unconscious emotions, explore inner conflicts, and foster healing and transformation.

6. Digital Mandala Therapy:

What it is: Digital mandala therapy involves creating mandalas using digital tools such as software or apps. This form of therapy combines technology with creativity, offering a modern approach to mandala creation.

Purpose: It is to engage individuals in a therapeutic artistic process, promoting relaxation, mindfulness, and stress reduction (Donahue, 2017; Kim & Choi, 2023).

Each form of mandala therapy offers a pathway to self-discovery, healing, and personal growth. Whether through coloring, meditation, dance, or art, mandalas serve as powerful tools for holistic well-being.

How Mandala Therapy can be applied in Educational Therapy

The author of this paper, being a registered dialogic-diagnostic arts therapist, is also a practicing educational therapist in private practice. She firmly believes that mandala therapy and educational therapy (see Chua & Chia, 2023a, 2023b, for detail on educational therapy) for students with special needs can complement each other in several ways, offering holistic support for cognitive, emotional, and behavioral development. Below are her points of contention in support of incorporating mandala therapy into educational therapy.

Firstly, mandala therapy provides a creative outlet for self-expression and emotional processing. Students with special needs may struggle with verbal communication or emotional regulation, making it difficult to express themselves effectively. Mandala therapy offers a non-verbal means of expression, allowing students to communicate their feelings, thoughts, and experiences through art. This can be particularly beneficial in educational therapy sessions where traditional verbal communication may be challenging.

Moreover, mandala therapy promotes relaxation and mindfulness, which are essential for effective learning and emotional regulation. Many students with special needs experience heightened levels of stress and anxiety, which can impede their ability to focus and engage in educational activities. Mandala therapy encourages students to focus on the present moment, reducing stress and promoting a sense of calmness that can enhance their receptiveness to educational interventions.

Additionally, mandala therapy fosters cognitive development by stimulating creativity, problem-solving skills, and spatial awareness. Engaging in the creation of mandalas requires students to make decisions about colors, patterns, and shapes, which can enhance their cognitive flexibility and executive functioning skills. These cognitive benefits can complement the goals of educational therapy by improving students' ability to process information, make connections, and solve problems in academic and social contexts.

Furthermore, mandala therapy promotes self-awareness and self-esteem, which are crucial for academic success and social integration. As students create mandalas and reflect on their meaning, they gain insights into their own thoughts, feelings, and strengths. This self-awareness can empower students to advocate for their needs, set realistic goals, and develop positive attitudes towards learning and self-improvement.

To sum up, this author reiterates that mandala therapy can be a valuable adjunct to educational therapy for students with special needs, offering a holistic approach that addresses cognitive, emotional, and behavioral aspects of development. By incorporating mandala therapy into intervention programs, educators and therapists can enhance the effectiveness and inclusivity of their support services, promoting the holistic well-being and academic success of students with special needs.

How Mandala Therapy can contribute to Overall Well-Being

Being rooted in ancient spiritual and cultural traditions, mandala therapy offers a holistic approach to promoting physical and mental wellness (Liu, 2021). The circle-related meaning of the Sanskrit word “mandala” refers to the symbolic representation of wholeness and unity. When utilized as a therapeutic tool, mandalas serve as intricate geometric patterns, often created and colored by individuals during meditative sessions, and using this form of meditative therapy can contribute to overall well-being of a person, be they a child, an adolescent or an adult.

Firstly, engaging in mandala creation fosters mindfulness and relaxation (Gray-Foti, 2019). The intricate designs require focus and attention to detail, drawing practitioners into a state of deep concentration akin to meditation. This meditative state induces relaxation, reduces stress, and lowers cortisol levels, promoting physical relaxation and alleviating symptoms of anxiety and depression (Bühnemann, 2017, 2020).

Secondly, mandala therapy encourages self-expression and creativity (Henderson, 2010; Holbrook Jr & Comer, 2017). As individuals design and color their mandalas, they tap into their subconscious minds, allowing emotions, thoughts, and experiences to surface freely. This process facilitates emotional release, self-awareness, and self-discovery, empowering individuals to explore and express their innermost feelings and thoughts. Through creative expression, individuals gain insight into their emotions and experiences, fostering emotional resilience and promoting mental well-being (Henderson, 2010; Holbrook Jr & Comer, 2017).

Moreover, mandalas symbolize unity, harmony, and interconnectedness. As individuals immerse themselves in the creation and contemplation of mandalas, they connect with a sense of wholeness and balance within themselves and the universe. This connection cultivates a profound sense of inner peace, acceptance, and spiritual well-being, transcending the boundaries of the physical body and mind.

Furthermore, mandala therapy can enhance cognitive function and problem-solving skills. The process of designing and coloring mandalas stimulates the brain, improving focus, concentration, and cognitive flexibility. This cognitive engagement promotes mental agility, enhances memory retention, and sharpens analytical skills, contributing to overall cognitive well-being.

In summary, mandala therapy offers a multifaceted approach to promoting physical and mental wellness (Liu, 2021). Through mindfulness, self-expression, spiritual connection, and cognitive engagement, mandala therapy nurtures holistic well-being, fostering relaxation, emotional balance, and cognitive vitality. Integrating mandala therapy into daily practice can empower individuals to cultivate a deeper understanding of themselves, leading to enhanced resilience and a greater sense of fulfillment in life.

Limitations of Mandala Therapy and How to circumvent Them

Mandala therapy, while effective for many individuals, does have its limitations, too (see Zhang, , Liu, & Huang, 2024, for detail). According to the recent study done by Zhang, Liu and Huang, 2024), “the therapeutic benefits of using mandalas for improving the psychological well-being of patients are uncertain” (p. 25). The authors went on to argue that “[M]ore well-designed and high-quality studies in the field of MA are needed in the future” (Zhang, Liu, & Huang, 2024, p. 25).

One obvious limitation that the author of this paper has noted is the accessibility of mandala therapy. Not everyone finds drawing or creating mandalas enjoyable or therapeutic. Additionally, for those with limited artistic skills or physical disabilities, the process of creating intricate designs may be frustrating rather than therapeutic. Another limitation is that mandala therapy may not be suitable for individuals who struggle with abstract thinking or who have difficulty expressing themselves visually. Furthermore, some people may find it challenging to connect with the symbolism of mandalas, hindering their ability to derive therapeutic benefits.

To circumvent these limitations, this author suggested that several strategies can be employed. Firstly, offering alternative forms of expression, such as coloring pre-designed mandalas or engaging in other creative activities like journaling or collage-making, can provide therapeutic benefits to individuals who may struggle with drawing or creating mandalas from scratch. Additionally, providing guidance and support in understanding the symbolism of mandalas can help individuals better connect with the therapeutic process. This may involve explaining the meaning behind different colors, shapes, and patterns commonly found in mandalas, as well as encouraging self-reflection and exploration of personal symbolism.

Moreover, integrating technology can enhance accessibility and customization in mandala therapy (Donahue, 2017). Digital tools and applications can allow individuals to create mandalas using templates or even generate personalized mandalas based on their preferences and emotions. These digital platforms can also offer features such as color selection, resizing, and editing, catering to diverse needs and abilities. Additionally, incorporating mindfulness techniques alongside mandala therapy can help individuals focus on the present moment and cultivate a deeper sense of self-awareness and relaxation (Donahue & Dykeman, 2021).

In summary, while mandala therapy has its limitations, adapting the therapeutic approach to accommodate individual needs and preferences, providing alternative forms of expression, offering guidance in understanding symbolism, and leveraging technology and mindfulness techniques can help overcome these limitations and enhance the effectiveness of mandala therapy as a healing modality.

Conclusion

Mandala therapy, a practice deeply rooted in ancient traditions, offers a multifaceted approach to holistic wellness, blending art therapy, spirituality, and self-reflection (Foster, 2017; Lear, 2018; Marshall, 2003). As explored, mandalas serve as powerful creative tools for introspection, relaxation, and healing across various dimensions of human experience (Marshall, 2003).

Firstly, the diverse types of mandala therapy, ranging from coloring mandalas to creating personalized mandalas, provide individuals with a spectrum of options to engage with this therapeutic modality. Whether using pre-designed mandala templates or crafting original designs, individuals can tailor their practice to suit their unique needs and preferences, fostering a sense of agency and empowerment in their healing journey.

Moreover, the spiritual implications of mandala therapy cannot be understated (Sari Ozturk & Kilicarslan Toruner, 2022; Ziert, 2015). Rooted in spiritual traditions such as Hinduism, Buddhism, and Native American cultures, mandalas symbolize unity, harmony, and the interconnectedness of all existence. By engaging with mandalas, individuals can tap into this profound symbolism, transcending the ego and connecting with deeper aspects of the self and the universe.

Furthermore, the promotion of wellness through mandala therapy is evident in its ability to reduce stress, enhance mindfulness, and promote emotional expression. By immersing oneself in the creative process of mandala-making, individuals can enter a state of flow, where worries dissipate, and inner peace is cultivated. This meditative experience not only calms the mind but also nurtures emotional resilience, empowering individuals to navigate life's challenges with greater ease.

However, despite its numerous benefits, mandala therapy also has its limitations. Not everyone may resonate with this form of therapy, and some individuals may find it challenging to engage in the creative process or connect with the spiritual symbolism of mandalas. Additionally, while mandala therapy can complement traditional therapeutic approaches, it may not be a standalone solution for complex mental health issues.

In conclusion, mandala therapy offers a rich tapestry of therapeutic benefits, encompassing creativity, spirituality, and mindfulness. By incorporating mandalas into their self-care practices, individuals can embark on a journey of self-discovery, healing, and holistic wellness, embracing the transformative power of art and symbolism in their lives.

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Paper 3**Dementia seen from the Lens of an Educational Therapist**

Chong Lee WONG M.Ed(SpEd), M.Sc, Reg.ET (IACT), FRASAS
Registered Educational Therapist
Private Practice, Singapore

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Abstract

Dementia is often seen as a multifaceted syndrome that is characterized by a progressive decline in cognitive function (Abbatantuono, 2023). Such a decline results in significantly impairing an individual's ability to perform daily activities like feeding, dressing, personal hygiene, moving around and toileting, thus affecting personal independence. Instead of looking at dementia as a specific disease, it is actually a collective term encompassing various symptoms affecting memory, thinking, and social abilities ((Zimmermann, 2020). Patients with dementia face substantial challenges like shouting, wandering, throwing objects and even repetitive talking. These challenges often affect patient's families and caregivers as well as impacting quality of life and posing significant socioeconomic burdens on healthcare systems worldwide (Lillekroken, 2023). This paper attempts to describe the role of an Educational Therapist in helping individuals with dementia.

Key words: Coping strategies, Dementia assessment, Dementia types

Introduction

Dementia is defined as a complex syndrome characterized by a decline in cognitive function that impairs an individual's ability to perform daily activities. It is not a specific disease but rather a collective term for various symptoms affecting memory, thinking, and social abilities (American Psychiatric Association, 2013). The most common cause of dementia is neurodegenerative diseases. In such diseases, proteins clump together in a rather abnormal manner and they exist to damage the healthy neurons, causing the latter to malfunction and die (Klimaschewski, 2022), and thus starts to trigger the degenerative process. According to Farioli-Vecchioli et al., (2022), the brain starts as early as a decade or more before memory and other cognitive problems appear. The damage often begins in the hippocampus, which is the part of the brain essential in forming memories. When that happens, the patient experiences a loss of memory and fails to make new, long-term memories causing a rise of a condition called amnesia.

Dementia comes in different forms, each with its own unique etiologies, clinical presentations, and prognoses (Wolters & Ikram, 2019). It is very useful to understand the different types of dementia since accurate diagnosis, appropriate management will give rise to the different targeted interventions. This paper provides a comprehensive overview of the four primary types of dementia, namely Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia, bring in each type of dementia its key characteristics and clinical manifestations.

Types of Dementia**✧ Alzheimer's Disease**

Alzheimer's disease is the most prevalent form of dementia, accounting for approximately 60-70% of all cases (Alzheimer's Association, 2021). It is most recognized as progressive accumulation of abnormal protein aggregates, including beta-amyloid plaques and tau tangles, in the brain (Herrup, 2015). These pathological changes are often the start of deterioration of neuronal function and connectivity, primarily affecting regions involved in memory, learning, and cognitive processing (Jakob-Roetne & Jacobsen, 2009). The hallmark symptoms of Alzheimer's disease include progressive memory loss, cognitive decline, language impairment, disorientation, and behavioral changes (Alzheimer's Association, 2021).

✧ **Vascular Dementia**

Vascular dementia arises from impaired blood flow to the brain, typically due to stroke, small vessel disease, or other vascular pathologies (Gorelick et al., 2011). Unlike Alzheimer's disease, which exhibits a gradual onset and progression, vascular dementia often follows a stepwise decline pattern, with symptoms manifesting suddenly or progressing in a step-by-step manner following each vascular event (Pendlebury & Rothwell, 2019). The clinical presentation of vascular dementia varies depending on the location and extent of cerebrovascular damage but commonly includes executive dysfunction, attention deficits, gait disturbances, and urinary incontinence (Gorelick et al., 2011).

✧ **Lewy Body Dementia**

Lewy body dementia is characterized by the presence of abnormal protein aggregates, known as Lewy bodies, in the brain's cortical and subcortical regions (McKeith et al., 2017). These proteins eventually disrupt neuronal function and neurotransmitter signaling, leading to a constellation of cognitive, motor, and psychiatric symptoms (McKeith et al., 2017). Key features of Lewy body dementia include fluctuating cognition, visual hallucinations, parkinsonism, and rapid eye movement (REM) sleep behavior disorder (McKeith et al., 2017). Additionally, individuals may experience autonomic dysfunction, such as orthostatic hypotension, constipation, and urinary retention (McKeith et al., 2017).

✧ **Frontotemporal Dementia**

Frontotemporal dementia encompasses a group of neurodegenerative disorders characterized by progressive degeneration of the frontal and temporal lobes of the brain (Rascovsky et al., 2011). Unlike Alzheimer's disease, which primarily affects memory and cognitive function, frontotemporal dementia predominantly impairs behavior, personality, and language abilities (Rascovsky et al., 2011). There are three main subtypes of frontotemporal dementia: behavioral variant frontotemporal dementia, semantic variant primary progressive aphasia, and non-fluent variant primary progressive aphasia (Rascovsky et al., 2011). Individuals with Frontotemporal Dementia may exhibit disinhibition, apathy, compulsive behaviors, social withdrawal, and changes in dietary preferences (Rascovsky et al., 2011).

In summary, dementia is actually a diverse spectrum of neurological disorders, each with its unique etiology, clinical manifestations, and prognostic implications. Accurate diagnosis and management of dementia require a comprehensive understanding of its various subtypes, facilitating personalized treatment approaches and optimizing patient outcomes. On the other hand, it is worth noting that not all symptoms associated with lapses of memory, challenges in paying attention, regulating emotions or difficulty in organizing are dementia related. Contrary to this, there is also another neurodegenerative disorder called Pseudodementia which is a condition in which individuals experience cognitive impairment that mimics the symptoms of true dementia, such as Alzheimer's disease. It is often associated with mood disorders, particularly depression. Core symptoms include memory loss, difficulty concentrating, and impaired judgment. Correlated symptoms involve emotional and psychological aspects, like apathy and sadness. Secondary symptoms may include physical complaints or changes in appetite and sleep patterns. Artifactual symptoms can arise from factors like stress or medication side effects. It is crucial to consult with a healthcare professional for a proper diagnosis and to differentiate pseudodementia from other cognitive disorders. It is not the intention of this paper to delve into this area but instead it is to raise self-awareness and that emphasize on the importance of proper assessment and diagnosis.

Identification of Early Signs of Dementia

Early Intervention services are always important so as to better meet children's needs from an early age and throughout their lives. Likewise, in the case of dementia, early diagnosis allows individual family members to be able to take a proactive role in both decision making and planning for interaction with people with dementia. Any changes in memory and thinking abilities can be very worrying since in some cases, it can expediate at a very fast rate without warning (Alzheimer's Association, 2012). However, recognizing the early signs of dementia can be challenging, as symptoms often overlap with normal aging or other medical conditions. Certain cognitive, behavioral, and functional changes may serve as red flags for the need for further assessment and evaluation that covers namely memory loss, challenges in planning and problem-solving, difficulty completing familiar tasks, confusion with time or place, and changes in mood and personality, highlighting their significance in the diagnostic process serve as very useful information in order to detect early signs of dementia.

Memory Loss that Disrupts of Daily Life

Memory loss is often associated with dementia, especially so in the early stages of Alzheimer's disease. Memory loss in dementia refers to the persistent memory problems that disrupt daily activities may indicate underlying cognitive impairment (Alzheimer's Association, 2021). Examples of such cognitive impairments include the inability to recall recent events, appointments, or conversations, relying on notes or reminders to compensate for memory deficits. In addition, people with dementia may repeatedly ask the same questions or rely on others to provide information they previously knew, leading to frustration and embarrassment (Alzheimer's Association, 2021). Caregivers and family members may notice subtle changes in memory function, such as misplacing items, forgetting names of familiar individuals, or getting lost in familiar surroundings (Mace & Rabins, 2021).

Challenges with Executive Functioning

Executive Functioning refers to the capacity to plan ahead and meet goals, regulate self-control, follow multiple-step directions even when interrupted and ability to stay focused despite distractions (Barnes, 2021). Dementia can impair executive function, affecting an individual's ability to plan, organize, and execute tasks effectively. Early-stage dementia may manifest as difficulties in planning daily activities, managing finances, or following instructions (Smith & D'Amico, 2020; Yang et al., 2021). Complex problem-solving abilities, such as navigating unfamiliar routes or troubleshooting technological devices, may also decline, leading to increased reliance on external assistance (Smith & D'Amico, 2020; Yang et al., 2021). Changes in executive function can impact occupational performance, social interactions, and independent living skills, prompting concerns from family members and caregivers (Smith & D'Amico, 2020; Yang et al., 2021). The inability to have strong executive functioning skills may impact an individual's functional independence.

Difficulty Doing Familiar Tasks

Individuals may struggle to perform familiar activities of daily living, such as cooking, driving, or managing household chores (Ceci & Purkis, 2021). Simple tasks, such as following recipes or operating household appliances, may become increasingly challenging, resulting in errors or accidents. Additionally, individuals may exhibit slowed processing speed and decreased efficiency in task completion, leading to frustration and loss of confidence (Agrawal et al., 2021). In addition, changes in the individual's ability to maintain personal hygiene can also pose a challenge. Monitoring functional decline and identifying deviations from baseline performance can be a good start in early detection and start appropriate intervention strategies.

Confusion with Time or Place

Early symptoms of dementia often show signs of disorientation and confusion with regard to time or place, particularly in vascular dementia and Lewy body dementia. For example, losing track of dates, seasons, or the passage of time, leading to missed appointments or scheduling errors. They may struggle to follow sequential events or maintain a coherent daily routine, experiencing increased anxiety and disorientation (Zimmermann, 2020). Apart from the above, individuals may become lost in familiar environments or facing challenges in navigating spatial relationships, increasing the risk of wandering and safety concerns (Zimmermann, 2020). Some coping mechanisms to overcome this challenge is increased reliance on external cues, such as calendars, clocks, or GPS devices, in order to compensate for temporal and spatial disorientation

Changes in Mood and Personality

Dementia can significantly impact an individual's mood, behavior, and personality, often preceding cognitive decline and functional impairment. Early-stage dementia may present with subtle changes in mood, such as increased irritability, apathy, or agitation (Davis & Price, 2024). With this changes in moods, people with dementia may withdraw from social activities, hobbies, or previously enjoyed interests, exhibiting decreased initiative and motivation (Davis & Price, 2024). Moreover, personality changes, such as disinhibition, impulsivity, or emotional lability, may emerge, disrupting interpersonal relationships and social interactions (Davis & Price, 2024). Monitoring mood fluctuations and assessing changes in personality traits can provide valuable insights into the early stages of dementia and inform appropriate psychosocial interventions and support services.

Assessment Instruments for Dementia

Dementia as a progressive neurological disorder is an indication of cognitive decline, functional impairment and behavioral changes (Hermann & Zerr, 2022). Early detection and accurate diagnosis are always vital for timely interventions, treatment planning as well as the provision of support. There are many instruments and assessment tools ranging from screening measures for early detection to comprehensive assessments for assessing cognitive function, functional abilities and behavioral symptoms in later stages of the disease. The following are some of the instruments for consideration:

1. Screening Instruments for Early Detection

Screening instruments are brief, easy-to-administer tools that are often used to assess people who are at risk for dementia. The following instruments are commonly used in primary care settings or community settings in order to assess cognitive functions and find out potential cognitive impairment.

- A) Clock Drawing Test (CDT): The CDT is a simple and quick screening tool that assesses cognitive impairment.
- B) Mini-Mental State Examination (MMSE): The MMSE is used to assess global cognitive function which includes assessing cognitive domains like orientation, memory, attention, language and visuospatial skills.
- C) Montreal Cognitive Assessment (MoCA): The MoCA is used to evaluate memory, attention, executive functions, language, visuospatial skills and orientation.

2. Comprehensive Assessment Instruments

Comprehensive testing instruments are the more extensive evaluation tools that cover broader aspects to give information on cognitive function as well as behavioral symptoms that help to confirm the presence of dementia. These tests give detailed coverage on an individual's cognitive profile, differential diagnosis, treatment planning and also monitor the disease progression. The following instruments are the commonly used instruments for dementia assessment.

- A) Alzheimer's Disease Assessment Scale - Cognitive Subscale (ADAS-Cog): This test assesses on memory, language, praxis, attention, and other cognitive domains.
- B) Clinical Dementia Rating (CDR): This test assesses the level of severity of dementia and its impact on adaptive daily functioning. It evaluates cognitive performance, functional abilities, and behavioral symptoms across many domains like memory, orientation, judgement, and community matters.
- C) Neuropsychological Test Battery: This test consists of a set of standardized components which include cognitive domains like memory, attention, language, executive function, and visuospatial skills.

3. Behavioral and Functional Assessment Instruments

Behavioral and Functional Assessment Instruments are often used to assess the behavioral symptoms and the functional abilities of those individuals with dementia. These instruments cover mainly on areas like daily adaptive activities which serve as critical information for treatment planning and caregiving support. The instruments are listed as follow.

- A) Neuropsychiatric Inventory (NPI): A care-giver based assessment tool that is used to evaluate those neuropsychiatric symptoms in individuals with dementia. It covers in areas like agitation, depression, anxiety, hallucinations and delusions.
- B) Activities of Daily Living Scale (ADL): This instrument covers an individual's ability to do basic activities of daily living e.g. bathing, dressing, grooming, toileting, meal preparation, medication and money management skills. The scales provide useful information about the level of impairment and level of assistance required for daily activities.

Activities to help slow down Cognitive Decline

Cognitive decline is a multifaceted process influenced by various factors, including age, genetics, lifestyle, and underlying health conditions (Randväli & Steinmiller, 2024). While cognitive decline is a natural part of aging, certain strategies and interventions have been proposed to mitigate its progression and preserve cognitive function.

Educational Therapy can play an important and useful role in dementia care. Specifically, the Educational Therapist can implement tailored interventions that help to address cognitive, emotional as well as behavioral challenges. By creating sensory-stimulating learning opportunities to engage individuals with dementia in meaningful tasks, educational therapists help to facilitate cognitive stimulation and emotional regulation, bringing

a sense of calm and contentment. The following are activities that an Educational Therapist can use to help remediate cognitive decline.

A) Sensory Learning Experiences

Sensory stimulation activities involve the deliberate engagement of sensory modalities, such as sight, hearing, touch, taste, and smell, to provide meaningful and therapeutic experiences for individuals with cognitive impairments (Smith & D'Amico, 2020; Yang et al., 2021). The following are examples of sensory-rich experiences and multisensory activities that offer opportunities for sensory exploration, arousal regulation, and emotional expression, promoting cognitive engagement and sensory integration in individuals with dementia:

1. **Tactile Stimulation:** Provide textual materials for learning experiences so that the individuals with dementia can experience the sense of touch. Materials like textured fabrics, sensory balls and bins filled with rice or dried beans, textured puzzle pieces provide sensory engagement.
2. **Multisensory Learning Opportunities:** The use of soft lighting, soothing music, visually stimulating colorful artwork and images do help to reinforce individuals with dementia learning process. Multisensory activities also may include painting or collage-making and exploring emotions for each individual with dementia can take place simultaneously.
3. **Playing music that triggers nostalgia:** Singing to old tunes, playing musical instruments help to provide that auditory exposure that can trigger memories and emotions that are often associated with past events or specific experiences.
4. **Reminiscence Therapy:** Photographs, objects, recorded messages, familiar stories, help to evoke memories for the individuals with dementia. Such therapy promotes cognitive stimulation and emotional well-being.

B) Adaptive Behavior Training

Educational Therapy play an important role in helping individuals with dementia in developing adaptive behaviors and strategies so as to manage daily tasks and challenges. By emphasizing on functioning skills training and structuring environmental modifications, Educational Therapists can empower individual with dementia to maintain independence and autonomy. Educational Therapist can assist individuals with dementia in developing adaptive behaviors in the following ways:

1. **Task Sequencing:** In order to achieve better chances of success in doing any task, an Educational Therapist can help by breaking down complex tasks into smaller, manageable steps. Using a step-by-step approach to prepare a packing up activity or completing a simple meal, it can help the individuals with dementia to understand, manage and doing the task independently in daily living activities.
2. **Coping Strategies for Stress Management:** Although such skills are easy to follow and do, individuals with dementia need to be taught explicitly on relaxation techniques, deep breathing exercises, progressive muscle relaxation or mindfulness meditation. These techniques help to better manage stress with anxiety. Guiding individuals with dementia with outdoor activities, organizing yoga or tai chi classes can help promote relaxation and well-being.
3. **Behavior Management Techniques:** Individuals with dementia can be challenging to deal with their changing behaviors at times (Yates, 2021). An Educational Therapist can help to manage such behaviors by using the distraction methods (so as to distract attention on a particular task), redirection (so as to get focus on another issue to talk about), reinforcement on positive behaviors. All these are done with the aim of promoting a calm and easier to manage behavior.

C) Social and Emotional Learning

Educational Therapy helps to enhance social and emotional needs skills by creating platforms so as to create social engagement, fostering meaningful connections, promote emotional well-being. There are many activities that an Educational Therapist can do in this area.

1. **Formation of Peer Support Networks:** Setting up either buddy systems or peer support groups to provide opportunities for social interaction and companionship help to foster meaningful connections and promote emotional well-being. In addition, through such social interaction, individuals with dementia find a sense of belonging, interconnectedness, ways to manage loneliness, anxiety and depression. Hence, it helps to enhance overall quality of life.
2. **Formation of Social Clubs an Interest Groups:** Such a group get people of the same interest based on common hobbies, interests, activities another avenue for individuals with dementia to engage in meaningful

social interactions and pursue shared interests. Such group can bring benefits like a greater sense of community, purpose and enjoyment.

D) Executive Functioning

Feuerstein et al., (2010) emphasized on the principles of structured interactions, scaffolding, and feedback in order to promote cognitive growth and adaptation. Following along those mentioned principles, an Educational Therapist can design activities to stimulate various cognitive functions like attention, memory as well as problem solving. Activities include puzzles, matching games, categorization tasks, and sequential ordering exercises that are meant to stimulate the individual's cognitive abilities. Further to that, other activities like switching between different tasks, solving problems with multiple solutions, and generate alternative strategies are ideas to develop cognitive flexibility (Feuerstein et al., 2010). Memory training activities that focus on improving encoding, storage, and retrieval processes through repetition, association, visualization, and mnemonic strategies (Bahar-Fuchs et al., 2019) can also be useful. Attention training exercises aim to enhance sustained, selective, and divided attention through attentional control exercises, focused attention tasks, and mindfulness-based interventions are recommended as well (Olazaran et al., 2021). Interactive board games where active participation involves strategic thinking, crossword puzzles and memory games are alternative approaches to provide very targeted remediation strategies to improve reasoning, memory planning, visual-motor skills and attention. Thus, enhancing cognitive engagement, functional independence and improving better quality of life.

An Educational Therapist has the expertise to help remediate for individuals with dementia addressing the sensory, adaptive, cognitive, emotional and social needs; thereby aligning itself very well to the practices of gerontology. In the realm of aging, lifespan development and age-related challenges, Educational Therapy can help to remediate and transit seamlessly for himself or the professionals within the field of gerontology. Thus, widening the potential for educational therapists to contribute far and wide to successful aging, dementia care and enhancing the quality of life in older adults.

Conclusion

Dementia is a complex condition where it impacts on cognitive function, memory, language, emotions as well as the adaptive ability of the individual. Often, the professionals involve in helping the individuals with dementia include doctors, nurses, occupational therapists and speech therapists. However, this paper has brought the educational therapists into the profession in order to play a valuable role in supporting the individuals with dementia. The Educational Therapist specializes in addressing learning difficulties, cognitive challenges and behavioral issues through the many interventions and strategies. This complements the efforts of the other healthcare providers. From the theoretical perspective, an Educational Therapist brings expertise in understanding the learning process, cognitive developments, behavior modifications. By designing personalized intervention plans, they help to optimize learning outcomes for the individuals with dementia. From the practical perspective, an Educational Therapist's contribution to dementia intervention include cognitive stimulation activities, functional skills training, communication enhancement, caregiver education and support as well as liaison with other healthcare professionals. In linking the role of an Educational Therapist to dementia care, there is a great scope for the Educational Therapist to collaborate and work in a interdisciplinary team so as to provide comprehensive and holistic support for the individuals with dementia. Through this collaboration and great desire to help, Educational Therapist is capable to play an important role to the advancement of dementia care and promoting dignity and well-being for all those affected dementia.

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Paper 4**Being a Christian Educational Therapist: A Personal Reflection**

Kok Hwee CHIA Ed.D, BCET, BCSE, FCoT, FCP
Managing Principal Educational Therapist
Merlion Paediatric Therapy Clinic, Singapore

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Abstract

In a journey spanning educational heights, the author's narrative shifts from personal acclaim to a profound spiritual awakening rooted in faith. Driven by a pursuit of academic laurels, his life reflects the biblical notion of vanity until a pivotal realization redirects his path. This transformation leads to a fusion of Christian principles and therapeutic practice, transitioning from self-serving ambitions to a vocation steeped in faith and compassion. As the Christocentric narrative unfolds, the author's personal shift from academia to Christian educational therapy embodies a commitment to nurturing growth in others. The author adopts a holistic approach, intertwining Christian values with therapeutic techniques, with the aim to address educational and socio-emotional challenges. This new calling of vocation for the author transcends a mere profession, becoming his ministry of faith, compassion, and education. Emphasizing the integration of Christian faith into therapy, the author offers hope, resilience, and purpose to those facing adversity. Trust, understanding, and a profound connection between the author as an educational therapist and his client are pivotal, extending beyond conventional professional boundaries. Ultimately, the author's role of a Christian educational therapist is depicted as a ministry seeking to enrich lives through the synergy of faith, compassion, education, and spiritual development.

Keywords: Christian, Christocentrism, educational therapist,

1. Prologue

In the biblical book of Ecclesiastes 3:1-13 (King James Version), it discusses about time, highlighting that there is a season for everything as follows:

¹To every thing there is a season, and a time to every purpose under the heaven:

²A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted;

³A time to kill, and a time to heal; a time to break down, and a time to build up;

⁴A time to weep, and a time to laugh; a time to mourn, and a time to dance;

⁵A time to cast away stones, and a time to gather stones together; a time to embrace, and a time to refrain from embracing;

⁶A time to get, and a time to lose; a time to keep, and a time to cast away;

⁷A time to rend, and a time to sew; a time to keep silence, and a time to speak;

⁸A time to love, and a time to hate; a time of war, and a time of peace.

⁹What profit hath he that worketh in that wherein he laboureth?

2. Introduction to the Author's Background

Born of Methodist parents, I was baptized as a Christian when I was still an infant and accepted Christ when I was serving my national service, and eventually accepted as a member of the Methodist church in Singapore when I was in my mid-fifties.

I was trained as a primary school teacher, taught in a secular school for two years before I crossed over to teach in the Gifted Education Program (GEP) in a Methodist school (primary and secondary) for eight years, left to join the School Psychological Service as a reading specialist, quit after two years to go into private practice as an educational therapist and free-lance trainer. I wanted to become the best educational therapist in my country.

My dream was realized when I became a Board-Certified Educational Therapist (BCET) in 2003, and three years later, I became an approved instructor for specialty programs (i.e., special needs educational therapy, reading therapy, dialogic-diagnostic arts therapy, and special needs community services). I went on to attain an ET Clinical Supervisor's status in 2005.

I was not satisfied with the knowledge that I had acquired as I felt it was not sufficient to make me a good therapist. I worked very hard to pursue further and became a registered Dialogic-Diagnostic Arts Therapist (DDAT) and registered Professional Counselor (both professional credentials were obtained in 2006), a registered Reading Therapist in 2007, an advanced credential as a Specialist in Reading Therapy in 2008, ... and much later, became a Board-Certified Special Educational Professional in 2013. During those years, I was on a crazy chase for more academic and professional qualifications, credentials and titles with one associateship (in dyslexia), one licentiateship (in effective speaking), five elected ordinary fellowships, two professional fellowships (one in literacy while the other in dyslexia), one honorary fellowship (in reading education) and one research fellowship (in Singapore children's literature in English from 1965-2005). Today, as I reflect on those hectic yesteryears, especially on what I had achieved in the past, it was nothing more than to satisfy my own ego, just my personal vanity, and all these achievements have become meaningless to me. As mentioned in Ecclesiastes 1:2-4 (King James Version): "Vanity of vanities, saith the Preacher, vanity of vanities; all is vanity. ³What profit hath a man of all his labour which he taketh under the sun? ⁴One generation passeth away, and another generation cometh: but the earth abideth for ever." It was then that I decided to stop chasing these secular dreams when God intervened to stop me from straying away from Him in 2016.

Moreover, I became an assistant professor in 2008. It was something I had never dreamt of achieving and I thought I was more of a lecturer's calibre. Six years later, I earned my tenure as an associate professor of teaching in Special Education, before resigning from the position in 2016. I was also a visiting academic at a British university in 2014. I became a visiting professor at a Chinese university for five years until retiring from academia in 2021. To me, this is for good. I need a *really* clean break from the competitive academic world.

The Turning Point in My Life: The Christocentric View

For many years, I was doing everything in my personal interest to become the best educational therapist in the South-East Asian region, serving as a leader of a study group for educational therapists and another separate group as a chapter leader, also in educational therapy. For a short while of three years, I was also elected as a Fellow of a local registry of educational therapists. It was after I left academia to enter into semi-retirement that I found time to do a serious personal reflection. One biblical verse found in Matthew 4:19 (King James Version), which states that "¹⁹And He saith unto them, 'Follow me, and I will make you fishers of men'," struck me. In that verse, Jesus was calling His disciples to follow Him and become 'fishers of men.'

As a Christian educational therapist, I can align with this by seeing my practice as a way to guide and support individuals, much like a fisherman patiently and skilfully tends to his catch. Consider fostering growth, understanding, and healing in my clients through empathy, compassion, and teaching, mirroring Christ's approach in guiding and nurturing others. Embrace humility, servanthood, and love in my therapeutic practice, aiming to reflect Christ's character in my interactions and guidance with those my work with. What comes to my mind at this juncture is the key concept of "*Imitatio Christi*, in Latin, which means 'imitation of Christ', written by Thomas à Kempis (b.1380-d.1471) - also known as Thomas of Kempen - was a German-Dutch canon regular in the Catholic Church during the late Medieval Era" (Xie, p. 6).

Through much deliberation during my personal quiet time to reflect what I had done previously in past three decades, I pondered and kept asking myself many questions about my faith. I am not perfect and that I know very well, but have I given my best to the professional field of educational therapy that I have devoted more than 30 years of my life? More importantly, am I a good example of a Christian educational therapist?

I am a Christian first and being an educational therapist as my chosen career second. It signifies I still prioritize my identity as a Christian over my career as an educational therapist. It means that my faith and beliefs play a central role in my life and decisions, shaping how I approach my career and interact with others in that professional setting. It has been a big struggle for me trying to live up to that expectation that I have set for myself.

Experiencing God through His only begotten Son, Christ Jesus, as stated in John 3:16 (King James Version), is essential for me as a Christian educational therapist as it deepens my understanding of faith, empathy, and guidance. There are three key biblical verses which have shaped my perspective as a professional:

- James 1:22 (King James Version): “²²But be ye doers of the word, and not hearers only, deceiving your own selves.” This biblical verse encourages me in applying my Christian faith in my actions in the field of educational therapy.
- Psalm 34:8 (King James Version): “⁸O taste and see that the LORD *is* good; blessed is the man that trusteth in Him.” This biblical verse emphasizes my personal experience of God’s goodness throughout my career as a Christian educational therapist.
- John 15:5 (King James Version): “⁵I am the vine, ye *are* the branches: He that abideth in me, and I in him, the same bringeth forth much fruit: for without me ye can do nothing.” This biblical verse highlights the necessity of my personal relationship with God for my effectiveness as a practicing educational therapist.

My personal experience of God through Christ Jesus has deepened my empathy, understanding, and guidance when helping my clients as well as my ET trainees in through education, therapy, and counseling, aligning my professional practice as an educational therapist with Christian principles and values. This has brought me to the domain of Christocentrism, a doctrinal concept in Christianity (see Nichols, 1999, for more detail), which centers on Jesus Christ, the second person of the Trinity, emphasizing his role in relation to God the Father (theocentric) or the Holy Spirit (pneumocentric). In Christocentric theologies, Christ Jesus becomes the focal point around which all other theological doctrines revolve (Linebaugh, 2013; Nichols, 1999; Pepler, 2012).

As mentioned in the above paragraph, Christocentrism, which is simply the Christian way of being theocentric (Knitter, 1987; Nichols, 1999), places Christ at the center of belief and practice (Pepler, 2012), and it can influence the practice of educational therapy for me as a Christian practitioner in various ways. It may guide my approach to therapy, emphasizing values like compassion, grace, and love in my interactions with my clients. Additionally, Christocentrism might inform the integration of faith-based principles into therapy sessions, fostering holistic development by addressing spiritual, emotional, and academic needs simultaneously (Linebaugh, 2013). Ultimately, it is about aligning my therapeutic practices with Christian beliefs to guide and support my clients in their educational journey.

Additionally, two well-known Christian authors whose respective works have very much shaped the way I view myself as a Christian are J. I. Packer (b.1926-d.2020) and C. S. Lewis (b.1898-d.1963). Both men wrote extensively about becoming a Christian. The former (J. I. Packer) was an English-born Canadian evangelical theologian, cleric and author in the low-church Anglican and Calvinist traditions. Packer was a highly influential and respected theologian in the Christian community, and his profound contributions to theology have greatly impacted the understanding and practice of Christianity. In Packer's book *Knowing God* (Packer, 1973/1995) he emphasizes the importance of knowing and experiencing God personally through faith in Jesus Christ.

The latter (C. S. Lewis) was a British writer, literary scholar, and Anglican lay theologian. He was well-known for his Narnian Chronicles - a series of seven portal fantasy novels written for children but also enjoyed by adults, too. In his two books like *Mere Christianity* (Lewis, 1952) and *Surprised by Joy* (Lewis, 1955), Lewis discussed the transformational journey towards Christianity, often highlighting the need for surrender, faith, and recognizing the truth of Jesus Christ’s teachings. Lewis particularly focused on the intellectual and spiritual aspects of embracing Christianity.

What is it to be a Christ-like Educational Therapist?

While there is no hard-and-fast rule what constitutes a Christ-like educational therapist, it is how I can emulate Jesus’s example in my professional field of educational therapy. However, having been a Board-Certified Educational Therapist (registered with the Association of Educational Therapists, USA) for past 30 or more years, I have identified seven points along with supporting biblical verses to support my ideal of becoming a Christ-like educational therapist. They are listed and briefly discussed as follows:

1. Compassion and empathy: I must show my compassion and empathy towards my clients (especially since they are individuals with a wide range of different special needs), just as Christ did. Colossians 3:12 says,

- “¹²Therefore, as God’s chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.”
2. Patience and understanding: I have to practice patience and understanding in guiding and teaching, especially those clients with attention deficit/hyperactivity disorder (ADHD) and other disruptive behavioral disorders (DBD), which include oppositional defiant disorder (ODD) and conduct disorder (CD) of childhood or adolescence onset, mirroring God’s patience with me. Proverbs 15:18 says, “¹⁸A hot-tempered person stirs up conflict, but the one who is patient calms a quarrel.”
 3. Individualized care: I must recognize and cater to the unique needs of each client I am working with, as well as collaborate with other professionals in helping my client, reflecting how Christ attends to each individual. Philippians 2:4 says, “⁴Let each of you look not only to his own interests, but also to the interests of others.”
 4. Unconditional love (Agape): I need to offer unconditional love (the Greek term is *agape*, which is ‘to love in spite of’) and acceptance, mirroring Christ’s unconditional love for humanity. 1 John 4:7 says, “⁷Beloved, let us love one another, for love is from God, and whoever loves has been born of God and knows God.”
 5. Wisdom and guidance: It is also my role as a mentor to other younger educational therapists under my clinical supervision, to provide wise counsel and guidance (should not be just based on my personal experiences alone), seeking wisdom through God’s Word. Proverbs 16:16 says, “¹⁶How much better to get wisdom than gold, to get insight rather than silver!”
 6. Forgiveness and restoration: It is also my responsibility to teach the value of forgiveness and restoration, reflecting Christ’s teachings. Colossians 3:13 says, “¹³Bear with each other and forgive one another if any of you has a grievance against someone. Forgive as the Lord forgave you.”
 7. Faith and hope: I must instill faith and hope in my clients as well as my ET trainees or supervisees, fostering a positive outlook on life through Christ-centered teachings. Hebrews 11:1 says, “¹Now faith is confidence in what we hope for and assurance about what we do not see.”

Conclusion

Personally, to me, being a Christian educational therapist is a profound calling that merges my faith, education, and compassion. It entails a commitment on my part to helping individuals achieve their fullest potential, integrating Christian principles with therapeutic techniques to address learning and/or socio-emotional behavioral difficulties. This role or responsibility is rooted in my personal belief that each individual (child, adolescent and adult alike) is uniquely valuable, deserving of support and guidance.

In this vocation of calling, the intertwining of Christian values and therapeutic interventions forms a holistic approach to my education. It is about nurturing the mind, heart, and spirit, fostering growth in academic, emotional, and spiritual realms. My dedication as a Christian educational therapist to providing a safe and supportive environment reflects the biblical principle of love and empathy towards others.

Furthermore, the incorporation of my Christian faith into therapy offers a sense of hope, resilience, and purpose, guiding individuals through challenges and empowering them to overcome obstacles. It also encourages a deeper connection between myself as an educational therapist and my client as a unique individual, fostering trust and understanding.

Ultimately, being a Christian educational therapist is more than a profession. I see it as a ministry that embodies faith, compassion, and education, aiming not just for academic or professional success but also for personal and spiritual development, enriching the lives of those seeking guidance and support.

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Educational therapists design and facilitate cognitive stimulation activities that stimulate a person's cognitive abilities and interests. These activities may include memory games, puzzles, reminiscence therapy, word games, and storytelling.

Titbits for Educational Therapists

FOOD FOR THOUGHT ...

- ***The Competence-Performance Model for Educational Therapists***

The Competence-Performance model, developed by Noam Chomsky (b.1928-present), a Laureate Professor of Linguistics at the University of Arizona and an Institute Professor Emeritus at the Massachusetts Institute of Technology (MIT), distinguishes between linguistic competence (the underlying knowledge of language) and linguistic performance (the actual use of language in concrete situations). However, when the Competence-Performance model is applied to the field of educational therapy, it is referring to a different context.

From the perspective of an educational therapist, the Competence-Performance model might be applied to categorize an educational therapist's qualifications and skills as follows:

1. *Competence*: This would encompass the theoretical knowledge and understanding acquired through the Master of Education (Special Education) and Bachelor of Science (Psychology) degrees. These degrees provide the foundational understanding of educational psychology, special education principles, and psychological theories that underpin effective teaching and therapeutic practices.
2. *Performance*: This relates to the practical application of knowledge and skills in real-world settings. The therapist's certification in various methods and approaches such as basic counseling, Montessori method, Spalding method, Mortensen approach to mathematics learning, social skills interventions, Orton-Gillingham approach, task behavior analysis, Plan 504 design, IEP design, case management skills, and diagnostic profiling & evaluation would fall under the performance aspect. These certifications demonstrate the educational therapist's ability to implement evidence-based practices and interventions to support students with diverse needs effectively.

In summary, the educational therapist's educational background provides the necessary competence, while their certifications and specialized training demonstrate their performance in applying this knowledge to address the unique needs of students with learning differences or disabilities.

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- ***Application of the Competence-Performance Model in an Educational Therapist's Daily Function***

The Competence-Performance model can be applied to the daily function of an educational therapist in several ways as follows:

1. *Assessment of Student Abilities*: By assessing students' competence in various academic and cognitive domains, the educational therapist can tailor interventions to address specific needs.
2. *Identifying Performance Discrepancies*: The educational therapist observes discrepancies between a student's competence (what they are capable of) and their actual performance (what they demonstrate), allowing for targeted interventions.
3. *Designing Individualized Interventions*: Based on the competence-performance gap, the therapist can create personalized interventions to bridge the discrepancy and improve academic functioning.
4. *Modifying Instructional Strategies*: Understanding a student's competence helps the therapist adapt teaching methods and strategies to better match the student's abilities and learning style.
5. *Providing Scaffolded Support*: The therapist offers scaffolded support by gradually decreasing assistance as the student's performance improves, fostering independence while ensuring success.
6. *Addressing Underlying Skill Deficits*: Identifying competence gaps allows the therapist to address underlying skill deficits through targeted remediation and skill-building exercises.
7. *Monitoring Progress*: The therapist tracks students' performance over time to gauge the effectiveness of interventions and make adjustments as needed to facilitate progress.
8. *Promoting Self-awareness*: Encouraging students to reflect on their competence-performance gaps fosters self-awareness, helping them understand their strengths and areas for improvement.

9. *Collaborating with Teachers and Parents*: Sharing insights about competence-performance gaps with teachers and parents enables a collaborative approach to support students both in and out of the therapy setting.
10. *Setting Realistic Goals*: Based on competence assessments, the educational therapist collaborates with students to set realistic goals that target both competence development and performance improvement.
11. *Emphasizing Growth Mindset*: Framing competence-performance gaps as opportunities for growth helps students develop a growth mindset, where effort and perseverance lead to improvement.
12. *Utilizing Strengths-Based Approaches*: Identifying areas of competence allows the therapist to leverage students' strengths to address weaknesses, fostering a positive and empowering learning environment.
13. *Evaluating Intervention Efficacy*: Continuously evaluating the effectiveness of interventions in closing the competence-performance gap informs ongoing decision-making and ensures interventions are evidence-based and impactful.

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● **What are the Hard & Soft Skill Sets that Educational Therapists need in Their Professional Work?**

Here is an overview of the hard and soft skill sets for each level of training for educational therapists:

1. Credential Level:

a) Hard Skills:

1. Basic understanding of educational psychology and learning theories.
2. Familiarity with common learning disabilities and disorders.
3. Proficiency in administering educational assessments.

b) Soft Skills:

1. Effective communication skills to collaborate with students, parents, and other professionals.
2. Patience and empathy to work with students facing learning challenges.
3. Adaptability to tailor teaching methods to individual student needs.

At the credential level, educational therapists need foundational knowledge and skills to assess and address students' learning difficulties. Effective communication and empathy are crucial for building rapport with students and their families, while adaptability allows therapists to tailor interventions to meet diverse learning needs.

2. Registered Level:

a) Hard Skills:

1. Advanced understanding of educational psychology and pedagogy.
2. Specialized training in evidence-based intervention strategies.
3. Proficiency in developing Individualized Education Plans (IEPs).

b) Soft Skills:

1. Strong interpersonal skills to collaborate with multidisciplinary teams.
2. Ability to provide constructive feedback and support to students and families.
3. Cultural competence to work effectively with diverse student populations.

At the registered level, educational therapists deepen their knowledge and skills in designing and implementing interventions. Strong interpersonal skills are essential for collaborating with other professionals and providing support to students and families throughout the intervention process.

3. Board-Certified Level:

a) Hard Skills:

1. Mastery of advanced assessment and intervention techniques.
2. Expertise in research-based practices for addressing complex learning needs.
3. Knowledge of legal and ethical considerations in educational therapy.

b) Soft Skills:

1. Leadership skills to mentor and supervise other therapists.
2. Advocacy skills to promote inclusive education policies and practices.
3. Critical thinking and problem-solving abilities to address challenging cases effectively.

Board-certified educational therapists have attained the highest level of expertise in educational therapy. They possess advanced assessment and intervention skills and are equipped to address complex cases. Leadership and advocacy skills are important for influencing systemic change and promoting the rights of individuals with learning differences.

In summary, each level of training for educational therapists builds upon the previous one, equipping these specialized professionals with the necessary knowledge and skills to support students with diverse learning needs effectively. Hard skills provide the technical expertise required for assessment and intervention, while soft skills are essential for building relationships, collaborating with others, and advocating for inclusive education practices.

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● **What is Food Sensitivity (with special attention on Children with Autism Spectrum Disorder)?**

Food sensitivities refer to adverse reactions or intolerances to certain foods or food components that do not involve the immune system. Unlike food allergies, which trigger an immune response, food sensitivities typically involve digestive discomfort, such as bloating, gas, diarrhea, or other symptoms, without causing an immune reaction. Common examples include lactose intolerance, gluten sensitivity, and sensitivity to food additives like sulfites or MSG.

Children with Autism Spectrum Disorder (ASD) – especially those with autistic enterocolitis (a very controversial term first introduced by Dr Andrew Wakefield and colleagues; Wakefield et al., 1998) – often exhibit sensory sensitivities, including sensitivity to taste, texture, smell, and color of foods. This can lead to picky eating habits. Several factors may contribute to this behavior as explained below:

1. *Sensory Processing Differences*: Children with ASD may have atypical sensory processing, leading them to perceive certain foods as overwhelming or aversive due to their taste, texture, or smell.
2. *Rigidity and Routine*: Children with ASD often prefer routines and may become fixated on particular foods or eating habits, making them resistant to trying new foods.
3. *Oral Motor Challenges*: Some children with ASD may have difficulty with oral motor skills, making it uncomfortable or challenging for them to eat certain types of foods.
4. *Anxiety and Control*: Changes in routine or unfamiliar foods can cause anxiety for children with ASD, leading to a preference for familiar, "safe" foods.

The Sensory Profile (Dunn, 1999) assessment can be helpful in identifying specific sensory processing patterns and preferences in children with ASD, including their responses to different food-related stimuli. By understanding a child's sensory profile, caregivers and educational therapists (or behavioral therapists) can develop strategies to address picky eating habits and introduce new foods in a way that is sensitive to the child's sensory needs. However, it is essential to work closely with a qualified healthcare professional or educational therapist who specializes in ASD to develop a comprehensive plan tailored to the individual child's needs.

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● **When an Autistic Child is picky with what She/He eats**

Often parents find it is difficult to get a picky child with autism spectrum disorder (ASD) to eat healthily or consistently three meals a day. In fact, encouraging an autistic child to eat a wide variety of foods can be challenging. However, there are some strategies that educational therapists have been using to help such children with poor eating habit or appetite :

1. *Gradual Exposure*: Introduce new foods slowly, starting with small amounts and gradually increasing the portion sizes over time. This helps the child become more comfortable with different textures and flavors.
2. *Visual Supports*: Use visual supports such as picture schedules, food cards, or a visual food pyramid to help the child understand mealtime expectations and the variety of foods available.
3. *Offer Choices*: Allow the child to have some control over their meals by offering them choices from a selection of nutritious foods. This can help them feel more empowered and willing to try new things.

4. *Modeling and Peer Interaction*: Eat meals together as a family and model healthy eating behaviors. Encourage peer interaction during meal times, as children with ASD may be more willing to try new foods when they see their peers enjoying them.
5. *Sensory Considerations*: Take into account the child's sensory preferences and aversions when planning meals. For example, if the child is sensitive to certain textures, consider offering foods with similar textures but different flavors.
6. *Positive Reinforcement*: Praise the child for trying new foods, even if they only take a small bite. Use positive reinforcement such as verbal praise, stickers, or small rewards to encourage continued exploration of new foods.
7. *Routine and Predictability*: Create a consistent mealtime routine with structured meal and snack times. This can help reduce anxiety around mealtime and make trying new foods feel less overwhelming for the child.
8. *Seek Professional Help*: Consult with a pediatrician, dietitian, or occupational therapist who specializes in feeding difficulties if you're facing significant challenges. They can provide personalized strategies and support to help your child develop a more varied diet.

It is important for parents to remember that they have to be patient and understanding, as it may take time for a child with ASD to become comfortable with new foods. Parents must be encouraged to celebrate small victories and continue to offer a variety of nutritious options to support the overall health and well-being of their children with ASD.

● **What are Temper Tantrums and Meltdowns?**

Temper tantrums and meltdowns are two distinct types of challenging behaviors often seen in children with Autism Spectrum Disorder (ASD), and they require different approaches for behavior management.

Generally, either the educational therapists or behavioral therapists will be the professionals that parents with such children should go for to seek their advice and assistance.

(1) Temper Tantrums:

- ❖ *Definition*: Temper tantrums are typically emotional outbursts characterized by frustration, anger, or disappointment. They are often a response to not getting what the child wants or facing a situation they find difficult to handle.
- ❖ *Characteristics*: During a temper tantrum, the child may scream, cry, throw objects, or exhibit other disruptive behaviors.
- ❖ *Example*: A child with ASD might have a tantrum in a grocery store when they are denied a candy bar.
- ❖ *Management Strategies*:
 - a. *Stay Calm*: Remaining calm can help prevent escalating the situation.
 - b. *Redirect Attention*: Offer an alternative or distraction to help the child shift focus.
 - c. *Set Clear Expectations*: Use visual aids or simple language to communicate expectations.
 - d. *Provide Choices*: Offer limited choices to empower the child and give them a sense of control.

(2) Meltdowns:

- ❖ *Definition*: Meltdowns are intense reactions to overwhelming sensory stimuli or emotional overload. They are often involuntary and can be triggered by sensory sensitivities, changes in routine, or sensory overload.
- ❖ *Characteristics*: During a meltdown, the child may become inconsolable, exhibit self-injurious behaviors, or lose control of their emotions.
- ❖ *Example*: A child with ASD might have a meltdown in a crowded and noisy environment, such as a shopping mall.
- ❖ *Management Strategies*:
 - a. *Create a Safe Environment*: Remove the child from the overwhelming situation to a quiet, calming environment.
 - b. *Offer Sensory Tools*: Provide sensory items like headphones, weighted blankets, or fidget toys to help regulate sensory input.

- c. Implement Predictable Routines: Establish consistent routines to minimize surprises and reduce anxiety.
- d. Use Calming Techniques: Teach the child calming strategies such as deep breathing or progressive muscle relaxation.
- e. Provide Emotional Support: Offer comfort and reassurance without overwhelming the child with verbal communication.

Here is an example of how a coping strategy can be applied by parents as follows:

If a child with ASD experiences a meltdown in a crowded supermarket, the parent can calmly guide him/her to a quieter area away from the sensory overload. Provide a sensory tool like a weighted blanket to help the child feel grounded, and offer gentle reassurance while using a soothing tone of voice. Once the child begins to calm down, the parent can engage in calming activities like deep breathing together before gradually returning to the shopping task or considering leaving the store if necessary.

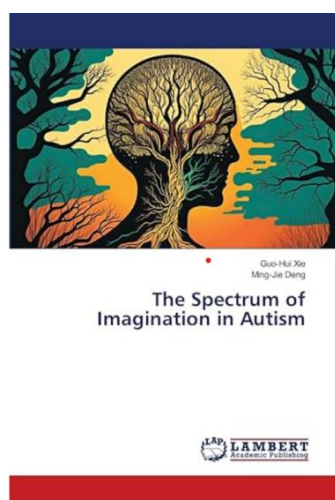
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BOOK REVIEWS



Ng, P. M. H. (2018). *A brief review of robot applications for young children*. Saarland, Germany: Lambert Academic Publishing.

“A Brief Review of Robot Applications for Young Children” by Patricia M. H. Ng offers a comprehensive overview of the role of robots in early childhood education. Through meticulous analysis and examples, Hoon delves into how robots can enhance learning experiences, foster engagement, and promote socio-emotional development in young learners. The book is well-structured, providing valuable insights for educators, parents, and researchers interested in the intersection of robotics and early childhood education. Hoon’s work serves as a valuable resource for understanding the potential benefits and challenges of integrating robots into educational settings for young children.



Xie, G. H., & Deng, M. J. (2023). *The spectrum of imagination in autism*. London, UK: Lambert Academic Publishing.

“The Spectrum of Imagination in Autism” by G. H. Xie & M. J. Deng offers a profound exploration of the creative potential within autism spectrum disorder. Through insightful research and case studies, the authors illuminate the unique ways individuals with autism express imagination and creativity. Their nuanced approach challenges stereotypes, providing valuable insights for both professionals and the general audience. The book not only celebrates the diverse spectrum of human cognition but also encourages understanding and acceptance of neurodiversity. A must-read for anyone interested in the intersection of creativity and autism.

Brief Review

LATEST DEVELOPMENTS IN EDUCATIONAL THERAPY ...

This section provides current or latest developments in the professional field of educational therapy throughout the world, especially the United States, the United Kingdom, Germany (from where educational therapy first originated), West Asia (especially, India), South-East Asia, and East Asia (including China, Japan and South Korea).

❖ *Educational Therapy in China*

Zhang and Miao's 2022 research delves into special education governance, inclusive education (incorporating learning in regular classrooms), teacher dynamics, curriculum adjustments, the conventional 'three basic disability types', and the emergent category of Special Education Needs (SEN) in China. Their recent study broadens the focus from specific disability types to a broader spectrum of SEN, expedites policy formulation for China's special education (especially, the inclusive education) advancement, and identifies curriculum reform as pivotal in bridging general and special education systems. However, there is no mention of educational therapy in the Chinese literature on SEN, but much has been already written and published on rehabilitation therapy (e.g., Fisher & Shang, 2013; Li, 2015; Qiu et al., 2017) in treating individuals with special needs or disabilities.

Officially, China does not have educational therapists for students with special needs, though it does have rehabilitation therapists to serve the rehabilitation needs of patients with chronic diseases and disabilities, postoperative dysfunction, and cognitive impairment (Sun et al., 2022), and these mainly senior or aging patients (Guo et al., 2022). Both educational therapy and rehabilitation therapy are two different professional domains of treatment. Educational therapy focuses on addressing academic challenges such as learning disabilities or attention deficits. It involves tailored strategies to enhance learning skills and academic performance. Rehabilitation therapy, on the other hand, aims to improve functional abilities, such as motor skills or speech, for individuals with physical or developmental disabilities. While both therapies aim to support individuals with special needs, they differ in their focus and methods of intervention.

Even if there is such a service as educational therapy available in China, it is most likely unregulated and invalidated. The quality of these educational therapy services in China can vary significantly depending on the region (town/city, district, county, province) and resources.

Why China needs a pool of qualified educational therapists to treat individuals with special needs is fivefold, as explained below:

1. **Increasing Awareness:** There is a growing recognition in China about the importance of addressing the educational and developmental needs of students with special needs (Zhang & Miao, 2022). This awareness highlights the need for and should lead to the establishment of educational therapy programs and services.
2. **Rising Number of Students with Special Needs:** With an increasing number of students being diagnosed with various learning disabilities, developmental disorders, and other special needs (Cheng, Miao, & Zhou, 2021), there is a greater demand for specialized support services, including educational therapy.
3. **Inclusive Education Policies:** China has been promoting inclusive education policies aimed at integrating students with special needs into mainstream schools (Zhang & Miao, 2022). Educational therapists can play a crucial role in providing tailored support to help these students succeed academically and socially.
4. **Parental Advocacy:** Parents of children with special needs in China have been advocating for better support and services (Fengming, 2016). Their efforts can also contribute to the development of educational therapy programs and the recognition of the importance of addressing the diverse needs of students.
5. **Professional Development:** There has been a focus on professional development and training for educators and therapists in China to equip them with the necessary skills and knowledge to support students with special needs effectively (Wang & Feng, 2014).

Overall, having a pool of qualified educational therapists in China reflects a growing understanding of the importance of addressing the unique needs of students with special needs and a commitment to providing them with the support they require to reach their full potential.

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